

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  02/27/2026
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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled resident's (Resident 1) care plans (a document that summarizes a resident's needs, goals, and care/treatment) were implemented by failing to place Resident 1's hearing aids (a small electronic medical device to assist with hearing loss) and eyeglasses on Resident 1 while Resident 1 was out of bed as indicated in the care plan. This deficient practice had the potential to not meet the resident's medical needs and maintain the resident's highest practicable physical, mental and psychosocial well-being. Findings: During a review of Resident 1's admission Record, the admission Record indicated that the facility admitted Resident 1 on 5/1/2022 and readmitted the resident on 12/11/2025, with diagnoses that included metabolic encephalopathy (underlying systemic conditions or substances that disrupt the brain's chemical balance, leading to brain dysfunction), urinary tract infection (UTI- an infection in the bladder [a hollow, muscular organ that stores urine] or urinary tract [the body's drainage system designed to produce, store, and remove urine]), hearing loss, and dementia (a progressive state of decline in mental abilities). During a review of Resident 1's History and Physical (H&amp;P-a comprehensive assessment of a resident's medical condition) dated 12/11/2025, the H&amp;P indicated Resident 1 can make needs known but cannot make medical decisions. During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool) dated 12/15/2025, the MDS indicated Resident 1's cognition (ability to think and make decisions) was severely impaired. The MDS further indicated Resident 1 required maximal assistance from staff with eating, oral hygiene and personal hygiene and dependent on staff for toileting and showering. During a review of Resident 1's care plan for, Impaired visual function, revised 1/6/2026, the care plan indicated interventions to remind the resident to wear glasses when up and ensure the resident is wearing glasses which are clean, free from scratch and in good repair. During a review of Resident 1's care plan for, Communication problems related to bilateral hearing loss, revised 1/7/2026, the care plan indicated an intervention that the resident requires hearing aids to communicate and to ensure availability and functioning of adaptive communication equipment. During an observation on 2/26/2026 at 1:45 p.m., observed Resident 1 sitting in a wheelchair in the lobby of the facility and observed not to be wearing eyeglasses or hearing aids. During a concurrent observation and interview on 2/26/2026 at 1:50 p.m., with the Assistant Director of Nursing (ADON), observed Resident 1 sitting in a wheelchair in the lobby of the facility without eyeglasses or hearing aids in place. The ADON stated that when Resident 1 is out of bed Resident 1 should be wearing eyeglasses and hearing aids. During an interview on 2/26/2026 at 2:45 p.m., with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated that Resident 1 should be wearing hearing aids and eyeglasses when out of bed. LVN 1 stated that Resident 1's hearing aids are not currently charged and not available for Resident 1 to wear. LVN 1 stated that the plan of care for Resident 1 is to wear hearing aids and eyeglasses when out of bed. During an interview on 2/27/2026 at 2:40 p.m., with the facility Administrator (ADM), the ADM confirmed by stating that</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 1 should be wearing hearing aids and eyeglasses when out of bed as indicated in Resident 1's care plans. During a review of the facility's policy and procedure (P&amp;P) titled, Care and Use of Hearing Aids, lasted reviewed on 4/24/2025, the P&amp;P indicated, It is the practice of this facility to assist resident in using their hearing aids, and to provide care to the hearing aids to ensure they are clean and protected from loss and breakage when not being worn. During a review of the facility's P&amp;P titled, Comprehensive Care Plans, last reviewed on 4/24/2025, the P&amp;P indicated, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment.the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being.</p>		