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	05/18/2026

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that therapy-recommended durable medical equipment (DME- medical equipment a person uses at home to help with safety, mobility, or daily care) was arranged prior to discharge for one of three sampled residents (Resident 1). This deficient practice had the potential to result in an unsafe discharge and placed Resident 1 at risk for falls, decreased mobility (ability to move around safely and easily), inability to safely perform activities of daily living (refers to the basic, routine self-care tasks a person performs to survive and function independently) and possible rehospitalization following discharge. During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 4/23/2026 and readmitted on [DATE] with diagnoses that included, but were not limited to, osteoarthritis (a condition where the protective cushioning in the joints wears down over time, causing pain, stiffness, and trouble moving) of the right hip, abnormalities of gait (the way a person walks or moves while walking) and mobility, muscle weakness, and repeated falls. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 4/29/2026, the MDS 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 further indicated Resident 1 was independent with eating, required supervision for oral hygiene and personal hygiene, and maximum assist with toileting, showering, lower body dressing, and putting on/and taking off footwear. The MDS also indicated Resident 1 needed maximum assist with sit-to-lying (the ability to move from sitting on side of bed to lying flat on the bed), and sit-to-stand (the ability to come to a standing position from sitting in a chair, wheelchair [a mobility device consisting of a chair mounted on wheels, designed for individuals who have difficulty or are unable to walk due to illness, injury, disability or age], or on the side of the bed) transfers. During a review of Resident 1's Physician Order dated 5/11/2026, the Physician Order indicated Resident 1 was to be discharged home on 5/11/2026. During a review of Resident 1's Post Discharge Plan of Care and Summary (discharge summary) dated 5/11/2026 timed at 10:25 a.m., the Post Discharge Plan of Care and Summary indicated the facility provided the discharge summary to Resident 1 on 5/11/2026. The discharge summary did not indicate DMEs had been requested or arranged prior to discharge. During an interview on 5/15/2026 at 1:12 p.m., with Family Member 1 (FM 1), FM 1 stated Resident 1 was discharged home on 5/11/2026. FM 1 stated the facility should not have discharged Resident 1 without a wheelchair, as Resident 1 needed the wheelchair for safe mobility within the home. During a concurrent interview and record review on 5/15/2026 at 3:16 p.m., with Registered Nurse 1 (RN 1), Resident 1's Post Discharge Plan of Care and Summary, dated 5/11/2026 was reviewed. RN 1 stated the discharge summary indicated Resident 1 signed the discharge summary on 5/11/2026. RN 1 stated the discharge summary did not indicate DME had been ordered for Resident 1. During a concurrent interview and record review on 5/15/2026 at 3:51 p.m., with the Social Services Director (SSD), Resident 1's Social Service assessment dated [DATE] was reviewed. The Social Service Assessment indicated Resident 1 required DME for a successful discharge. The SSD stated the facility should have ordered the (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

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(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 - Few	recommended DME to ensure Resident 1 could be discharged safely to the home environment. During a concurrent interview and record review on 5/18/2026 at 9:48 a.m., with the Director of Rehabilitation (DOR), Resident 1's Physical Therapy (PT - a healthcare treatment designed to help individuals recover movement, manage pain, and restore physical function) Discharge summary dated [DATE] was reviewed. The PT Discharge Summary indicated Resident 1's discharge recommendations included assistive devices for safe functional mobility, a two-wheel walker (a mobility aid with wheels on the two front legs and rubber tips on the back legs), wheelchair, and bedside commode (BSC- portable toilet placed next to the bed for someone who has difficulty walking to the bathroom). The DOR stated Resident 1 should have had the appropriate DMEs in place at the time of Resident 1's discharge to promote safe functioning in the home, prevent falls, avoid decline in functional status, and reduce the risk of hospitalization During an interview on 5/18/2026 at 11:11 a.m., with the Case Manager (CM), the CM stated DME had not been requested for Resident 1. The CM further stated DME should have been ordered prior to discharge to ensure a safe discharge and to prevent falls, accidents, or hospitalization. During a concurrent interview and record review on 5/18/2026 at 3:30 p.m., with the Director of Nursing (DON), Resident 1's PT Discharge summary dated [DATE] was reviewed. The DON stated the PT recommendations should have been followed by the CM. The DON further stated the CM should have contacted the physician to obtain orders for the recommended DMEs and ensured the equipment was ordered and delivered to Resident 1's home prior to discharge to promote a safe discharge and ensure Resident 1 had the necessary equipment available in the home setting. During a review of the facility's policy and procedure (P&P) titled, Discharge Planning Process, last revised on 4/30/2026, the P&P indicated, An active individualized discharge care plan will address, at a minimum:a. Discharge destination, with assurances the destination meets the resident's health/safety needs and preferences. b. Identified needs, such as medical, nursing, equipment, educational, or psychosocial needs.