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	06/03/2026

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to assist and arrange transportation services for a follow-up neurosurgery (the medical specialty focused on diagnosing and treating disorders of the nervous system) specialist appointment as ordered by the physician for one of five sampled residents (Resident 1). This deficient practice had the potential to negatively affect the residents' continuity of care and treatment.Findings: During a review of Resident 1's admission Record, the admission Record indicated that the facility admitted Resident 1 on 12/9/2025 with diagnoses that included low back pain, anxiety disorder (mental health conditions that involve excessive fear, worry, or nervousness that interfere with daily life), and history of transient ischemic attack (TIA - known as a mini-stroke, and happens when a blood clot temporarily blocks blood flow to a part of the brain). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 2/24/2026, the MDS indicated that Resident 1's cognition (ability to think, reason, and function) was severely impaired, and the resident required moderate assistance from staff for showering, and required supervision or touching assistance for toileting hygiene, upper and lower body dressing, bed mobility (movement) and transferring. During a review of Resident 1's General Acute Care Hospital 1 (GACH 1) Discharge summary dated [DATE] and signed 12/9/2026, the GACH 1 discharge summary indicated Resident 1 to follow-up with a neurosurgery specialist. During a review of Resident 1's physician order dated 12/18/2025, the physician order indicated that Resident 1's physician ordered a neuro consult (a primary doctor refers the residents to a neurologist for a variety of brain, spine, or nerve-related issues) for the resident on 12/22/2025 at 9:15 a.m. During a review of Resident 1's physician progress notes dated 1/13/2026, the physician progress notes indicated that the physician's assessment and plan included a follow-up with neurosurgery for Resident 1's low back pain with small lumbar 3-4 (L1, L2, L3, L4, and L5 refer to the five individual bones that make up the lumbar spine, commonly known as your lower back) infarction (the death of tissue in the body caused by a lack of oxygen and nutrients). During a review of Resident 1's physician progress notes dated 2/5/2026, the physician progress notes indicated that the physician's assessment and plan included the follow-up with neurosurgery for Resident 1's lower back pain with small L3-4 infarction. During a review of Resident 1's physician order dated 2/5/2026, the physician order indicated that Resident 1's physician ordered to follow up with neurosurgery for the resident's L3-4 infarction. During a concurrent interview and record review on 6/3/2026 at 12:33 p.m., with the Social Services Director (SSD), reviewed Resident 1's progress notes. The SSD stated that Resident 1 had only one appointment to follow-up with a neurosurgery specialist, which was on 12/22/2025, but the SSD could not locate the documents indicating if Resident 1's appointment was done or not, so that the SSD needed to check with the SSD's assistants. During a concurrent interview and record review on 6/3/2026 at 2:14 p.m., with the Director of Nursing (DON), reviewed Resident 1's GACH 1 Discharge summary dated [DATE] and signed 12/9/2025, physician orders, and progress notes. The DON stated that the facility made the appointment for 12/22/2025, but there was no documentation about Resident 1 going out to a clinic for that appointment. During an interview on 6/3/2026 at 2:38 p.m., (continued on next page)

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with Social Service Assistant 2 (SSA 2), SSA 2 stated the Social Service department arranges transportation after appointments are made by the nursing department or case manager personnel. SSA 2 stated there was not enough time to arrange Resident 1's transportation for their appointment. SSA 2 stated the transportation request form was returned to Case Manager Assistant 1 (CMA 1). SSA 1 stated transportation was never arranged by the Social Service department for Resident 1's appointment. During a concurrent interview and record review on 6/3/2026 at 2:50 p.m., with the DON and the Medical Records Director (MRD), the DON stated that the follow-up appointment with a neurosurgery specialist for Resident 1 was not done, and the resident was discharged from the facility on 2/24/2026. The DON stated that the facility scheduled the appointment on 12/22/2025, but it was not completed due to transportation issues. The DON stated the facility should have rearranged Resident 1's follow-up neurosurgery appointment as soon as possible, but it was not done. During a concurrent interview and record review on 6/3/2026 at 3:26 p.m., with CMA 1, reviewed the Transportation Confirmation form documented from 12/12/2025 to 2/3/2026. CMA 1 stated that CMA 1 rearranged Resident 1's neurosurgery appointment for 12/22/2025 on 12/18/2025, and the transportation requisition form was given to SSA 1 on the same day (12/18/2025). CMA 1 further stated that CMA 1 thought that the appointment was done and was not informed of Resident 1's missing follow-up neurosurgery appointment by the nursing staff or the Social Services department personnel. CMA 1 stated Resident 1's follow-up neurosurgery appointment was not rescheduled. During an interview on 6/3/2026 at 4:05 p.m., with SSA 1, SSA 1 stated that CMA 1 informed SSA 1 about Resident 1's 12/22/2025 appointment on 12/18/2025 and stated that was not enough time to arrange Resident 1's transportation service. SSA 1 stated SSA 1 returned back Resident 1's original transportation requisition form to CMA 1 to rearrange Resident 1's follow-up neurosurgery specialist appointment for another day. SSA 1 stated there was no documentation indicating that and stated SSA 1 was not informed to follow up. During a review of the facility's policy and procedure (P&P) titled, Provision of Physician Ordered Services, last reviewed on 4/30/2026, the P&P indicated, The purpose of this policy is to provide a reliable process for the proper and consistent provision of physician ordered services according to professional standards of quality. Follow-up appointments: Facility staff will assist residents in scheduling and attending follow-up appointments as ordered by the physician, physician assistant, nurse practitioner, or clinical nurse specialist. Necessary documentation of scheduled appointments and resident attendance may be maintained. During a review of the facility's P&P titled, Social Services, last reviewed on 4/30/2026, the P&P indicated, The facility, regardless of size, will provide medically-related social services to each resident, to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The social worker, or social services and designee, will pursue the provision of any identified need for medically related social services of the resident. Making referrals and obtaining needed services from outside entities. Transitions of care services.

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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 0840 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ or obtain outside professional resources to provide services in the nursing home when the facility does not employ a qualified professional to furnish a required service. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow the physician's order and ensure one of five sampled residents (Resident 1) was provided with a follow-up neurosurgery (the medical specialty focused on diagnosing and treating disorders of the nervous system) specialist appointment. This deficient practice had the potential to result in negative health outcomes.Findings: During a review of Resident 1's admission Record, the admission Record indicated that the facility admitted Resident 1 on 12/9/2025 with diagnoses that included low back pain, anxiety disorder (mental health conditions that involve excessive fear, worry, or nervousness that interfere with daily life), and history of transient ischemic attack (TIA - known as a mini-stroke, and happens when a blood clot temporarily blocks blood flow to a part of the brain). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 2/24/2026, the MDS indicated that Resident 1's cognition (ability to think, reason, and function) was severely impaired, and the resident required moderate assistance from staff for showering, and required supervision or touching assistance for toileting hygiene, upper and lower body dressing, bed mobility (movement) and transferring. During a review of Resident 1's General Acute Care Hospital 1 (GACH 1) Discharge summary dated [DATE] and signed 12/9/2026, the GACH 1 discharge summary indicated Resident 1 to follow-up with a neurosurgery specialist. During a review of Resident 1's physician order dated 12/18/2025, the physician order indicated that Resident 1's physician ordered a neuro consult (a primary doctor refers the residents to a neurologist for a variety of brain, spine, or nerve-related issues) for the resident on 12/22/2025 at 9:15 a.m. During a review of Resident 1's physician progress notes dated 1/13/2026, the physician progress notes indicated that the physician's assessment and plan included a follow-up with neurosurgery for Resident 1's low back pain with small lumbar 3-4 (L1, L2, L3, L4, and L5 refer to the five individual bones that make up the lumbar spine, commonly known as your lower back) infarction (the death of tissue in the body caused by a lack of oxygen and nutrients). During a review of Resident 1's physician progress notes dated 2/5/2026, the physician progress notes indicated that the physician's assessment and plan included the follow-up with neurosurgery for Resident 1's lower back pain with small L3-4 infarction. During a review of Resident 1's physician order dated 2/5/2026, the physician order indicated that Resident 1's physician ordered to follow up with neurosurgery for the resident's L3-4 infarction. During a concurrent interview and record review on 6/3/2026 at 12:33 p.m., with the Social Services Director (SSD), reviewed Resident 1's progress notes. The SSD stated that Resident 1 had only one appointment to follow-up with a neurosurgery specialist, which was on 12/22/2025, but the SSD could not locate the documents indicating if Resident 1's appointment was done or not, so that the SSD needed to check with the SSD's assistants. During a concurrent interview and record review on 6/3/2026 at 2:14 p.m., with the Director of Nursing (DON), reviewed Resident 1's GACH 1 Discharge summary dated [DATE] and signed 12/9/2025, physician orders, and progress notes. The DON stated that the facility made the appointment for 12/22/2025, but there was no documentation about Resident 1 going out to a clinic for that appointment. During an interview on 6/3/2026 at 2:38 p.m., with Social Service Assistant 2 (SSA 2), SSA 2 stated the Social Service department arranges transportation after appointments are made by the nursing department or case manager personnel. SSA 2 stated there was not enough time to arrange Resident 1's transportation for their appointment. SSA 2 stated the transportation request form was returned to Case Manager Assistant 1 (CMA 1). SSA 1 stated transportation was never arranged by the Social Service department for Resident 1's appointment. During a concurrent interview and record review on 6/3/2026 at 2:50 p.m., with the DON and the Medical Records Director (MRD), the DON stated that the follow-up appointment with a neurosurgery specialist for Resident 1 was not done, and the resident was discharged from the facility on 2/24/2026. The DON stated that the facility scheduled the appointment on 12/22/2025, but (continued on next page)

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F 0840 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	it was not completed due to transportation issues. The DON stated the facility should have rearranged Resident 1's follow-up neurosurgery appointment as soon as possible, but it was not done. During a concurrent interview and record review on 6/3/2026 at 3:26 p.m., with CMA 1, reviewed the Transportation Confirmation form documented from 12/12/2025 to 2/3/2026. CMA 1 stated that CMA 1 rearranged Resident 1's neurosurgery appointment for 12/22/2025 on 12/18/2025, and the transportation requisition form was given to Social Service Assistant 1 (SSA 1) on the same day (12/18/2025). CMA 1 further stated that CMA 1 thought that the appointment was done and was not informed of Resident 1's missing follow-up neurosurgery appointment by the nursing staff or the Social Services department personnel. CMA 1 stated Resident 1's follow-up neurosurgery appointment was not rescheduled. During a review of the facility's policy and procedure (P&P) titled, Provision of Physician Ordered Services, last reviewed on 4/30/2026, the P&P indicated, The purpose of this policy is to provide a reliable process for the proper and consistent provision of physician ordered services according to professional standards of quality. Follow-up appointments: Facility staff will assist residents in scheduling and attending follow-up appointments as ordered by the physician, physician assistant, nurse practitioner, or clinical nurse specialist. Necessary documentation of scheduled appointments and resident attendance may be maintained.