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	05/28/2026

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility failed to implement its policy and procedures (P&P), titled Abuse (willful infliction of injury, unreasonable confinement, intimidation, or punishment, resulting in physical harm, pain, or mental anguish), Neglect (failure of staff to provide necessary care) and Exploitation (illegal or improper act of using a resident's funds, property, or assets for another person's profit or advantage, often involving coercion, manipulation, or fraud) by failing to conduct required pre-employment screening prior to hiring three of six sampled employees (two Licensed Vocational Nurses [LVN 1 and LVN 4] and the Director of Staff Development [DSD]). This deficient practice had the potential to place the residents at risk for elder abuse, neglect, and exploitation.a. During a review of LVN 1's personnel file including the Reference Check Control Form dated 3/25/2025, the Reference Check Control Form indicated the employment reference section was left blank with no information documented. The date of hire was 3/26/2025. During a concurrent interview and record review on 5/27/2026 at 3:41 p.m., with the Administrator (ADM) and the Director of Nursing (DON), the ADM and the DON reviewed LVN 1's personnel file including the Reference Check Control Form dated 3/25/2025. The DON stated that the reference checks did not indicate that the facility made attempts to contact former employers such as the Human Resources (HR) department or DSD. The DON further stated that the reference checks indicated that references were obtained only from a friend and co-workers, who could not provide relevant information regarding the potential employee, such as length of employment, work performance, history of resident abuse, or re-hire eligibility. The DON stated that the potential employee's friends or former co-workers could not provide that information. b. During a review of LVN 4's personnel file, including the Reference Check Control Form dated 5/11/2025, the Reference Check Control Form indicated that the facility contacted the potential employee's wife and two co-workers. The date of hire was 5/12/2026. During a concurrent interview and record review on 5/27/2026 at 4:05 p.m., with the ADM and the DON, the ADM and the DON reviewed LVN 4's personnel file including the Reference Check Control Form dated 5/11/2026. The DON stated that the facility contacted the potential employee's wife and two former co-workers; however, the documentation did not indicate their titles or positions. The DON stated that the facility should attempt to verify a potential employee's work experience, including any history of resident abuse, and should document the name and title of each individual contacted. c. During a review of the DSD's personnel file, including the Confidential Reference Checks One, Two, and Three, signed on 10/30/2020, the Reference Check indicated that the facility contacted the potential employee's friends and a co-worker. The date of hire was 11/3/2020. During a concurrent interview and record review on 5/27/2026 at 4:09 p.m., with the ADM and the DON, the ADM and the DON reviewed the DSD's personnel file, including the Confidential Reference Checks One, Two, and Three, signed on 10/30/2020. The ADM stated that a criminal background check was completed prior to hire and did not indicate any history of criminal offenses. The ADM further stated that friends or co-workers could provide the information regarding whether a potential employee had a history of resident abuse; therefore, the facility did not need to contact the former employers. The ADM stated that the criminal background check, with no adverse findings, was sufficient after reviewing the screening requirements in the facility's Abuse, Neglect, and Exploitation P&P. During a review of 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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	facility's P&P titled, Abuse, Neglect, and Exploitation, last reviewed on 4/30/2026, the P&P indicated, Screening: Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation (deliberate misplacement, exploitation, or wrongful temporary/permanent use of a resident's belongings or money without their consent) of resident property. Background, reference, and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. The facility will maintain documentation of proof that the screening occurred,

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that licensed nurses accurately assessed and completed Fall Risk Assessments for two of seven sampled residents (Resident 2 and Resident 3). This deficient practice had the potential to place the residents at increased risk for falls and fall-related injuries. a. During a review of Resident 2's admission Record, the admission Record indicated that the facility originally admitted Resident 2 on 4/1/2026 and readmitted the resident on 4/12/2026 with diagnoses that included pulmonary embolism (PE - a blood clot in the lungs), hypotension (low blood pressure), Guillain-Barre syndrome (GBS - a rare neurological disorder where your immune system mistakenly attacks the peripheral nerves that damage causes muscle weakness, numbness, and tingling), and history of falling. During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 4/8/2026, the MDS indicated that Resident 2's cognition (ability to think, reason, and function) was intact, and the resident had impaired range of motion (ROM - the full potential movement of a joint and measured in degrees) in both lower extremities (hip, knee, ankle, foot). The MDS further indicated that Resident 2 was dependent on staff for toileting hygiene, lower body dressing, sitting to lying, lying-to-sitting on the side of bed, and chair/bed-to-chair transfers, and required maximal assistance with showering and rolling left and right in bed. During a review of Resident 2's Change in Condition (COC - an acute, abnormal alteration in a resident's physical or mental baseline) Evaluation form dated 4/2/2026 timed at 1:42 p.m., the COC Evaluation form indicated the following: Resident 2 had an assisted fall and complained of left leg pain radiating to the foot one hour after the fall incident. The resident (Resident 2) requested transfer to a hospital for further evaluation.At 2 p.m., the facility received a Physician's Order to transfer Resident 2 to General Acute Care Hospital 1 (GACH 1). During a review of Resident 2's Fall Risk assessment dated [DATE], the Fall Risk assessment indicated the following: Triggering Event: Witnessed fall on 4/2/2026. The history of falls sections indicated that Resident 2 had no falls within the past three (3) months despite documentation in the COC Evaluation (dated 4/2/2026), indicating a fall on the same date.The systolic blood pressure (SBP - the first number in a blood pressure reading, which measures the pressure in the arteries [pathway that carries blood away from the heart] when the heart beats) was marked: No noted drop between lying and standing. During a concurrent interview and record review on 5/27/2026 at 1:07 p.m., with Minimum Data Set Nurse (MDSN - a specialized licensed nurses who manages the standardized clinical assessments of patients in long-term care facilities) 1, MDSN 1 reviewed Resident 2's Fall Risk assessment dated [DATE] and stated that the fall incident that occurred on that date was not included in the assessment. MDSN 1 stated that the purpose of the Fall Risk Assessment, particularly after a fall incident, was to identify specific fall risk factors to prevent future falls and establish proactive care plans; therefore, the assessment should be completed accurately and thoroughly. During a concurrent interview and record review on 5/27/2026 at 2:25 p.m., with the Director of Nursing (DON), the DON reviewed Resident 2's Fall Risk assessment dated [DATE] and stated that although the assessment was completed after the fall incident, the actual fall was not reflected in the response to the question regarding a history of falls within the past three months. The DON reviewed Resident 2's MDS and stated that wheelchair (an assistive mobility device with wheels designed for individuals who cannot walk or have difficulty walking due to illness, injury or disability) use was not marked in the gait (a person's particular manner, style, or pattern of walking or running)/balance sections. The DON further stated that Resident 2 was unable to stand; therefore, the SBP section was inaccurately completed when marked as no noted drop between lying and standing. The DON stated that staff should accurately assess residents when completing Fall Risk Assessments to ensure care plans and services are developed according to the residents' needs. b. During a review of Resident 3's admission Record, the admission Record (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	indicated that the facility originally admitted Resident 3 on 3/8/2016 and readmitted on [DATE] with diagnoses that included metabolic encephalopathy (ME - a disorder that affects brain function), hemiplegia (total paralysis [complete or partial loss of voluntary muscle function in a part or all of the body] of the arm, leg, and trunk on the same side of the body), hemiparesis (paralysis or weakness on one side of the body) following cerebral infarction (stroke, loss of blood flow to a part of the brain resulting in damage to brain tissue), aphasia (a disorder that makes it difficult to speak), epilepsy (a brain condition that causes people to have repeated, unexpected seizures [a sudden, temporary surge of abnormal electrical activity in the brain that disrupts its normal function]), hypotension, and dementia (a progressive state of decline in mental abilities). During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3's cognition was severely impaired, and the resident had impaired ROM in one upper extremity (shoulder, elbow, wrist, hand) and both lower extremities (hip, knee, ankle, foot). The MDS further indicated that Resident 3 was dependent on staff for Activities of Daily Living (ADLs- activities such as bathing, dressing and toileting a person performs daily) except for eating, which required moderate assistance. The MDS also indicated that transfers were not attempted and that the resident used a wheelchair for mobility (movement). During a review of Resident 3's Fall Risk assessment dated [DATE], the Fall Risk Assessment indicated the following: The gait/balance section was marked as balance problems while standing and walking.The SBP section was marked: No noted drop between lying and standing. During a review of Resident 3's Fall Risk assessment dated [DATE], the Fall Risk Assessment indicated the following: The vision status section was left blank.The gait/balance section was marked as balance problems while standing and walking.The SBP section was marked: No noted drop between lying and standing. During a concurrent interview and record review on 5/27/2026 at 1:33 p.m., with MDSN 1, MDSN 1 reviewed Resident 3's Fall Risk Assessments dated 3/26/2026 and 4/10/2026. MDSN 1 stated that Resident 3 was dependent on staff for all ADLs and was unable to stand; therefore, SBP could not be assessed between lying and standing positions. However, the assessment was marked as no noted drop between lying and standing. MDSN 1 further stated that the resident used a wheelchair and that the vision status section on the 4/10/2026 Fall Risk Assessment was left blank. MDSN 1 stated the Fall Risk Assessments were completed incorrectly and incompletely and should be performed accurately to identify resident-specific fall risk factors and develop care plans to reduce the risk of falls. During a review of the facility's policy and procedures (P&P) titled, Fall Prevention Program last reviewed on 4/30/2026, the P&P indicated, Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls. The facility utilizes a standardized risk assessment for determining a resident's fall risk.

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F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. Based on interview and record review, the facility failed to: 1. Ensure that the designated Director of Staff Development (DSD) was approved by the Department (from the State) to serve in the role of nursing home DSD. 2. Develop and implement policy and procedures (P&P) requiring the initiation and completion of former employment reference checks for prospective employees prior to hire. These deficient practices resulted in Licensed Vocational Nurse 1 (LVN 1) providing employee orientation and in-service training without the Department's approval and allowed the facility to hire new employees without completing verification of former employment references prior to hire.1. During a review of the facility's Nurse Assistant Training Program Notice (NATPN) approved by the Department, the NATPN indicated the following: The program expiration date was 9/30/2026.The Department has received, reviewed and approved the renewal application for Orientation and In-service Programs. The facility must notify the Department within thirty (30) calendar days following the employment of a new Director of Staff Development.The name of the approved DSD was not LVN 1. During a review LVN 1's personal file, the file indicated the following: a. LVN 1's start date at the facility was 3/26/2025. b. LVN 1's job status was changed from LVN to DSD, effective 7/8/2025, as documented on the Payroll Action Form requested on 7/3/2025. During a review of the facility's undated Department Heads listing submitted to the surveyor on 5/26/2026, the Department Heads listing identified LVN 1' title as DSD of the facility. During an interview on 5/26/2026 at 3:50 p.m., with the Administrator (ADM), the ADM stated that the facility had two full-time DSDs, and that LVN 1 worked the p.m. shift (a scheduled block of working hours that takes place in the afternoon and evening spanning from roughly 3:00 p.m. to 11:00 p.m.). During an interview on 5/26/2026 at 4:49 p.m., with LVN 1, LVN 1 stated that they had been working as a full-time DSD since December 2025. LVN 1 stated that the DSD covered the morning shift and that LVN 1 covered the p.m. shift. During a concurrent interview and record review on 5/27/2026 at 4:25 p.m., with the ADM, the Director of Nursing (DON), and the DSD, the DSD reviewed Certified Nursing Assistant 1 (CNA 1's) personnel file and stated that LVN 1 provided the orientation and signed the orientation documents. The DSD stated that she was not involved in CNA 1's new employee orientation or personnel file process. The DSD further stated that LVN 1 functioned as DSD I, while she serve as DSD II and presented her employee identification badge indicating the title of DSD II. During a concurrent interview and record review on 5/27/2026 at 4:39 p.m., with the ADM, Director of Nursing (DON), and LVN 1, LVN 1 was asked whether she had received Department approval to serve as a DSD. LVN 1 stated that she had not received any approval letter from the Department, was unaware that Department approval was required, and had not submitted an application for such approval. LVN 1 further stated that she had been highly involved in providing CNA in-services (ongoing, on-the-job training and professional development sessions for staff) and training in the role of DSD, had been functioning as DSD I, and presented her employee identification badge indicating the title of DSD I. During a review of the facility's Job Description for DSD dated 2023, the job description indicated, Required qualifications. Minimum requirements include the following. Eligible to participate in federally funded health care programs. Must also meet state requirements for relevant licensures or certifications and have no disciplinary action in effect against professional license. Must meet DSD state requirements to include two (2) years of nursing experience. LVN/Registered Nurse (RN) license must be in good standing with the board of license without current limitation or disciplinary action, 2. a. During a review of LVN 1's personnel file including the Reference Check Control Form dated 3/25/2025, the Reference Check Control Form indicated that the section for employment references was left blank and contained no information. The date of hire was 3/26/2025. During a concurrent interview and record review on 5/27/2026 at 3:41 p.m., with the ADM, and the DON, the ADM and the DON reviewed (continued on next page)

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F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	LVN 1's personnel file including the Reference Check Control Form dated 3/25/2025. The DON stated that the reference checks did not indicate that the facility had attempted to contact former employers such as human resources (HR) department or DSD. The DON further stated that the references documented on the form consisted only of a friend and former co-workers who would not be able to provide relevant information regarding the applicant, including the length of employment, job performance, history of resident abuse, or whether the applicant was eligible for rehire. The DON stated that a friend or former co-worker would not be an appropriate source for verifying such information. 2. b. During a review of LVN 4's personnel file including the Reference Check Control Form dated 5/11/2025, the Reference Check Control Form indicated that the facility contacted the applicant's wife and two co-workers as references. LVN 4's date of hire was 5/12/2026. During a concurrent interview and record review on 5/27/2026 at 4:05 p.m., with the ADM and the DON, the ADM and the DON reviewed LVN 4's personnel file, including the Reference Check Control Form dated 5/11/2026. The DON stated that the facility had contacted the applicant's wife and two former co-workers; however, the form did not indicate their job titles or positions. The DON stated that the facility should attempt to verify an applicant's work experience, including any history of resident abuse, through appropriate employment reference and should document the name and title of the individual contacted. 2. c. During a review of DSD's personnel file including the Confidential Reference Checks One, Two, and Three signed on 10/30/2020, the Reference Check indicated that the facility contacted the applicant's friends and a co-worker as references. The DSD's date of hire was 11/3/2020. During a concurrent interview and record review on 5/27/2026 at 4:09 p.m., with the ADM and the DON, the ADM and the DON reviewed the DSD's personnel file, including the Confidential Reference Checks One, Two, and Three, signed on 10/30/2020. The ADM stated that a criminal background check was completed prior to hire and did not indicate any history of criminal offenses. The ADM further stated that friends or co-workers could provide the information regarding whether a potential employee had a history of resident abuse; therefore, the facility did not need to contact the former employers. The ADM stated that the criminal background check, with no adverse findings, was sufficient after reviewing the screening requirements in the facility's Abuse, Neglect, and Exploitation P&P. During a concurrent interview and record review on 5/28/2026 at 12:40 p.m., with the ADM, the ADM stated that the facility did not have a P&P addressing employment reference checks during the new employee hiring process. The ADM further stated that the issue would be discussed with the facility's consultants and that the ADM was uncertain whether such a policy was required. The ADM reviewed the ADM's job description and stated that one of the ADM's duties and responsibilities under administrative functions was to plan, develop, organize, implement, evaluate, and direct the facility's programs. During a review of the facility's P&P titled, Governing Body last reviewed on 4/30/2026, the P&P indicated, The facility will have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility.The governing body refers to individuals such as facility owner(s), Chief Executive Officer(s), or other individuals who are legally responsible to establish and implement policies regarding the management and operations of the facility. During a review of the facility's Job Description for Administrator dated 2017, the Job Description for Administrator indicated, The primary purpose of your job position is to direct the day-to-day functions of the facility in accordance with current federal, state, and local standards, guidelines, and regulations that govern nursing facilities to assure that the highest degree of quality care can be provided to our residents at all times. Administrative functions. Plan, develop, organize, implement, evaluate, and direct the facility's programs and activities in accordance with guidelines issued by the governing board.