

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 05/12/2025
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</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 trauma (refers to an emotional, psychological, or physical response to a deeply distressing or disturbing event that overwhelms a resident's ability to cope) assessments were conducted for three of three sampled residents (Resident 1, Resident 2, and Resident 3).</p> <p>This deficient practice may result in delayed identification of underlying trauma-related issues, which could compromise resident care, delay appropriate referrals, and negatively impact resident outcomes.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted Resident 1 on 3/13/2025 with diagnoses that included type two (2) diabetes mellitus (a long-term medical condition in which the body has trouble controlling blood sugar and using it for energy), dementia (a condition characterized by loss of thinking, remembering and reasoning skills) and pain in the right leg.</p> <p>During a review of Resident 1's History and Physical (H&P), the H&P dated 3/15/2025 indicated Resident 1 has fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 3/18/2024, the MDS indicated Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience and the senses) was moderately impaired. The MDS indicated Resident 1 required supervision or touching assistance with eating, oral hygiene, and personal hygiene. The MDS indicated Resident 1 and required partial or moderate assistance from staff with toileting hygiene, shower or bathing and dressing.</p> <p>During a review of Resident 1's Change in Condition (COC - when there is a sudden change in a resident's condition) Evaluation Form dated 4/28/2025, timed at 3:25 p.m., the COC indicated the resident (Resident 1) reported to the hospital staff that Resident 1's roommate (did not indicate specifically who) struck him (Resident 1) in the right lower leg with a closed fist on 4/27/2025.</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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of a facility provided email from Resident 1's Family Member 1 (FM 1) sent to the Social Services Director (SSD) dated 4/29/2025 at 12:47 p.m., the email indicated that Resident 1 has a history of memory issues. The email indicated that the incident Resident 1 described to the hospital staff occurred about a year ago at a different facility. The email indicated that due to the ongoing pain and the similarity of the current experience, it may have triggered a trauma response, prompting the resident (Resident 1) to recall and report past incidents to the hospital staff.</p> <p>During a concurrent interview and record review on 5/12/2025, at 12:20 p.m., with the SSD, the SSD reviewed Resident 1's Social Services assessment dated [DATE]. The SSD stated that he (SSD) conducted a Social Service Assessment upon admission on 3/14/2025. The SSD stated that Social Services Assessments are conducted upon admission, quarterly (every three months) and as needed. When asked if a trauma care assessment was conducted, the SSD stated that the SSD was unfamiliar with a trauma assessment and that the SSD stated that SSD did not conduct a trauma assessment. When asked who is responsible for conducting residents' trauma assessments, the SSD stated that it is nursing's responsibility to conduct trauma assessments.</p> <p>During an interview on 5/12/2025 at 2:10 p.m., with FM 1, FM 1 stated that triggers, such as pain in Resident 1's ankle, may prompt the resident (Resident 1) to recall memories of past incidents.</p> <p>During a concurrent interview and record review on 5/12/2025 at 3:15 p.m. with the Medical Records Director (MRD), the MRD reviewed Resident 1's clinical records. The MRD stated that she (MRD) did not find documented evidence that a trauma assessment was conducted for Resident 1.</p> <p>During a review of Resident 2's Admission Record, the Admission Record indicated the facility originally admitted Resident 2 on 9/8/2022 and readmitted on [DATE] with diagnoses that included type two (2) diabetes mellitus with neuropathy (disease or dysfunction of one or more nerves, typically causing numbness or weakness in the hands and feet) and suicidal ideations (thinking about or planning suicide).</p> <p>During a review of Resident 2's H&P dated 12/6/2024, the H&P indicated Resident 2 has fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2's cognition was moderately impaired. The MDS indicated Resident 2 required supervision or touching assistance with eating and substantial or maximal assistance with oral hygiene and personal hygiene. The MDS indicated Resident 2 was dependent on staff with toileting hygiene, shower or bathing, and lower body dressing.</p> <p>During a concurrent interview and record review on 5/12/2025 at 3:23 p.m., with the MRD, the MRD reviewed Resident 2's clinical records. The MRD stated that she (MRD) did not find documented evidence that a trauma assessment was conducted for Resident 2.</p> <p>During a review of Resident 3's Admission Record, the Admission Record indicated the facility admitted Resident 3 on 4/14/2025 with diagnoses that included encounter for closed fracture (break in the bone) with routine healing and cerebral infarction (the death of brain tissue caused by a reduced blood supply to the brain) affecting right dominant (stronger or more frequently used for tasks requiring coordination and strength) side.</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3's cognition was moderately impaired. The MDS indicated Resident 3 required supervision or touching assistance with eating and required partial or moderate assistance from staff with oral hygiene and personal hygiene. The MDS indicated Resident 3 required substantial or maximal assistance from staff with toileting and was dependent on staff with lower body dressing.</p> <p>During a concurrent interview and record review on 5/12/2025 at 3:27 p.m., with the MRD, the MRD reviewed Resident 3's clinical records. The MRD stated that she (MRD) did not find documented evidence that a trauma assessment was conducted for Resident 3.</p> <p>During a follow up interview on 5/12/2025 at 3:20 p.m., with the SSD, the SSD stated that a trauma assessment should have been conducted upon admission. The SSD stated that trauma assessments are important to be conducted so that the facility can offer the appropriate resources and interventions to a resident. The SSD continued to state that the SSD failed to capture the history of trauma for the residents by not conducting trauma assessments that would aid the facility in providing resident centered care.</p> <p>During a concurrent interview and record review on 5/12/2025 at 3:40 p.m., with the Director of Nursing (DON), the DON stated that trauma assessment is not done by nursing and should have been done by the SSD because it is related to a resident's psycho-social well-being.</p> <p>During a review of the facility's policy and procedure titled, Trauma Informed Care, last reviewed on 4/24/2025, indicated it is the policy of the facility to provide care and services which, in addition to meeting professional standards, are delivered using approaches which are culturally-competent, account for experiences and preferences, and addressed the needs of trauma survivors by minimizing triggers and/or re-traumatization.</p> <p>During a review of the facility's policy and procedure titled, Social Services, last reviewed on 4/24/2025, the facility, regardless of size, will provide medically related social services to each resident, to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p>