

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5650 Reseda Blvd Tarzana, CA 91356	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>39550</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled staff members (Licensed Vocational Nurse 1 [LVN 1]) wore an identification badge while on duty.</p> <p>This deficient practice had the potential to limit the residents' right to know the names of staff who provide care while also preventing residents from identifying staff from visitors.</p> <p>Findings:</p> <p>During an observation on 10/28/2024 at 9:40 a.m., observed LVN 1 pushing a resident on a wheelchair. Observed LVN 1, not wearing an identification badge.</p> <p>During a concurrent observation and interview on 10/28/2024 at 9:43 a.m., with LVN 1, observed LVN 1 not wearing an identification badge. LVN 1 stated that she was newly hired, and she is currently on orientation. When asked when she was hired, LVN 1 stated sometime in September and that she only works in the facility part time. LVN 1 stated that wearing an identification badge was important so that the resident and staff know who she is and her position in the facility.</p> <p>During a record review of LVN 1 ' s Offer of Employment Letter dated 9/18/2024, LVN 1 ' s letter indicated, Date of Hire: 9/24/2024.</p> <p>During an interview on 10/28/2024 at 4:03 p.m., with the Assistant Director of Nursing (ADON), the ADON stated that all facility staff are required to wear an identification badge to inform resident, visitors, and other staff of the staff member ' s name and title. The ADON stated this is important to ensure residents and family know who is providing care to the resident. The ADON stated staff identification badges should be provided upon hire.</p> <p>During a review of the facility ' s policy and procedure titled, Identification Badges, reviewed 9/25/2024, the policy indicated all employees are required to wear identification badges. All employees are required to wear an identification badge during their hours worked. All badges must be clearly visible and contain the employee ' s first name, last name, and job title. Employees will be responsible for maintaining their identification badge and wearing them at work.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>39550</p> <p>Based on observation, interview, and record review, the facility failed to ensure call lights (a device used by a resident to signal his/her need for assistance from staff) were within a resident ' s reach while in bed for one of three sampled residents (Resident 2).</p> <p>This deficient practice had the potential to delay the provision of services and resident ' s needs not being met.</p> <p>Findings:</p> <p>During a review of Resident 2 ' s Admission Record, the document indicated the facility admitted the resident on 6/1/2023 with diagnoses that included atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow), chronic (persisting for a long time or constantly recurring) pain syndrome, and dorsalgia (back pain).</p> <p>During a review of Resident 2 ' s Minimum Data Set (MDS-a standardized assessment and screening tool) dated 8/26/2024, the document indicated that Resident 2 required setup or clean up assistance with eating, requires substantial/maximal assistance with oral hygiene and personal hygiene.</p> <p>During an observation on 10/28/2024 at 9:36 a.m., in Resident 2 ' s room, observed Resident 2 on his bed and Resident 2 ' s call light not within the resident ' s reach. Observed Resident 2 laying on his call light.</p> <p>During a concurrent observation and interview on 10/28/2024 at 9:49 a.m., with Registered Nurse 1 (RN 1), observed Resident 2 on the bed and Resident 2 ' s call light not within reach. RN 1 stated that Resident 2 was laying on his call light and is unable to reach it because the call light is underneath Resident 2 ' s back. Observed RN 1 place the call light within Resident 2 ' s reach, by Resident 2 ' s right hand. When asked what the importance is of having residents ' call light within reach, RN 1 stated the residents ' call light should be within reach for their safety.</p> <p>During a review of the facility ' s policy and procedure titled, Call lights: Accessibility and Timely Response, review date 9/25/2024, indicated staff will ensure the call light is within reach of resident and secured.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39550</p> <p>Based on interview and record review, the facility failed to ensure the Minimum Data Set (MDS- a federally mandated resident assessment tool) for one of three sampled residents (Resident 2), a Thai (a native or inhabitant from Thailand) resident, was accurately conducted by failing to utilize the facility provided translator service to conduct Resident 2 ' s MDS assessment.</p> <p>This deficient practice resulted in an inaccurate assessment of Resident 2 ' s MDS quarterly assessment Section C (section of the MDS assessment focusing on cognitive [relating to or involving the processes of thinking and reasoning] patterns).</p> <p>Findings:</p> <p>During a review of Resident 2 ' s Admission Record, the Admission Record indicated the facility admitted Resident 2 on 6/1/2023 with diagnoses that included atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow) and dorsalgia (back pain).</p> <p>During a review of Resident 2 ' s MDS dated [DATE], the MDS indicated Resident 2 ' s preferred language is Thai. The MDS further indicated that Resident 2 needs or wants an interpreter to communicate with a doctor or health care staff. The MDS indicated Resident 2 ' s cognition (the mental action or process of acquiring knowledge and understanding) was severely impaired.</p> <p>During a review of Resident 2 ' s Care Plan titled, The resident has a communication problem related to language barrier (Thai speaker), initiated 2/26/2024, the care plan indicated under interventions: Communication: Use alternative communication tools as needed; Resident prefers to communicate in Thai.</p> <p>During a concurrent interview and record review on 10/28/2024 at 12:28 p.m., with MDS Nurse 1 (MDSN 1), MDSN 1 reviewed Resident 2 ' s MDS dated [DATE] and stated that MDSN 1 assessed and conducted Resident 2 ' s MDS quarterly assessment. MDSN 1 stated that Resident 2 ' s primary language is Thai. When asked if MDSN 1 used a translator during Resident 2 ' s assessment, MDSN 1 stated that the facility does not have a Thai speaking employee to help translate. MDSN 1 stated she (MDSN 1) used the translator application on her personal cellular phone to conduct Resident 2 ' s MDS quarterly assessment and did not use the facility provided translator service. MDSN 1 stated that she does not use the facility provided translator system and uses her personal cellphone ' s translation application because it is easier. MDSN 1 stated that Resident 2 ' s cognition assessment is not accurate because Resident 2 does not understand English and MDSN 1 did not use the facility provided translation service.</p> <p>(continued on next page)</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/28/2024 at 3:02 p.m., with MDSN 2, MDSN 2 stated when conducting an MDS assessment it is important that the facility knows the language that the resident speaks and understands. If the resident ' s primary language is not English, the facility will ask the resident ' s family to assist in translating, find a facility staff that speaks the same language, or utilize the facility provided translator service. MDSN 2 further stated that it is important that a translator is used so that the facility conducts an accurate assessment of the resident. MDSN 2 stated that because MDSN did not use the facility provided translator service, the facility cannot ensure the accuracy of Resident 2 ' s MDS assessment (Section C). MDSN 2 stated MDSN 1 should have not used her personal cellular phone ' s translation application because it is not part of the facility ' s policy. MDSN 2 continued to state that MDSN 1 should have used the facility provided translator service.</p> <p>A review of the facility ' s policy and procedure titled, MDS 3.0 Completion, last reviewed in 9/25/2024, indicated according to federal regulations, the facility conducts initially and periodically a comprehensive, accurate and standardized assessment of each resident ' s functional capacity.</p>

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39550</p> <p>Based on observation, interview and record review, the facility failed to ensure a communication board (a visual tool that helps residents, their families, and the care team communicate) with the residents preferred language of Thai (Foreign language of Thailand) was provided to one of two sampled residents (Resident 2). The facility provided Resident 2 with a communication board in tagalog (foreign language of the Philippines)</p> <p>This deficient practice had the potential to result in failure of delivering the necessary care and services to Resident 2 and could lead to frustration for Resident 2 when trying to express their (Resident 2) needs.</p> <p>Findings:</p> <p>During a review of Resident 2 ' s Admission Record, the Admission Record indicated the facility admitted Resident 2 on 6/1/2023 with diagnoses that included atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow) and dorsalgia (back pain).</p> <p>During a review of Resident 2 ' s Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 8/26/2024, the MDS indicated Resident 2 ' s preferred language is Thai. The MDS further indicated that Resident 2 needs or wants an interpreter to communicate with a doctor or health care staff.</p> <p>During a review of Resident 2 ' s Care Plan titled, The resident has a communication problem related to language barrier (Thai speaker), initiated 2/26/2024, the care plan indicated under interventions: Communication: Use alternative communication tools as needed; Resident prefers to communicate in Thai.</p> <p>During a concurrent observation and interview on 10/28/2024 at 9:45 a.m., with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated that Resident 2 does not speak English. When asked what language Resident 2 spoke, CNA 1 stated that CNA 1 stated that he (CNA 1) does not know the language Resident 2 understands or speaks. When asked how staff communicates with Resident 2, CNA 1 stated that he (CNA 1) speaks to Resident 2 in English and uses hand gestures to communicate with Resident 2. When asked if Resident 2 has a communication board, CNA 1 stated that Resident 2 has a communication board at his (Resident 2) bedside. Observed CNA 2 open Resident 2 ' s bedside drawer and observed CNA 1 get Resident 2 ' s communication board. CNA 1 reviewed Resident 2 ' s communication board and stated Resident 2 ' s communication board is in tagalog (foreign language).</p> <p>During a concurrent observation and interview on 10/28/2024 at 9:49 a.m. with Registered Nurse 1 (RN 1), RN 1 reviewed Resident 2 ' s communication board and stated that Resident 2 ' s communication board is in tagalog. When asked if Resident 2 understands or speaks Filipino, RN 1 stated no Resident 2 does not speak or understand tagalog. RN 1 stated that Resident 2 speaks and understands Thai. When asked who was responsible for residents ' communication boards, RN 1 stated social services department is responsible.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review and concurrent interview on 10/28/2024 at 10:18 a.m. with the Social Services Director (SSD), the SSD reviewed Resident 2 quarterly social services assessment dated [DATE] and stated that the quarterly social service assessment indicated that Resident 2 ' s primary language is Tagalog. The SSD stated that Resident 2 ' s quarterly assessment is inaccurate and Resident 2 ' s primary language is Thai. The SSD stated that it is the social services department ' s responsibility to ensure that the department gather the correct information in relation to a resident ' s language so that the correct language assistance can be utilized. The SSD continued to state that a language board in the preferred language is important to provide residents with the means of communicating the resident ' s needs with facility staff if unable to communicate in English.</p> <p>During an interview on 10/28/2024 4:01 p.m., with the Assistant Director of Nursing (ADON), the ADON stated that Resident 2 does not understand English and that Resident 2 ' s primary language is Thai. The ADON stated that Resident 2 ' s communication board placed at Resident 2 ' s bedside should have been in Thai to ensure that Resident 2 can communicate Resident 2 ' s needs.</p> <p>A review of the facility ' s policy and procedure titled, Effective Communication, review date 9/25/2024, indicated it is the policy of this facility to accommodate needs when communicating with residents who have difficulties with communication to promote dignity, understanding, and safety. Staff will communicate with the resident, using techniques identified in their plan of care, and in accordance with his/her established routine for communication, as possible. Adaptive techniques include, but are not limited to: e. Using communication boards or writing materials.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39550</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of one staff member (Licensed Vocational Nurse 1 [LVN 1]) did not wear personal protective equipment (PPE - equipment designed to protect the wearer from injury or the spread of illness or infection) in the hallway while pushing a resident on a wheelchair.</p> <p>This deficient practice had the potential for the spread of infection and cross contamination among residents.</p> <p>Findings:</p> <p>During an observation on 10/28/2024 at 9:40 a.m., observed LVN 1 pushing a resident on a wheelchair in the hallway wearing gloves. Observed LVN 1 place the resident on the wheelchair in front of the nursing station and observed LVN 1 remove LVN 1 ' s gloves and dispose LVN 1 ' s gloves.</p> <p>During an interview on 10/28/2024 at 9:41 a.m., with LVN 1, LVN 1 stated that she was wearing gloves in the hallway. When asked why she was wearing gloves in the hallway, LVN 1 stated that she put on the gloves before pushing the resident ' s wheelchair from the resident ' s room because her skin was sensitive. LVN 1 stated that LVN 1 knows not to wear gloves in the hallway for infection control. LVN 1 continued to state that LVN 1 is unable to use hand sanitizer and some soaps because her skin is very sensitive. When asked if LVN 1 had any break in LVN 1 ' s skin integrity on her hands, LVN 1 stated no.</p> <p>During an interview on 10/28/2024 at 3:40 p.m., with the Infection Preventionist (IP), the IP stated that gloves should not be worn in the hallway for any reason. The IP stated that gloves should not be worn in the hallway because it can spread bacteria and infection. When asked if gloves should be worn prior to pushing a resident on a wheelchair, the IP stated gloves are not indicated for pushing a resident on a wheelchair.</p> <p>During a review of the facility ' s policy and procedure titled, Personal Protective Equipment, review date 9/25/2024, the policy indicated this policy promotes appropriate use of personal protective equipment to prevent the transmission of pathogens to resident, visitors, and other staff. The policy further indicated the outside of gloves are contaminated. Staff will receive training on why, what, and how of PPE upon hire, annually, when new products are introduced, and as needed.</p>