

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 07/22/2025
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. (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
---	-------	-----------

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 07/22/2025
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 0628</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 three of three residents (Resident 1, 2 and 3) were provided with a discharge summary that included recapitulation (Recap - describes the resident's course of treatment while residing in the facility) of the residents' stay and complete, appropriate discharge information and instructions to ensure safe and orderly discharge from the facility. This deficient practice had the potential to result in unsafe discharge, incomplete documentation of the resident's transfer or discharge in the resident's medical record, and inadequate communication of necessary discharge information to the resident or their representative.a. During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 3/19/2025 with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (paralysis or weakness on one side of the body) following cerebral infarction (CI - a serious medical condition that occurs when blood flow to the brain is blocked, leading to brain cell death) affecting right dominant (more powerful, controlling, or noticeable than other things) side. The admission Record further indicated Resident 1 was discharged on 6/30/2025 to a private home with no home health services. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 6/30/2025, the MDS discharge assessment 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 indicated that Resident 1 was independent with eating, oral/personal hygiene and bed mobility (movement), needed setup or clean-up assistance for chair/bed-to-chair transfer and walking 10 feet, and needed supervision or touching assistance for toileting hygiene and toilet transfer. The MDS further indicated Resident 1 was always continent both urine and bowel. During a review of Resident 1's physician order dated 6/27/2025, the physician order indicated to discharge Resident 1 to home on 6/30/2025.During a review of Resident 1's Interdisciplinary (working together to solve complex problems) Care Conference notes dated 6/26/2025, the notes indicated Resident 1 was being discharged on 6/30/2025, and the physician was notified to order Home Health (HH) services and rollator walker (RW - a walking aid with wheels, brakes and a seat, designed for people who need help with balance and walking).During a review of Resident 1's Physical Therapy (PT) Discharge summary dated [DATE], the PT Discharge Summary indicated that the discharge recommendations were home exercise program and HH services.During a review of Resident 1's Post Discharge Plan of Care and Summary (discharge summary) dated 6/30/2025 timed at 3:50 a.m., the Post Discharge Plan of Care and Summary indicated that the facility provided Resident 1's discharge summary to family (FM 2) on 6/30/2025 upon Resident 1's discharge. The discharge summary did not indicate recapitulation of Resident 1's stay, and discharge information for the areas of Therapy Services, Dietary Services, Social Services, and Activities Services. The discharge summary further indicated Resident 1's bladder (urine) and bowel continent status were incontinent (lose control over your bladder or bowels and leaking urine or feces), and Resident 1 needed assistance with eating, oral hygiene, and bed mobility. During an interview on 7/17/2025 at 2:54 p.m., with FM 1, FM 1 stated that the facility provided FM 1 incomplete discharge summary because it did not indicate the contact information of the HH services company (HH1) that would be providing HH services to Resident 1 at home. FM 1 stated HH 1 did not provide services to Resident 1 at home after the resident was discharged , so FM 1 had to independently arrange for a different HH services company one week (7/7/2025) after Resident 1 was discharged . FM 1 stated Resident 1 was not discharged with a walker, which was essential due to the resident's unsteady gait and fall risk. FM 1 further stated the discharge summary indicated that Resident 1 needed to be referred to a placement to lower level of care, specifically an independent living facility, which FM1 stated was inaccurate. During a concurrent interview and record review on 7/18/2025 at 2:15 p.m., with Registered Nurse 1 (RN 1), reviewed Resident 1's Discharge summary dated [DATE], electronically signed by RN 3. RN 1 stated that Resident 1's discharge summary did not contain the recap of the resident's stay or discharge information for Therapy Services, Dietary Services, Social Services, and Activities Services.During a concurrent interview and record review on 7/22/2025 at 12:33 p.m., with Social Services Assistant 1 (SSA 1) reviewed Resident 1's Discharge summary dated [DATE]. SSA 1 stated SSA 1 filled out the discharge summary prior to Resident 1's discharge, however, the discharge summary printed on 6/30/2025 from the system printed out the wrong discharge summary without the recapitulation of the resident's stay or complete discharge information. During a further interview and</p>		

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 07/22/2025
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>(continued on next page)</p>

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 07/22/2025
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide medically related social services (services provided by the facility's staff to assist residents in attaining or maintaining their mental and psychosocial health) to maintain the highest practicable psychosocial well-being for one of three sampled residents (Resident 1) when the social services department did not arrange home health services (HH) and provide a walker to Resident 1 upon discharge. This deficient practice had the potential to negatively affect the resident's continuity of care and safety during the transition from facility to home. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 3/19/2025 with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (paralysis or weakness on one side of the body) following cerebral infarction (CI - a serious medical condition that occurs when blood flow to the brain is blocked, leading to brain cell death) affecting right dominant (more powerful, controlling, or noticeable than other things) side. The admission Record further indicated Resident 1 was discharged on 6/30/2025 to a private home with no home health services. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 6/30/2025, the MDS discharge assessment 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 indicated that Resident 1 was independent with eating, oral/personal hygiene and bed mobility (movement), needed setup or clean-up assistance for chair/bed-to-chair transfer and walking 10 feet, and needed supervision or touching assistance for toileting hygiene and toilet transfer. The MDS further indicated Resident 1 was always continent both urine and bowel. During a review of Resident 1's physician order dated 6/27/2025, the physician order indicated to discharge Resident 1 to home on 6/30/2025. During a review of Resident 1's Interdisciplinary (working together to solve complex problems) Care Conference notes dated 6/26/2025, the notes indicated Resident 1 was being discharged on 6/30/2025, and the physician was notified to order Home Health (HH) services and rollator walker (RW - a walking aid with wheels, brakes and a seat, designed for people who need help with balance and walking). During a review of Resident 1's Physical Therapy (PT) Discharge summary dated [DATE], the PT Discharge Summary indicated that the discharge recommendations were home exercise program and HH services. During a review of Resident 1's Post Discharge Plan of Care and Summary (discharge summary) dated 6/30/2025 timed at 3:50 a.m., the Post Discharge Plan of Care and Summary indicated that the facility provided Resident 1's discharge summary to family (FM 2) on 6/30/2025 upon Resident 1's discharge. The discharge summary did not indicate recapitulation of Resident 1's stay, and discharge information for the areas of Therapy Services, Dietary Services, Social Services, and Activities Services. During an interview on 7/17/2025 at 2:54 p.m., with FM , FM 1 stated that the facility provided FM 1 incomplete discharge summary because it did not indicate the contact information of the HH services company (HH1) that would be providing HH services to Resident 1 at home. FM 1 stated HH 1 did not provide services to Resident 1 at home after the resident was discharged , so FM 1 had to independently arrange for a different HH services company one week (7/7/2025) after Resident 1 was discharged . FM 1 stated Resident 1 was not discharged with a walker, which was essential due to the resident's unsteady gait and fall risk. FM 1 further stated the discharge summary indicated that Resident 1 needed to be referred to a placement to lower level of care, specifically an independent living facility, which FM1 stated was inaccurate. During a concurrent interview and record review on 7/18/2025 at 2:15 p.m., with Registered Nurse 1 (RN 1), reviewed Resident 1's Discharge summary dated [DATE], electronically signed by RN 3. RN 1 stated that Resident 1's discharge summary did not contain the recap of the resident's stay or discharge information for Therapy Services, Dietary Services, Social Services, and Activities Services. During a concurrent interview and record review on 7/22/2025 at 12:33 p.m., with Social Services Assistant 1 (SSA 1) reviewed Resident 1's Discharge summary dated [DATE]. SSA 1 stated SSA 1 filled out the discharge summary prior to Resident 1's discharge, however, the discharge summary printed on 6/30/2025 from the system printed out the wrong discharge summary without the recapitulation of the resident's stay or complete discharge information. During a further interview and record review on 7/22/2025 at 12:54 p.m., with SSA 1 reviewed the facility facsimile (Fax - transmits a printed document electronically from one place to another) transaction record dated 7/22/2025 indicating that SSA 1 faxed the referral of HH services to HH 1 at 12:01 p.m. on 7/22/2025. SSA 1 stated that the first</p>		