

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 12/03/2025
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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>Based on interview and record review, the facility failed to ensure one of six sampled residents (Resident 8), who did not have the capacity to understand and make decisions, had their representative e-sign (a legally binding way to sign digital document electronically, replacing handwritten signature) the resident's admission Packet. On 5/13/2025, admission Assistant 2 (ADA 2) had Resident 8's admission Packet e-signed by Resident 8 and not the resident's representative. This deficient practice violated the resident's and their representative's right and had the potential to place Resident 8 at risk of making health care decisions he could not understand that may affect their health conditions. Findings: During a review of Resident 8's admission Record, the admission Record indicated the facility admitted the resident on 5/13/2025 with diagnoses that included metabolic encephalopathy (chemical change that causes brain dysfunction), site not specified urinary tract infection (UTI- an infection in any part of the urinary system), and immunodeficiency due to conditions classified elsewhere (a condition where the immune system is weakened, making the body unable to fight off infections and diseases effectively, leading to frequent or severe illnesses from germs that a healthy immune system would normally handle). During a review of Resident 8's History and Physical (H&P) Examination dated 5/15/2025, the H&P indicated Resident 8 does not have the capacity to understand and make decisions. During a review of Resident 8's H&P Examination dated 11/3/2025, the H&P indicated Resident 8 does not have the capacity to understand and make decisions. Reason: Dementia. During a concurrent interview and record review on 12/3/2025 at 3:30 p.m., with admission Assistant 2 (ADA 2), reviewed Resident 8's admission Packet dated 5/13/2025 and Resident 8's H&P Examinations dated 5/15/2025 and 11/3/2025. ADA 2 stated Resident 8's admission Packet should have been e-signed by Resident 8's representative since Resident 8 does not have the capacity to understand and make decisions based on Resident 8's H&P Examinations. ADA 2 stated Resident 8 was not rightfully represented to act on his behalf and to support the resident in his decision making. During an interview on 12/3/2025 at 3:40 p.m., with the admission Director (AD), the AD stated ADA 2 should have had Resident 8's responsible party e-sign the admission packet since Resident 8 does not have the capacity to understand and make decisions based on Resident 8's H&P Examination and to ensure Resident 8 was supported by the responsible party in decision-making. The AD stated it is Resident 8's right to have a representative to act on his behalf. During a review of the facility's policy and procedure (P&P) titled, Resident Rights, last reviewed on 4/24/2025, the policy indicated the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the resident representative.</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
---	-------	-----------