| 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 | 05/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| 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.

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan (a written course of action that helps a resident achieve outcomes that improve their quality of life) for one of three sampled residents (Resident 1), who has a history of Post Traumatic Stress Disorder (PTSD - a disorder in which a person has difficulty recovering after experiencing or witnessing a traumatic event). This deficient practice had the potential to negatively affect the delivery of care and services to Resident 1.During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 12/17/2025 with diagnoses that included PTSD. During a review of Resident 1's History & Physical (H&P - a comprehensive medical document that includes a detailed account of a resident's medical history, a physical examination, a clinical assessment, and a care plan) dated 4/24/2026, the H&P indicated Resident 1 has the capacity to understand and make decisions. The H&P also indicated that Resident 1 has a history of PTSD. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 3/24/2026, the MDS indicated Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience and the senses) was intact. The MDS further indicated that Resident 1 required supervision or touching assistance with showering and toileting hygiene, required set up or clean-up assistance with personal hygiene, and was independent with oral hygiene and eating. During a review of Resident 1's Trauma Informed Care Screener dated 12/17/2025 timed at 2:02 p.m., the Trauma Informed Care Screener indicated Resident 1 had a positive trauma screen. During a review of Resident 1's Psychiatric Progress Note dated 4/15/2026, the Psychiatric Progress Note indicated that Resident 1 had a history of PTSD. During a concurrent interview and record review on 5/20/2026 at 11:44 a.m., with the Social Services Director (SSD), the SSD reviewed Resident 1's care plans from 12/17/2025 to 5/20/2026 and stated that Resident 1 did not have a care plan specific to PTSD. The SSD stated that a care plan should have been developed to address Resident 1's PTSD diagnosis. The SSD further stated that the Social Services Department is responsible for initiating Resident 1's PTSD care plan because it relates to Resident 1's psychosocial well-being. When asked why a PTSD care plan had not been developed for Resident 1, the SSD did not provide an explanation. During a concurrent interview and record review on 5/20/2026 at 11:45 a.m., with the Director of Nursing (DON), the DON reviewed Resident 1's care plans and stated that Resident 1 did not have a care plan specific for PTSD. The DON stated that Resident 1 should have a PTSD-specific care plan to ensure appropriate interventions were implemented, including referral to a psychologist (a healthcare professional who specializes in studying the human mind, behavior, and emotions) and interventions to identify and manage PTSD triggers. During a review of the facility's policy and procedure (P&P) titled Comprehensive Care plans, last reviewed on 4/30/2026, the P&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. During a review of the facility's P&P titled Trauma Informed Care, last reviewed on 4/30/2026, the<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 |
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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | P&P indicated the facility collaborate with resident trauma survivors, and as appropriate, the resident's family, friends, the primary care physician, and any other health care professionals (such as psychologist and mental health professional) to develop and implement individualized care plan interventions. Trauma-specific care plan interventions will recognize the interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety. These interventions will also recognize the survivor's need to be respected, informed, connected, and hopeful regarding their own recovery. The facility will evaluate whether the interventions have been able to mitigate (or reduce) the impact of identified triggers on the resident that may cause re-traumatization. The resident and/or his or her family or representative will be included in the evaluation to ensure clear and open discussion and better understand if interventions must be modified. In situations where a trauma survivor is reluctant to share their history, the facility will still try to identify triggers which may retraumatize the resident and develop care plan interventions which minimize or eliminate the effect of the trigger on the resident. |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide the needed resident-centered (an approach that puts the individual's needs, preferences and well-being at the heart of their care plan) care and services for one of three sampled residents (Resident 2). The facility did not notify Resident 2's physician after the resident refused scheduled insulin (an essential hormone that regulates blood sugar) administration on 5/12/2026; 5/13/2026; 5/14/2026; 5/16/2026; 5/17/2026; 5/18/2026; 5/19/2026. This deficient practice had the potential to result in unclear or inconsistent direction in the resident's plan of care and may have placed Resident 2 at risk for not receiving appropriate assessment and intervention related to repeated insulin refusals.During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 5/2/2023 and readmitted on [DATE] with diagnoses that included end stage renal disease (ESRD- irreversible kidney failure), type 2 diabetes (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing), diabetic neuropathy (disease or dysfunction of one or more nerves, typically causing numbness or weakness in the hands and feet), and dependence on renal dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed). During a review of Resident 2's Minimum Data Set (MDS- a resident assessment tool) dated 4/7/2026, the MDS indicated Resident 2's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience and the senses) was intact. The MDS indicated Resident 2 required partial/moderate assistance from staff for showering/bathing self and toileting and required supervision or touching assistance from staff with eating, oral hygiene, and personal hygiene. During a review of Resident 2's Order Summary Report dated 5/7/2026, the Order Summary Report indicated an order for Insulin Regular Human Injection Solution (a short-acting insulin used to keep your blood sugar level close to normal), inject per sliding scale (a set of various insulin doses that are administered based on the a person's glucose reading). During a review of Resident 2'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 May 2026, the MAR indicated that Resident 2 refused his scheduled insulin at 6:30 a.m. on the following days: 5/12/2026; 5/13/2026; 5/14/2026; 5/16/2026; 5/17/2026; 5/18/2026; 5/19/2026. During a concurrent interview and record review on 5/20/2026 at 2:57 p.m., with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated that Resident 2 picks and chooses when he receives insulin. LVN 1 reviewed Resident 2's MAR for the month of May 2026 and stated that Resident 2 refused his 6:30 a.m. insulin doses on the following days: 5/12/2026; 5/13/2026; 5/14/2026; 5/16/2026; 5/17/2026; 5/18/2026; 5/19/2026. LVN 1 further stated that after three consecutive days of medication refusal, charge nurses are expected to notify the resident's physician. LVN 1 reviewed Resident 2's Progress Notes for May 2026 and stated that there was no documented evidence that Resident 2's physician was made aware of Resident 2's repeated insulin refusals on 5/12/2026; 5/13/2026; 5/14/2026; 5/16/2026; 5/17/2026; 5/18/2026; 5/19/2026. During an interview on 5/20/2026 at 5:29 p.m., with the Director of Nursing (DON), the DON stated that when a resident refuses his/her medication for three consecutive days or three consecutive doses, the charge nurses are responsible for notifying the residents' physician and initiating a Change of Condition (COC- a significant deviation from an individual's normal baseline health or functioning) document. The DON further stated that nursing staff are expected to closely monitor the resident for any significant changes related to the missed medication and document that monitoring. The DON continued to state that Resident 2's physician should have been notified of Resident 2's repeated insulin refusals. The DON stated that failure to notify the physician may have resulted in delayed care and inadequate monitoring for potential hyperglycemia (high blood sugar). During a review of the facility policy and procedure (P&P) titled, Provision of Quality Care, last reviewed on 4/30/2026, the P&P indicated based on comprehensive assessments, the facility will<br>(continued on next page) |

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| Tarzana Health and Rehabilitation Center | 5650 Reseda Blvd<br>Tarzana, CA 91356 |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | ensure that residents receive treatment and care by qualified persons in accordance with professional standards of practice, the comprehensive person centered care plans, and read the residence choices. Each resident will be provided care and services to attain or maintain his/her highest practicable, physical, mental, and psychosocial well-being. |

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| F 0699<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care or services that was trauma informed and/or culturally competent.<br><br>Based on interview and record review the facility failed to ensure trauma (refers to an emotional, psychological, or physical response to a deeply distressing or disturbing event that overwhelms a resident's ability to cope) informed care was provided for one of three sampled residents (Resident 1) by: 1. Failing to ensure Resident 1 was seen and evaluated by the psychologist (a healthcare professional who specializes in studying the human mind, behavior, and emotions) as ordered by the physician. This deficient practice had the potential to result in a delayed identification and assessment of underlying trauma-related issues, resulting in missed opportunities for timely interventions, appropriate referrals, and individualized care planning. Resident outcomes and overall quality of care could be adversely affected. 2. Failing to assess and identify Resident 1's trauma triggers. This deficient practice resulted in the resident's trauma triggers remaining unidentified, increasing the risk of re-traumatization and limiting the facility's ability to implement individualized interventions and support necessary to promote the resident's emotional well-being and sense of safety. During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 12/17/2025 with diagnoses that included diverticulitis of the intestine (a painful condition where small, bulging pouches that form in the lining of the intestines become inflamed or infected) and post-traumatic stress disorder (PTSD- a disorder in which a person has difficulty recovering after experiencing or witnessing a traumatic event). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 3/24/2026, the MDS indicated Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience and the senses) was intact. The MDS further indicated Resident 1 required supervision or touching assistance with showering and toileting hygiene, required set up or clean-up assistance with personal hygiene, and was independent with oral hygiene and eating. a. During a review of Resident 1's Order Summary Report dated 12/17/2025, the Order Summary Report indicated a physician's order for May see psychologist. During an interview on 5/20/2026 at 9:45 a.m., with Resident 1, in Resident 1's room, Resident 1 stated she is diagnosed with PTSD and would like to speak with a psychologist. Resident 1 stated she believed there was an order for psychological services (professional health interventions used to assess, diagnose, and treat mental health conditions, behavioral issues, and emotional challenges); however, the facility had not arranged for her (Resident 1) to see or speak with a psychologist at any time during her stay in the facility. During a concurrent interview and record review on 5/20/2026, at 11:07 a.m., with the SSD, the SSD stated that it is the responsibility of the Social Services Department to ensure residents were seen and evaluated by the facility's psychologist when indicated. The SSD reviewed Resident 1's medical records and stated that Resident 1 was admitted with a diagnosis of PTSD. The SSD stated that Resident 1 had not been seen by a psychologist while residing in the facility. The SSD further stated that, given Resident 1's diagnosis of PTSD, psychological services would be beneficial. When asked why Resident 1 had not been referred to or evaluated by a psychologist despite the physician's order, the SSD did not provide an explanation. b. During an interview on 5/20/2026 at 9:49 a.m., with Resident 1, Resident 1 stated that triggers related to her PTSD included people yelling and/or people raising their voices. During a concurrent interview and record review on 5/20/2026, at 11:42 a.m., with the SSD, the SSD reviewed Resident 1's medical records and stated that there was no documented evidence identifying Resident 1's PTSD-related triggers. The SSD stated that identifying trauma triggers is important to ensure the facility can provide appropriate medical and non-medical interventions and support tailored to the resident's needs. The SSD further stated that the facility failed to provide Resident 1 with trauma-informed care by not addressing resident specific needs related to Resident 1's diagnosis of PTSD and by failing to identify and document Resident 1's PTSD triggers. The SSD also stated that providing trauma-informed care is essential to promoting residents' psychosocial well-being and preventing re-traumatization. During a review of the facility's policy and<br>(continued on next page) |

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| F 0699<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | procedure titled, Trauma Informed Care, last reviewed on 4/30/2026, indicated it is the policy of the facility to provide care and services which, in addition to meeting professional standards, are delivered using approaches which are culturally competent, account for experiences and preferences, and addressed the needs of trauma survivors by minimizing triggers and/or re-traumatization. The facility will use multi-pronged approach to identifying a resident's history of trauma, as well as his or her cultural preferences. This will include asking the resident about triggers that may be stressors or may prompt recall of previous traumatic event, as well as screening and assessment tools such as the Resident Assessment Instrument (RAI- a standardized framework used in long-term care facilities, to evaluate a resident's clinical status, functional abilities, and care needs). In some cases, if the facility has more than one trauma survivor, social services will make a good faith effort at coordinating and referring the resident/residents to a support group that is run by a qualified professional or allow a support group to meet in the facility. If a group cannot be run/meet at facility, social services will assist the resident in locating a support group in the community as appropriate and feasible. The facility will identify triggers which may re-traumatize residents with a history of trauma. Trigger-specific interventions will identify ways to decrease the resident exposure to triggers which re-traumatize the resident, as well as identify ways to mitigate or decrease the effect of the trigger on the resident and will be added to the residents care plan. In situations where a trauma survivor is reluctant to share their history, the facility will still try to identify triggers which may retraumatize the resident and develop care plan interventions which minimize or eliminate the effect of the trigger on the resident. |