STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056066	A. Building B. Wing	07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodland Care Center	7120 Corbin Ave. Reseda, CA 91335

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record review, the facility failed to ensure clinical records for one of four sampled residents (Resident 1) were maintained in accordance with accepted professional standards by failing to accurately document Resident 1's Restorative Nurse Aide (RNA, a program designed to ensure each resident maintains their physical and functional abilities) treatment.This deficient practice had the potential to result in decline in Resident 1's activity of daily living (ADLs- activities related to personal care) and create confusion regarding the delivery of care and services provided to the resident.During a review of Resident 1's admission Record, the admission Record indicated that the facility originally admitted the resident on 3/24/2025 and readmitted the resident on 6/12/2025 with diagnoses that included Parkinson's disease (movement disorder of the nervous system that worsens over time), acute respiratory failure with hypoxia (a condition where your lungs suddenly cannot get enough oxygen into your blood), and dysphagia (difficulty swallowing).During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 5/5/2025, the MDS indicated that Resident 1 had intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) and was independent on staff with toileting hygiene, shower or bathing, dressing, personal hygiene, and mobility (movement).During a review of Resident 1's Physician Progress Notes dated 6/19/2025, the Physician Progress Notes indicated Resident 1 had the capacity to understand and make decisions.During a review of Resident 1's Restorative Nursing Record for 5/1/2025-5/30/2025 and 7/1/2025-7/28/2025, the Restorative Nursing Record indicated Resident 1 had scheduled RNA for both upper extremity (region of the body that includes the arm, forearm, wrist, and hand) active range of motion (AROM- when a person moves a joint themselves, using their own muscles) five (5) times per week that was due on 5/2/2025, 5/27/2025 and 7/22/2025. Resident 1's Restorative Nursing Record indicated that on 5/2/2025, 5/27/2025, and 7/22/2025, the record was not signed by the RNA and there was no indication if Resident 1 received the scheduled RNA treatment or if Resident 1 refused the RNA treatment.During a review of Resident 1's Restorative Nursing Record for 5/1/2025-5/30/2025 and 7/1/2025-7/28/2025, the Restorative Nursing Record indicated Resident 1 had scheduled RNA for ambulation (ability to walk) with assistive device Parkinsons walker (has four wheels and are designed to provide a stable base support) five (5) times per week that was due on 5/2/2025, 5/5/2025, 7/8/2025, and 7/22/2025. Resident 1's Restorative Nursing Record indicated that on 5/2/2025, 5/5/2025, 7/8/2025, and 7/22/2025, the record was not signed by the RNA and there was no indication if Resident 1 received the scheduled RNA treatment or if Resident 1 refused the RNA treatment.During an interview on 7/29/2025 at 3:15 p.m., with the Director of Staff Development (DSD), the DSD stated that the RNA's should have signed or documented on the Restorative Nursing Record if Resident 1 was out for an appointment or out on pass right away so there is no question whether the resident received the RNA treatment or not. During an interview on 7/29/2025 at 4:30 p.m., with the Director of Nursing (DON), the DON stated that all the RNA's should have signed or documented on the Restorative Nursing Record to avoid confusion if the resident received RNA treatment or not.During a review of the facility`s policy and procedure (P&P) titled, Physician Orders, last reviewed on 1/16/2025, the policy indicated documentation pertaining to physician orders will be maintained in the resident's medical record. Current month's administration records will be maintained in the Medication Administration Record (MAR - a record of mediations administered to residents) / Treatment Administration Record (TAR- a record of treatments conducted for a resident) binders.