

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER Woodland Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, interview, and record review, the facility failed to ensure a call light (a device used by a resident to signal his/her need for assistance from staff) was within a resident's reach while in bed for one of three sampled residents (Resident 4). This deficient practice had the potential to delay the provision of services and resident's needs not being met. Findings: During a review of Resident 4's admission Record, the admission Record indicated the facility initially admitted the resident on 4/20/2026 and readmitted the resident on 6/9/2026 with diagnoses including end stage renal disease (ESRD-irreversible kidney failure), type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) with diabetic neuropathy (a type of nerve damage caused by long term high blood sugar) unspecified, and muscle wasting and atrophy (wasting away due to lack of use) not elsewhere classified, unspecified site. During a review of Resident 4's Minimum Data Set (MDS, a resident assessment tool) dated 6/12/2026, the MDS indicated that Resident 4 was cognitively (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) intact and required moderate assistance from staff for toileting hygiene, sit to lying, and lying to sitting on side of bed. During a concurrent observation and interview on 7/15/2026 at 1:35 p.m., with Licensed Vocational Nurse 1 (LVN 1), observed Resident 4 lying in bed with his call light on the floor not within reach. LVN 1 stated the call light should have been within reach of Resident 4 to be able to call for assistance. LVN 1 also stated without the call light within reach of Resident 4, it will result in delay of care and services. During an interview on 7/16/2026 at 4:15 p.m., with the Director of Nursing (DON), the DON stated the call light should have been within reach of Resident 4 to be able to call for assistance. The DON also stated without the call light within reach of Resident 4, it will result in delay of care and services that Resident 1 needs. During a review of the facility's policy and procedure titled, Answering the Call Light, dated 1/15/2026, the policy indicated ensure timely responses to the resident's requests and needs. Ensure that the call light is accessible to the resident when in bed, from the toilet, from the shower or bathing and from the floor.		

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