STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055906	A. Building B. Wing	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rinaldi Convalescent Hospital	16553 Rinaldi St Granada Hills, CA 91344

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 2), who was identified as being at high risk for falls, had a landing mat (a cushioning pad placed beside the resident's bed to help absorb the impact of a fall) in place as ordered by the physician. This deficient practice had the potential to increase the resident's risk of injury in the event of a fall.During a review of Resident 2's admission Record (the front page of the medical record containing a summary of the resident's basic information), the admission Record indicated the resident was admitted to the facility on [DATE]ˆandˆreadmitted on [DATE] with diagnoses includingˆbut not limited to left knee effusion (the accumulation of fluid around the knee joint), left and right knee pain, type 2 diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing), and muscle weakness. During a review of Resident 2's Care Plan (CP), revised on 3/18/2026, the CP indicated that the resident was at risk for falls due to a history of falls, impaired mobility, use of psychotropic medications (any medication that affect the mind, emotions, or behavior), and multiple comorbidities (two or more medical and psychiatric conditions). The CP included interventions to maintain a safe, hazard-free environment. During an interview on 6/11/2026 at 2:53 p.m. with Director of Staff Development (DSD), the DSD stated that the last Fall/Fall Prevention In-Service (refers to on-the-job educational training for staff) provided to staff was conducted one week ago. During an interview on 6/12/2026 at 9:48 a.m., with the Assistant Director of Nursing (ADON), the ADON stated that the floor landing mats are placed for residents who are at risk for falls when there is a physician order. The ADON further stated that a care plan is implemented for fall prevention interventions, the bed is placed in the lowest position, and the Falling Star Program (Falling Star Program - a program implement in hospitals and long-term facility to identify residents at high risk for falls and reduce fall-related injuries) is utilized. During a concurrent observation and interview on 6/12/2026 at 12:34 p.m., with Licensed Vocational Nurse 2 (LVN 2), in Resident 2's room, Resident 2 was observed lying in bed and there was no landing mat on the floor beside the bed. During a concurrent interview and record review on 6/12/2026 at 12:36 p.m., with LVN 2, Resident 2's Physician Order dated 5/22/2026 was reviewed. The Physician Order indicated the use of a landing mat. LVN 2 stated that a landing mat should have been placed on the floor as indicated in the Physician Order. During a review of the facility's policy and procedure (P&P) titled, Fall and Fall Risk, Managing, revised March 2018, the P&P indicated the staff will implement resident-centered fall-prevention measures, with the input of the attending physician, for each resident at risk for fall or with a history of falls; and minimize complications of falling.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE