| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056124 | A. Building<br>B. Wing | 05/12/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tarzana Health and Rehabilitation Center | 5650 Reseda Blvd<br>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 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.<br><br>Based on interview and record review, the facility failed to implement its Resident and Family Grievance policy by failing to document and log grievances and failed to implement its Theft and Loss policy by failing to complete a theft and loss report for one of five sampled residents. (Resident 1)These deficient practices had the potential to impede the facility's ability to investigate, address, and resolve resident concerns, and had the potential to violate residents' rights regarding the reporting and resolution of grievances, theft and loss allegations. During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 12/6/2025 diagnoses including cellulitis (a skin infection that causes swelling and redness) of the right upper limb (an arm or leg of a person), severe sepsis (a life-threatening blood infection) with septic shock (a life-threatening condition in which inadequate blood flow results in organ and tissue dysfunction), abnormalities of gait (a person's manner or pattern of walking) and mobility (movement), and muscle weakness.During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 10/12/2025, the MDS indicated Resident 1's cognitive (the mental process involved in knowing, learning, and understanding things) skills for daily decision making was moderately impaired. The MDS further indicated Resident 1 required set-up or clean-up assistance with oral hygiene, required supervision or touching assistance from staff with personal hygiene, and substantial/moderate assistance from staff with toileting hygiene.During a review of the facility document titled Resident Grievance/Complaint Log, for the months of December 2025 and January 2026, there was no documented evidence of a grievance filed by Resident 1 or on behalf of Resident 1. a. During a concurrent interview and record review on 5/11/2026 at 12:15 p.m., with the Social Services Director (SSD), the SSD stated that upon initial admission the SSD informs residents and residents' families of the grievance process. The SSD stated that when residents and their families express concerns, they are asked whether they would like the concern filed as an official grievance on paper. The SSD further stated that concerns are communicated to the appropriate department based on the nature of the issue reported. The SSD stated Resident 1's wife reported concerns regarding Resident 1's eye condition, and because the concern was medically related, the SSD referred the eye concern to the nursing department. The SSD reviewed the facility's Resident Grievance/Complaint Log for the months of December 2025 and January 2026 and stated that there was no documentation of the concern reported by Resident 1's wife. The SSD stated that the concern could have constituted a grievance and should have been documented in the Grievance/Complaint log. The SSD further stated Resident 1's wife's concern was not documented because nursing staff were notified immediately and the SSD assumed the concern had been addressed. The SSD reviewed Resident 1's Social Services Notes and stated that there was no documented evidence that the SSD followed up on Resident 1's wife concern related to Resident 1's eye condition.During a review of the facility's policy and procedure (P&P) titled Resident and Family Grievances, last reviewed on 4/30/2026, the P&P indicated the grievance official is responsible for overseeing the grievance process; receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances; issuing written<br>(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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056124 | A. Building<br>B. Wing | 05/12/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tarzana Health and Rehabilitation Center | 5650 Reseda Blvd<br>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 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations. Grievances may be voiced in the following forums: a. Verbal complaint to a staff member or grievance official. Under procedure: The staff member receiving the grievance will record the nature and Specifics of the grievance on the designated grievance form or assist the resident or family member to complete the form. The grievance official will take steps to resolve the grievance, and record information about the grievance, and those actions, on the grievance form. In accordance with the residence rights to obtain a written decision regarding his or her grievance, received the grievance official may issue a written decision on the grievance to the resident or representative at the conclusion of the investigation. The written decision will include at a minimum: i. The date the grievance was received. ii. The steps taken to investigate the grievance. iii. A summary of the pertinent findings or conclusions regarding the residence concern. iv. A statement as to whether the grievance was confirmed or not confirmed. v. Any corrective action taken or to be taken by the facility as a result of the grievance. vi. The date of the written decision was issued.b. During a concurrent interview and record review on 5/11/2026 at 12:31 p.m. with the SSD, the SSD stated that when a missing item is reported, facility staff will search for the lost item immediately. The SSD stated that Resident 1's wife reported that Resident 1's slippers were missing. The SSD further stated the incident was not documented because the slippers were reportedly found shortly thereafter. However, the SSD was unable to provide documented evidence verifying the slippers were located. The SSD stated documentation of lost or missing resident belongings is necessary to ensure accurate record keeping and appropriate tracking of incidents. The SSD further stated that if an event is not documented, there is no evidence that the incident occurred or that follow-up actions were completed. During a review of the facility's policy and procedure (P&P) titled Theft and Loss Program, last reviewed on 4/30/2026, the P&P indicated the facility has a theft and loss program to ensure that residents; property is safeguarded. Upon admission, residents/ responsible parties will be informed of the facilities theft and loss program policies and procedures. When a personal property item is reported missing, the staff should immediately begin a search for the missing property. Staff should ask the resident when he or she last saw the property and if he or she has any idea where it may be at this time. If the property is not found a theft and loss report is to be completed theft and loss reports are available at the nurses station in the social services communication book the completed theft and loss report should be given to the social services staff for further investigation and resolution social services will continue the search and investigation of the loss to determine if the property can be found or how the loss will be resolved. Individual theft and loss reports shall include but not be limited to the following information: a description of the missing item(s); an estimated value of the item; date and time the theft or loss, if able to determine; and action taken. The facility will review the documentation of the incidents and efforts to control the theft and loss including investigative procedures and results of the investigations by the administrator and when feasible the resident council on a quarterly basis |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056124 | A. Building<br>B. Wing | 05/12/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tarzana Health and Rehabilitation Center | 5650 Reseda Blvd<br>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 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Minimum Data Set (MDS- a resident assessment tool) for one of five sampled residents (Resident 3) was accurately coded, as evidenced by Resident 3's MDS reflecting that Resident 3 was receiving parenteral (a method of delivering essential nutrients directly into a patient's bloodstream intravenously [IV-through a vein], completely bypassing the digestive tract) or IV feeding. However, there was no clinical documentation indicating that Resident 3 required parenteral or IV nutritional support.This deficient practice resulted in an inaccurate assessment of Resident 3's MDS Section K (which evaluates a resident's swallowing ability and nutritional status), thereby compromising the accuracy of the resident's documented nutritional and feeding status. During a review of Resident 3's admission Record, the admission Record indicated the facility readmitted Resident 3 on 10/30/2025 with diagnoses including metabolic encephalopathy (altered brain function or structure caused by an underlying systemic condition), multiple sclerosis (autoimmune disease where the immune system mistakenly attacks the brain, spinal cord, and optic nerves [nerves in eyes]), and type 2 diabetes (a disorder characterized by difficulty in blood sugar control and poor wound healing).During a review of Resident 3's Minimum Data Set (MDS - a resident assessment tool) dated 3/23/2026, the MDS indicated Resident 3's cognitive (the mental process involved in knowing, learning, and understanding things) skills for daily decision making were severely impaired. The MDS further indicated Resident 3 required supervision or touching assistance with eating, partial or moderate assistance from staff with oral hygiene and personal hygiene and was dependent on staff for toileting. The MDS also indicated Resident 3 required parenteral/IV feeding while a resident of the facility.During a review of Resident 3's Physician Order dated 3/18/2026, timed at 3:42 p.m., the Physician's Order indicated Sodium Chloride Solution (used as a source of electrolytes [essential minerals in your blood and body fluids] and water for hydration) 0.9 percent (%). Use 50 milliliters (mL- unit of measurement) per hour (hr.) IV every shift for hydration for two days.During a review of Resident 3's Nutritional assessment dated [DATE], timed at 11:43 a.m., the Nutritional Assessment indicated parenteral nutrition/IV fluids (within the last 7 days): No.During a review of Resident 3's Physician's Progress Notes dated 3/20/2026, timed at 11:20 a.m., the Physician's Progress Notes indicated family concerns regarding decreased oral intake, and that IV fluids were started. During a concurrent interview and record review on 5/11/2026 at 1:55 p.m., with MDS Assistant 1 (MDSA1), MDSA1 reviewed Resident 3's MDS dated [DATE] and stated Section K of the MDS is completed by the Registered Dietitian.During a concurrent interview and record review on 5/11/2026 at 2:27 p.m. with the MDS Coordinator (MDSC), the MDSC reviewed the CMS RAI Version 3.0 Manual (the comprehensive, item-by-item guide to the MDS) Section K. The MDSC stated that because Resident 3 had an order and received IV fluids during the MDS look-back period (a defined timeframe), the RD was able to document on Resident 3's MDS section K, parenteral/IV feeding while Resident 3 was in the facility. The MDSC further reviewed Resident 3's medical record and stated there were no clinical indications supporting the need for ongoing IV hydration. During a concurrent interview and record review on 5/11/2026 at 3:20 p.m. with the Registered Dietitian (RD), the RD stated that she (RD) is responsible for completing Section K of the residents' MDS. The RD stated that her assessment includes review of Resident 3's laboratory results (objective data on your body's internal health, confirming diagnoses or tracking medical conditions), physicians notes, and physician orders. The RD stated that although there was a physician note in the physician's progress notes in March 2026 indicating family concern for poor oral intake, and IV fluids were initiated, there were no laboratory studies obtained prior to initiation of IV hydration. The RD further stated that during her review of Resident 3's Physician Progress Notes and Nursing Progress Notes from 2/1/2026 to 3/19/2026, she (RD) did not find any clinical indications that Resident 3 required IV fluids for hydration. The RD continued to state that as the RD she would<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056124 | A. Building<br>B. Wing | 05/12/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tarzana Health and Rehabilitation Center | 5650 Reseda Blvd<br>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 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | have recommended laboratory evaluation prior to ordering/initiation of IV fluids. When asked if the RD questioned the physician about the IV hydration order, the RD stated that she did not question the physician's order because she would not question a physician's order. During a concurrent interview and record review on 5/11/2026 at 12:28 p.m., with the MDS Nurse (MDSN), the MDSN reviewed Resident 3's MDS dated [DATE] and stated she (MDSN) did not verify the accuracy of Resident 3's MDS Section K, because that is not her job. The MDSN stated that her responsibility is to ensure completion of the MDS, while the RD is responsible for the accuracy of assessment in Resident 3's MDS Section k because the RD is the person who assessed Resident 3.During an interview on 5/11/2026 at 4:00 p.m., with the Director of Nursing (DON), the DON stated that Resident 3's MDS section K was not accurately coded, as there were no clinical indications supporting the need for IV hydration. The DON further stated that the MDSC should have verified Section K accuracy prior to completion and signature. During a review of the facility provided CMS RAI Version 3.0 Manual, Chapter 2: MDS Item K, dated October 2025, the CMS RAI 3.0 Manual indicated Parenteral/IV feeding- The following fluids may be included when there is supporting documentation that reflects the need for additional fluid intake specifically addressing a nutrition or hydration need. This supporting documentation should be noted in the residence medical record according to state and federal regulations and/or internal facility policy. IV fluids can be coated if needed to prevent hydration if the additional fluid intake is specifically needed for nutrition and or hydration prevention of dehydration should be clinically indicated and supporting documentation should be provided in the medical record.During a review of the facility's policy and procedure (P&P) titled, MDS 3.0 Completion, last reviewed on 4/30/2026, the P&P indicated, Residents are assessed, using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan. Under coding of assessment: all disciplines shall follow the guidelines in Chapter 3 of the current RAI manual for coding each assessment. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056124 | A. Building<br>B. Wing | 05/12/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tarzana Health and Rehabilitation Center | 5650 Reseda Blvd<br>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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>Based on interview and record review, the facility failed to ensure one of five sampled residents (Resident 1) received care and services in accordance with professional standards of practice by failing to administer Resident 1's prescribed Insulin Lispro (a fast-acting form of insulin [an essential hormone produced by the pancreas that regulates the amount of sugar in the blood]), as ordered by the physician. This deficient practice resulted in the improper administration of lispro insulin and had the potential to place the resident at risk for hyperglycemia (high blood sugar, occurring when there is too much sugar in the bloodstream because the body lacks or cannot effectively use insulin).During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 12/6/2025 diagnoses including cellulitis (a skin infection that causes swelling and redness) of the right upper limb (an arm or leg of a person), severe sepsis (a life-threatening blood infection) with septic shock (a life-threatening condition in which inadequate blood flow results in organ and tissue dysfunction), abnormalities of gait (a person's manner or pattern of walking) and mobility (movement), muscle weakness and diabetes (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing).During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 10/12/2025, the MDS indicated Resident 1's cognitive (the mental process involved in knowing, learning, and understanding things) skills for daily decision making was moderately impaired. The MDS further indicated Resident 1 required set-up or clean-up assistance with oral hygiene, required supervision or touching assistance from staff with personal hygiene, and substantial/moderate assistance from staff with toileting hygiene. During a review of Resident 1's Order Summary Report, the Order Summary Report indicated a Physician's Order for Insulin Lispro Injection Solution to be administered per sliding scale coverage including 18 units for blood sugar level more than 400 milligrams (mg- units of measurement) per deciliter (dl- unit of measurement), subcutaneously (a shot administered into the layer of fatty tissue located just beneath your skin and above your muscle) four times a day for total parenteral nutrition (TPN- method of feeding that bypasses the digestive tract completely delivering all necessary daily nutrients, vitamins, minerals directly into a resident's bloodstream through an intravenous [IV- within a vein]) use and DM. During a review of Resident 1's care plan addressing Resident 1's diabetes, dated 12/31/2025, the care plan indicated interventions for diabetes management, including administration of diabetes medications as ordered by the physician. During a review of Resident 1's Medication Administration Record (MAR- a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) for the month of December 2025, the MAR indicated that on 12/21/2025 at 9:00 a.m., Resident 1's blood sugar level was documented as 545 mg/dl. During a concurrent interview and record review on 5/11/2026 at 10:31 a.m., with MDS Assistant 1 (MDSA 1), MDSA 1 reviewed Resident 1's MAR for the month of December 2025 and confirmed the documented blood sugar result of 545 mg/dl on 12/21/2025 at 9:00 a.m. Further review of Resident 1's Administration Note dated 12/21/2025 at 9:49 a.m. indicated that Resident 1 received 15 units of insulin. The MDSA 1 stated that per the Physician's Order, Resident 1 should have received 18 units of insulin for a blood sugar level of 545 mg/dl. The MDSA 1 further stated that the insulin dosage administered should correspond with the physician-ordered sliding scale based on the resident's blood sugar level result. MDSA 1 stated Resident 1 should have received 18 units of insulin based on Resident 1's blood sugar reading because that is what the physician order indicates. During an interview on 5/11/2026 at 4:08 p.m. with the Director of Nursing (DON), the DON stated that the correct insulin dosage should have been administered to Resident 1 in accordance with the physician's order. The DON further stated that accurate insulin administration is necessary to ensure compliance with physician orders and to prevent potential adverse outcomes (any unfavorable, suboptimal [falling below the best, ideal, or most effective standard or level] result experienced by a<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056124 | A. Building<br>B. Wing | 05/12/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tarzana Health and Rehabilitation Center | 5650 Reseda Blvd<br>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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | resident following a medical intervention, treatment or care plan), including hyperglycemia (high blood sugar). During a review of the facility's policy and procedure (P&P) titled, Medication Administration, last reviewed on 4/30/2026, the P&P indicated medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in the matter to prevent contamination or infection. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056124 | A. Building<br>B. Wing | 05/12/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tarzana Health and Rehabilitation Center | 5650 Reseda Blvd<br>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 0806<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.<br><br>Based on observation, interview, and record review, the facility failed to ensure that one of five sampled residents (Resident 4) received meals that accommodated the resident's food preferences.This deficient practice resulted in Resident 4's food preferences not being honored and had the potential to result in decreased nutritional intake which could place the resident at risk for weight loss and malnutrition (lack of sufficient nutrients in the body).During a review of Resident 4's admission Record, the admission Record indicated the facility readmitted Resident 4 to the facility on 7/5/2022 with diagnoses including vascular dementia (a decline in thinking, memory, and behavior caused by conditions that block or reduce blood flow to the brain, starving brain cells of oxygen and nutrients), history of falls, and Alzheimer's disease (a disease characterized by a progressive decline in mental abilities).During a review of Resident 4's Minimum Data Set (MDS - a resident assessment tool) dated 3/16/2026, the MDS indicated Resident 4's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and sense) was severely impaired. The MDS further indicated Resident 4 required partial/moderate assistance from staff with eating and oral hygiene, required substantial/maximal assistance from staff with personal hygiene, and was dependent on staff for toileting hygiene.During a review of Resident 4's Order Summary Report, the Order Summary Report indicated a Physician's Order for a Regular Pureed (food that is blended or processed into a smooth, thick paste-like consistency [similar to applesauce or pudding] that requires no chewing and is easy to swallow and digest) texture diet, thin consistency, fortified foods (foods to which extra nutrients have been added) TID (three times a day) with small meal portions, ordered 12/16.2025.During a review of Resident 4's care plan (a document that summarizes a resident's needs, goals, and care/treatment) for nutrition problem related to dementia ., last revised on 4/8/2026, the care plan indicated an intervention to honor the resident's food preferences within diet parameters.During a review of Resident 4's meal card, the meal card indicated Food adds: Other-Puree Fruit.During an observation on 5/12/2016 at 12:10 p.m., in the dining room, Resident 4's lunch tray was observed without pureed fruit. During a concurrent observation, interview and record review on 5/12/2026 at 12:20 p.m. with the Dietary Supervisor (DS), in the dining room, observed Resident 4's lunch tray without pureed fruit. The DS reviewed Resident 4's meal card and stated that pureed fruit should have been served to Resident 4, as indicated on the meal card. The DS stated that Food Adds listed on residents' meal tickets represent residents' food preferences and should be included on residents' meal trays. Observed DS retrieved a container of pureed fruit from the kitchen and served the pureed fruit to Resident 4. During an interview on 5/12/2026 at 3:31 p.m., with the DS, the DS stated that kitchen staff failed to serve pureed fruit on Resident 4's lunch tray. The DS further stated it is important for kitchen staff to follow residents' meal tickets to ensure residents' preferences and choices are accommodated. The DS continued to state that the facility failed to honor Resident 2's food preference by not serving Resident 4's pureed fruit as indicated on the resident's meal ticket. The DS further stated that failure to provide the resident's preferred food item did not honor Resident 4's rights and preferences. During a review of the facility's policy and procedure (P&P) titled, Food Preparation Guidelines, last reviewed on 4/30/2026, the P&P indicated staff shall accommodate resident allergies, intolerances, and preferences, providing appropriate alternative. Resident preferences and allergies shall be obtained during the resident assessment process and added to the resident's tray ticket. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056124 | A. Building<br>B. Wing | 05/12/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tarzana Health and Rehabilitation Center | 5650 Reseda Blvd<br>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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain accurate and complete medical records in accordance with accepted professional standards and practices for two of five sampled residents (Resident 1 and Resident 5), by failing to ensure Registered Nurse Supervisors completed the facility's Clinical Admission assessment documentation upon admission.This deficient practice had the potential to affect the development and implementation of appropriate plan of care for Resident 1 and Resident 5 due to incomplete admission assessment documentation. a. During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 12/6/2025 diagnoses including cellulitis (a skin infection that causes swelling and redness) of the right upper limb (an arm or leg of a person), severe sepsis (a life-threatening blood infection) with septic shock (a life-threatening condition in which inadequate blood flow results in organ and tissue dysfunction), abnormalities of gait (a person's manner or pattern of walking) and mobility (movement), muscle weakness and diabetes (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing).During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 10/12/2025, the MDS indicated Resident 1's cognitive (the mental process involved in knowing, learning, and understanding things) skills for daily decision making was moderately impaired. The MDS further indicated Resident 1 required set-up or clean-up assistance with oral hygiene, required supervision or touching assistance from staff with personal hygiene, and substantial/moderate assistance from staff with toileting hygiene. During a review of Resident 1's Order Summary Report, the Order Summary Report indicated an order to admit Resident 1 to the facility. During a concurrent interview and record review on 5/12/2026 at 1:10 p.m., with Registered Nurse 2 (RN 2), RN 2 stated that upon admission of a resident, RN supervisors are responsible for assessing residents and documenting the assessment on the facility's, Clinical Admission form. RN 2 reviewed Resident 1's Clinical admission form dated 12/6/2025 timed at 8:24 p.m. and stated Resident 1's Clinical admission assessment was not completed.During a concurrent interview and record review on 5/12/2026 at 2:51 p.m. with the Director of Nursing (DON,) the DON stated that RN Supervisors are responsible for completing new admission assessments upon admission. The DON reviewed Resident 1's Clinical admission form dated 12/6/2025, timed at 8:24 p.m. and stated that Resident 1's Clinical admission form was incomplete. The DON identified the following sections as incomplete or blank: Neurologic Group Assessment: incomplete; Mood & Behavior: incomplete; Respiratory: incomplete; Gastrointestinal: incomplete; Genitourinary: incomplete; Screening: incomplete; Care Planning: left blank; Clinical Suggestions: left blank. b. During a review of Resident 5's admission Record, the admission Record indicated the facility originally admitted Resident 5 to the facility on 3/23/2026 and readmitted the resident on 5/11/2026 with diagnoses including encephalopathy (any disease, damage, or malfunction of the brain), end stage renal disease (ESRD- irreversible kidney failure), unspecified sequelae of cerebral infarction (stroke, loss of blood flow to a part of the brain), dependence on renal dialysis (a resident's kidneys have permanently failed and they rely on a machine to do the work of filtering their blood). During a review of Resident 5's MDS dated [DATE], the MDS indicated Resident 5's cognition was moderately impaired. The MDS further indicated Resident 5 was dependent on staff with oral hygiene, toileting hygiene, and personal hygiene. During a review of Resident 5's Order Summary Report, the Order Summary Report indicated an order dated 5/11/2026 to admit Resident 5 to facility. During a concurrent interview and record review on 5/12/2026 at 1:15 p.m. with Registered Nurse 2 (RN 2), RN 2 stated that upon admission of a resident, RN supervisors are responsible for assessing residents and documenting the assessment on the Clinical admission form. RN 2 reviewed Resident 5's Clinical admission form dated 5/11/2026 timed at 11:05 p.m. and stated Resident 5's Clinical admission assessment was not completed.During<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056124 | A. Building<br>B. Wing | 05/12/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tarzana Health and Rehabilitation Center | 5650 Reseda Blvd<br>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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | a concurrent interview and record review on 5/12/2026 at 2:51 p.m., with the DON, the DON stated that RN Supervisors are required to complete admission assessments upon admission. The DON reviewed Resident 5's Clinical admission form dated 5/11/2026 timed at 11:05 p.m. and stated that Resident 5's Clinical admission Note was incomplete. The DON identified the following sections as incomplete or blank: Neurologic Group Assessment: incomplete; Mental Status: incomplete; Mood & Behavior: incomplete; Gastrointestinal: incomplete; Nutrition: incomplete; Genitourinary: incomplete; Skin: incomplete; Care Planning: left blank; Clinical Suggestions: left Blank. The DON stated the RN Supervisor should have completed all sections of the nursing assessment. The DON further stated it is important to complete the Clinical admission nursing assessment to establish a baseline and develop an appropriate plan of care upon admission. The DON stated incomplete admission documentation could result in inaccurate development of the resident's plan of care. During a review of the facility's policy and procedure (P&P) titled admission of a Resident, last reviewed on 4/30/2026, the P&P indicated the admission process is intended to obtain all possible information regarding the resident for the development of the comprehensive plan of care, and to assist the resident in becoming comfortable in the facility.During a review of the facility's P&P titled Documentation in Medical Record, last reviewed on 4/30/2026, the P&P indicated each residence medical record shall contain a representation of the experiences of the residents and include enough information to provide a picture of the residents progress. Licensed staff and interdisciplinary team members shall document all assessments, observations, and services provided in the residence medical record in accordance with state law and facility policy. |