

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 07/15/2025
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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (continued on next page)

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the licensed nurses documented the administration of Norvasc (a medication used to treat high blood pressure) and metoprolol tartrate (a medication used to treat high blood pressure) on the Medication Administration Record (MAR- a report detailing the medications administered to a resident by a healthcare professional) after administering the medications to one of two sampled resident (Resident 1). This deficient practice had the potential to result in medication errors and confusion regarding the delivery of care and services. During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 3/2/2016 and readmitted on [DATE] with diagnoses including essential hypertension (HTN - high blood pressure), hypothyroidism (subnormal activity of the thyroid gland), and gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 5/26/2025, the MDS indicated Resident 1's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and senses) skills for daily decision making were intact. The MDS further indicated that the resident needed moderate assistance for eating and supervision or touching assistance with oral/toileting/personal hygiene, upper/lower body dressing, bed mobility (movement), and transfer. During a review of Resident 1's Order Summary Report dated 6/1/2025, the Order Summary Report indicated the following orders: Norvasc oral tablet five (5) milligram (mg - a unit of measurement) to give one (1) tablet by mouth two times a day for HTN hold for systolic (pressure during the contraction of the heart) blood pressure (SBP) lower than 120 millimeters of mercury (mmHg - a unit used to measure pressure) or heart rate (HR) less than 60 beats per minute (bpm [a normal resting heart rate ranges from 60-100 bpm]). Order Date: 5/19/2025. Metoprolol tartrate oral tablet 25 mg to give half (0.5) tablet via gastrostomy tube (G-tube) two times a day for HTN. Hold for SBP less than 110 mmHg or HR less than 60 bpm. Order Date: 5/27/2025. Metoprolol tartrate oral tablet 25 mg to give one (1) tablet by mouth every 12 hours as needed for HTN SBP greater than 160 mmHg or HR greater than 120 bpm. Order Date: 5/19/2025. During a review of Resident 1's Electronic Medication Administration Record (EMAR - a report detailing the medications administered to a resident by a healthcare professional) Administration Details (MAR audit records) for Norvasc oral tablet five (5) mg dated 6/16/2025 to 6/19/2025, the MAR audit records indicated the following: 1. On 6/16/2025, scheduled for 5 p.m., documented at 7:44 p.m. 2. On 6/17/2025, scheduled for 9 a.m., documented at 10:52 a.m. 3. On 6/17/2025, scheduled for 5 p.m., documented at 6:03 p.m. 4. On 6/18/2025, scheduled for 5 p.m., documented at 6:11 p.m. During a review of Resident 1's MAR audit records for metoprolol tartrate 25 mg half tablet for the periods of 6/17/2025 to 6/19/2025, the MAR audit records indicated the following: 1. On 6/17/2025, scheduled for 9 a.m., documented at 10:53 a.m. 2. On 6/17/2025, scheduled for 5 p.m., documented at 6:07 p.m. 3. On 6/18/2025, scheduled for 5 p.m., documented at 6:11 p.m. During a review of Resident 1's MAR audit records for metoprolol tartrate 25 mg one tablet for the periods of 6/17/2025 to 6/19/2025, the MAR audit records indicated the following: 1. On 6/17/2025, scheduled for as needed, effective date and time (administered) at 10:19 a.m., documented on 6/19/2025 at 2:20 p.m. 2. On 6/18/2025, scheduled for as needed, effective date and time at 9:22 a.m., documented on 6/19/2025 at 2:23 p.m. During a concurrent interview and record review on 7/15/2025 at 4:02 p.m., with Licensed Vocational Nurse 2 (LVN 2), reviewed Resident 1's MAR Audit Records for Norvasc documented by LVN 2 on 6/16/2025 at 7:44 p.m., LVN 2 stated that Resident 1's Norvasc scheduled at 5 p.m., should be given between 4 p.m. and 6 p.m. and should be documented as administered immediately after Norvasc was given. LVN 2 stated that, in order to save time, LVN 2 documented the medication administration after completing the medication pass for all assigned residents and stated he should not have done so. LVN 2 stated it is important to document immediately after administering the medication to ensure accurate and timely documentation. During a concurrent interview and record review on 7/15/2025 at 4:15 p.m., with LVN 1, reviewed Resident 1's MAR Audit Records for metoprolol tartrate. LVN 1 stated on 6/17/2025, Resident 1's metoprolol was documented as effective at 10:19 a.m. but its administration was not documented until 6/19/2025 at 2:20 p.m. LVN 1 stated she administered metoprolol timely but documented its administration at a later time and was unable to recall or state the exact time she administered the medication for Resident 1's elevated SBP of 167 mmHg. LVN 1 was unable to state the time interval between the administration of the scheduled metoprolol</p>		