

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

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>056092                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>07/10/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Topanga Terrace                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>22125 Roscoe Blvd<br>Canoga Park, CA 91304 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |                                                 |
| F 0684<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to arrange transportation for an Ophthalmology (the specialized branch of medicine focused on the comprehensive care of the eyes) appointment for one of four sampled residents (Resident 4) after the physician ordered the appointment on 6/10/2026 following the resident's admission to the facility. This deficient practice resulted in Resident 4 missing her Ophthalmology appointment resulting in a delay in services that Resident 4 need. During a review of Resident 4's admission Record, the admission Record indicated that Resident 4 was originally admitted to the facility on [DATE], and readmitted on [DATE] with diagnoses that included urinary tract infection (UTI- an infection in any part of the urinary system), unspecified fracture (broken bone) of the first lumbar vertebra (topmost bone of the lower back), subsequent encounter for fracture with routine healing and dysphagia (difficulty swallowing), oropharyngeal (middle part of the throat located behind the mouth) phase. During a review of Resident 4's Minimum Data Set (MDS- a resident assessment tool) dated 6/16/2026, the MDS indicated that Resident 4 had severely impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) and was dependent on staff for toileting hygiene, showering or bathing, and lower body dressing. During a review of Resident 4's Physician Order Summary dated 6/10/2026, the Physician Order Summary indicated an Ophthalmology appointment scheduled for 6/29/2026 at 1:30 p.m. During a review of Resident 4's Nursing Progress Note dated 6/30/2026, timed at 12:56 p.m., the Nursing Progress Note indicated that Resident 4's son was informed that the Ophthalmology appointment scheduled for 6/29/2026 had been canceled. During a concurrent interview and record review on 7/10/2026 at 1:45 p.m., with the Director of Nursing (DON), Resident 4's Physician Order Summary dated 6/10/2026 and Resident 4's Nursing Progress Notes dated 6/30/2026 were reviewed. The DON stated that Resident 4 missed her Ophthalmology appointment on 6/29/2026 because transportation was not arranged. The DON stated that transportation should have been arranged in advance or within 24 hours of receipt of the Physician's Order to promote continuity of care. The DON further stated that the failure to arrange transportation resulted in a delay in providing the services Resident 4 needed. During a review of the facility's policy and procedure, titled Physician Orders, last revised on 1/21/2026, the policy indicated that all physician orders shall be carried out accurately, timely, and completely unless modified or discontinued by the physician or refused by the resident or resident representative. Nursing staff shall ensure all physician orders are implemented, documented, communicated, and monitored to promote continuity of care and resident safety. Transportation for outside appointment shall be arranged in advance unless the resident or responsible party elects to provide transportation. This decision shall be documented in the medical record.</p> |                                                                                         |                                                 |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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