

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 11/06/2024
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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</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 that a grievance filed by one of three sampled residents (Resident 1) was documented and filed in the facility grievance log.</p> <p>This deficient practice had the potential to affect the residents' quality of life and the provision of care.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record indicated that Resident 1 was originally admitted to the facility on [DATE] with diagnoses that included rheumatoid arthritis (a chronic inflammatory disorder usually affecting small joints in the hands and feet) and Sjogren syndrome (an immune system illness that mainly causes dry eyes and dry mouth).</p> <p>During a review of Resident 1's History and Physical dated 1/23/2024 indicated Resident 1 has the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a standardized assessment and screening tool) dated 10/16/2024, indicated Resident 1's cognitive (relating to the mental process involved in knowing, learning, and understanding things) skills for daily living was intact. The MDS indicated that Resident 1 required supervision or touch assistance with eating and required partial/moderate assistance from staff with oral hygiene, upper body dressing and personal hygiene.</p> <p>During an interview with Resident 1 on 11/6/2024 at 9:39 a.m., Resident 1 stated that Resident 1 complained to a facility staff (unable to recall) regarding bedbugs (small, flat wingless insects) that she (Resident 1) has seen on her bed and in her room. Resident 1 stated that someone from housekeeping department came to her room and has not heard anything else from the facility.</p> <p>During an interview with the Housekeeping Supervisor (HKS) on 11/6/2024 at 10:41 a.m., the HKS stated that on 10/15/2024, the HKS and his staff checked Resident 1's room and mattress for bedbugs. The HKS stated that the facility stripped all linen from Resident 1 room, washed all clothes, deep cleaned Resident 1's room, and replaced Resident 1's mattress. When asked how the HKS found out about Resident 1's complaint of bedbugs, the HKS stated that he was informed by Social Services Designee 1 (SSD 1).</p> <p>(continued on next page)</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with SSD 1 on 11/6/2024 at 10:52 a.m., SSD 1 stated as SSD 1 was doing her morning rounds on 10/15/2024, Resident 1 informed SSD 1 that she (Resident 1) had a complaint about bedbugs on her mattress and her room. SSD 1 stated she (SSD 1) then informed SSD 1's supervisor the Social Services Director (SSD) and SSD 1 sent a text to the HKS to inform the housekeeping department.</p> <p>During an interview and concurrent record review with the SSD on 11/6/2024 at 11:38 a.m., the SSD stated that once a grievance is received, the grievance should then be investigated by the appropriate department the grievance may fall under. The grievance is documented on the facility's grievance form. The SSD stated that once the facility grievance form is completed, the grievance form is then placed in the facility's grievance log. The SSD stated that he (SSD) was made aware of Resident 1's grievance about bedbugs in which the grievance was communicated to the HKS. The SSD reviewed the grievance forms and grievance logs for the month of October 2024 and stated that there was no documented evidence of Resident 1's grievance on 10/15/2024 regarding bedbugs. The SSD stated that it is important to log grievances on the facility's grievance log because it will inform the facility on when the grievance was received, help the facility track all grievances, and ensure timely resolutions of grievances. The SSD stated that it is the responsibility of the SSD to ensure all grievances are addressed and documented.</p> <p>During a review of the facility's policy and procedure titled, Resident and Family Grievances, reviewed 9/25/2024, the policy indicated that it is the policy of this facility to support each resident's and family' member's right to voice grievances without discrimination, reprisal or fear of discrimination. The grievance official is responsible for overseeing the grievance process; receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances; issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations. The policy further indicated under procedure: b. The staff member receiving the grievance will record the nature and specifics of the grievance on the designated grievance form, or assist the family or family member to complete the form; c. Forward the grievance form to the Grievance Official as soon as practicable; d. The Grievance Official will take steps to resolve the grievance, and record information about the grievance, and those actions, on the grievance form. i. Steps to resolve the grievance may involve forwarding the grievance to the appropriate department manager for follow up. ii. All staff involved in the grievance investigation or resolution should make prompt efforts to resolve the grievance and return the grievance form to the Grievance Official. The Grievance Official, or designee, will keep the resident appropriately apprised of the progress towards resolution of the grievance. Evidence demonstrating the results of all grievances will be maintained for a period of no less than three (3) years from the issuance of the grievance decision.</p>		