STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056124	A. Building B. Wing	01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tarzana Health and Rehabilitation Center	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide a durable medical equipment (DME- an equipment that is used for a medical reason) to one of four sampled residents (Resident 1) by failing to provide Resident 1 a recliner wheelchair following Physical Therapist 1's (PT 1) recommendation on 12/26/2025 due to the resident's poor sitting balance and left upper extremity (limb of a body, such as an arm or a leg) non weight bearing (to not put any weight at all on a specific body part, usually a leg or foot). This deficient practice resulted in a delay in providing the recommended DME, which had the potential to cause a decline in the resident's functional status and increase the risk of injury.Findings:During a review of Resident 1's admission Record, the admission Record indicated that the facility originally admitted Resident 1 to the facility on 5/1/2022 and readmitted on [DATE] with diagnoses that included unspecified displaced fracture (a broken bone) neck left humerus (a single long bone in the upper arm stretching from the shoulder to the elbow connecting the shoulder blade to the forearm bones and providing support and movement for the arm), urinary tract infection (UTI-an infection in the bladder/urinary tract) and metabolic (chemical changes) encephalopathy (a change in how your brain functions).During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 12/15/2025, the MDS indicated that Resident 1 had severely impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) and was dependent on staff with toileting hygiene, shower or bathing, dressing, personal hygiene, and mobility (movement).During a review of Resident 1's Physical Therapy Treatment Encounter Notes dated 12/26/2025, timed at 3:18 p.m., the Physical Therapy Treatment Encounter Notes indicated Resident 1 was compliant with skilled interventions and required extra time to process new information. The Physical Therapy Treatment Encounter Notes indicated PT 1 recommended a recliner wheelchair for Resident 1 due to poor sitting balance and left upper extremity non weight bearing.During an observation on 1/16/2026 at 12:00 p.m., in Resident 1's in room, observed the resident awake and lying in bed. During an interview on 1/21/2026 at 12:25 p.m., with the Director of Rehabilitation Services (DORS), the DORS stated that Resident 1 does not have a recliner wheelchair. The DORS stated that she initially thought that the recliner wheelchair will not be covered under Medicare Part A (helps cover in patient care in hospitals, skilled nursing facility care, hospice care and home health care) that is why she did not order the recliner wheelchair. The DORS stated that after she reviewed the Medicare Benefit Policy Manual Chapter 8- Coverage of Extended Care Skilled Nursing Facility (SNF) Services Under Hospital Insurance manual issued on 10/5/2023, she should have ordered the recliner wheelchair on 12/26/2025 since it was covered under Resident 1's Medicare Part A insurance. The DORS stated that it was important to follow PT 1's recommendation of providing Resident 1 with a recliner wheelchair timely to prevent Resident 1 from sliding or falling forward from the wheelchair. The DORS further stated that failure to act on PT 1's recommendation resulted in a delay of care.During interview (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 01/21/2026
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with the DON on 1/21/2026 at 4:15 p.m., the DON stated that the DORS should have ordered the recliner wheelchair on 12/26/2025 following PT 1's assessment and recommendation since the recliner wheelchair was covered under Medicare Part A insurance. The DON stated that the DORS' failure to order the recliner wheelchair and communicate with nursing resulted in a delay in treatment, which had the potential to cause functional decline and decreased mobility for Resident 1.During a review of the facility`s policy and procedure, titled Medicare Benefit Policy Manual Chapter 8- Coverage of Extended Care Skilled Nursing Facility (SNF) Services Under Hospital Insurance, dated on 10/5/2023, the policy indicated Durable Medical Equipment (DME) rendered to Part A inpatients of SNF is covered as part of the prospective payment system and is not separately payable.