

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to provide care in a manner that maintained a resident's dignity when:</p> <ol style="list-style-type: none"> 1. A resident's urinary catheter bag (device used to collect urine drained from the bladder via a urinary catheter [a hollow tube inserted into the bladder to drain or collect urine]) was not covered with a privacy bag (also known as a dignity bag - device used to cover the contents of a urinary catheter bag) for one of two sampled residents (Resident 137) reviewed under the dignity care area. 2. Staff failed to provide privacy and failed to consistently knock before entering a shower room for one of one sampled resident (Resident 119). <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 137's admission Record (face sheet), the admission Record indicated that the facility admitted the resident on 12/2/2023, with diagnoses including history of falling, major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and type two diabetes mellitus (DM2-a disorder characterized by difficulty in blood sugar control and poor wound healing). <p>During a review of Resident 137's Minimum Data Set (MDS - a resident assessment tool) dated 5/11/2025, the MDS indicated that the resident's cognitive skills (brain's ability to think, read, learn, remember, reason, express thoughts, and make decisions) for daily decision making was moderately impaired (decisions poor, cues/supervision required). The MDS indicated that Resident 137 required staff substantial/maximal assistance (helper does more than half the effort) for toileting hygiene. The MDS indicated that Resident 137 required staff partial/moderate assistance (helper does less than half the effort) for oral hygiene, lower body dressing, and personal hygiene. The MDS further indicated that Resident 137 had an indwelling catheter.</p> <p>During a review of Resident 137's physician Order Summary Report dated 5/12/2025, the order summary report indicated an order for indwelling catheter due to urinary retention (a condition in which urine cannot empty from the bladder).</p> <p>(continued on next page)</p>

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: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 6/3/2025 at 9:22 a.m. with the MDS Coordinator (MDSC) inside Resident 137's room, the MDSC stated that Resident 137's urinary catheter bag was not covered with a privacy bag. The MDSC stated that urinary collection bags are required to be covered with a privacy bag to promote dignity.</p> <p>During an interview on 6/4/2025 at 2:18 p.m., with the Assistant Director of Nursing (ADON), the ADON stated that urinary catheter bags are required to be covered with a privacy bag. The ADON stated that Resident 137's urinary catheter bag was not covered with a privacy bag and the potential outcome is the lack of promoting a resident's dignity.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled Promoting/Maintaining Resident Dignity, last reviewed on 4/24/2025, the P&P indicated that it is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled Catheter Care, last reviewed on 4/24/2025, the P&P indicated that privacy bags will be available and catheter drainage bags will be covered at all times while in use.</p> <p>2. During a review of Resident 119's admission Record, the admission Record indicated the facility admitted Resident 119 on 4/7/2023 and readmitted on [DATE] with diagnoses including, type 1 diabetes mellitus (a condition where your body cannot make insulin [chemical that helps regulate blood sugar]), dependence on renal dialysis, end stage renal disease (the kidneys have permanently lost their ability to function, requiring dialysis or a kidney transplant to survive), and acquired absence of right leg below the knee.</p> <p>During a review of Resident 119's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 4/8/2025, the MDS indicated Resident 119 did not have issues remembering and was able to make himself understood and understood others. The MDS indicated Resident 119 required moderate assistance from staff for bathing.</p> <p>During an interview on 6/4/2025 at 10:32 am with Resident 119, Resident 119 stated his shower days are Tuesdays and Fridays, and staff did not knock first prior to entering the shower room to drop off soiled linens while he was showering and he (Resident 119) felt his dignity and privacy were being violated, most recently on Tuesday 6/3/2025 with Certified Nursing Assistant 7 (CNA 7) helping him. Resident 119 stated staff came in at least 3 times to drop off linens and none of them knocked.</p> <p>During an interview on 6/4/2025 at 10:47 am with CNA 7, CNA 7 stated she assisted Resident 119 with his shower in shower room number four on 6/3/2025 at approximately 9:30 am and during the shower, several staff members walked in to drop off soiled linen and did not remember any of them knocking first. CNA 7 stated all staff should knock first prior to entering any room that residents occupy because they have a right to their dignity.</p> <p>During an interview on 6/4/2025 at 1:36 pm with the Director of Nursing (DON), the DON stated that staff should never walk into any room occupied by a resident without knocking to preserve their dignity. The DON further stated all residents have a right to privacy and dignity and staff must knock every time prior to walking into the shower rooms to deposit soiled linens.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Promoting/Maintaining Resident Dignity, last reviewed on 4/24/2024, indicated it is the practice of the facility to protect and promotes resident rights and treat each resident with respect and dignity. The P&P further states to maintain resident privacy.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to:</p> <ol style="list-style-type: none"> Promote the resident's right to be informed of and participate in his treatment for one of one (Resident 48) sampled residents by failing to obtain an informed consent (comprehensive explanation of the treatment) and inform the resident or responsible party in advance of the risks and benefits of the psychotropic (medications that affect a person's state or behavior) medication Zyprexa (used to treat several mental health conditions). <p>This deficient practice violated Resident 48's or his/her responsible party the right to make an informed decision regarding the use of a psychotropic medication.</p> <ol style="list-style-type: none"> Ensure to provide the name of medications and their indications (reason for the use of the medication) prior to administration of the medications, affecting two (2) of four (4) residents observed for medication administration (Resident 20 and 100.) <p>This deficient practice violated Resident 20's and 100's rights to make decisions regarding their medication regimen, withhold treatment or seek alternatives, potentially resulting in psychosocial harm.</p> <p>Findings:</p> <p>During a review of Resident 48 's admission Record, the admission Record indicated that the facility originally admitted the resident on 6/19/2018 and readmitted on [DATE], with diagnoses including post-traumatic stress disorder (a mental health condition triggered by experiencing or witnessing a traumatic event) and schizophrenia (a serious mental health condition that affects how people think, feel and behave).</p> <p>During a review of Resident 48's History and Physical (H&P- a term used to describe a physician's examination of a patient) dated 5/20/2025, the H&P indicated that the resident could make needs known but cannot make medical decisions.</p> <p>During a review of Resident 48's Minimum Data Set ([MDS] - a resident assessment tool,) dated 3/11/2025, the MDS indicated Resident 48 had the ability to usually makes self- understood and the ability to usually understand others and required setup or clean-up assistance in performing activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily).</p> <p>During a review of Resident 48's Physician`s Orders dated 6/05/2024, the Physician's Orders indicated an order for Zyprexa 2.5 milligram (mg) tablet, give 1 tablet by mouth at bedtime for Schizophrenia (a chronic brain disorder characterized by symptoms like hallucinations, delusions, and disorganized thinking) manifested by fearful posturing when approached.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review with Licensed Vocational 5 (LVN 5) on 6/04/2025 at 8:47 a. m., reviewed Resident 48's Informed Consent Form for Zyprexa 2.5 mg, which indicated that the consent on file did not have the physician's signature and dose frequency (number of times medication is administered). LVN 5 stated that it is a requirement for any psychotropic medication order to obtain the resident's or family member's consent before the order is carried out. The signature of the physician on the consent form will indicate that the risks and benefits of the medication were explained to the resident and or his/her responsible party. LVN 5 further stated that it is the right of the resident to know what medication they are taking, and it is a violation of their right if their consent is not obtained and the risks and benefits of the medication was not explained to the resident.</p> <p>During a review of the facility's policy and procedure titled Informed Consent, last reviewed on 4/24/2025, the policy indicated that It is the policy of this facility to uphold the rights of residents to participate in the planning and decision- making process concerning their care and treatment. When situations arise that involve complex decisions, the facility will verify that informed consent has been obtained prior to any medical intervention or treatment is initiated, including, but not limited to, administration of psychotherapeutic medications, application of a physical restraint or the prolonged use of a device that may lead to the inability to regain use of a normal body function and for transfer and discharge . Licensed nursing staff shall document either 1) in the order for the psychotherapeutic medication or physical restraint or device, when the order is given by the physician, that informed consent was obtained by the physician and the name/or relationship of the individual to the resident giving informed consent, or, 2) on a separate verification form. The physician may document that he/she obtained informed consent in the clinical record, on progress notes, history and physical or a standard form use by the facility.</p> <p>2. During an observation on 6/2/2025 at 9:09 a.m., Licensed Vocational Nurse 1 (LVN 1) was observed administering amlodipine (a medication used to treat high blood pressure,) amiodarone (a medication used to treat atrial fibrillation,) apixaban((a medication used to treat atrial fibrillation,) multivitamin with minerals (a supplement,) docusate (a medication used as stool softener) bisacodyl (a medication used for constipation) and polyethylene glycol (a medication used for bowel [intestine] management,) orally to Resident 20. Resident 20 was observed swallowing the medications with a glass of water. LVN 1 was not observed informing Resident 20 the name of amiodarone, apixaban, multivitamin with minerals, docusate, bisacodyl and their indication during administration of the medications.</p> <p>During an observation on 6/2/2025 at 9:21 a.m., LVN 1 was observed administering atenolol (a medication used to treat high blood pressure,) losartan (a medication used to treat high blood pressure,) aspirin (a medication used for Coronary artery disease [CAD] is a condition with narrowed path of blood supply to the heart), sennosides (a medication used for constipation,) vitamin B12 (a supplement), and calcium carbonate with vitamin D (a supplement) orally to Resident 100. Resident 100 was observed swallowing the medications with ensure (a nutritional supplement.) LVN 1 was not observed informing Resident 100 the name of atenolol, losartan, calcium carbonate with vitamin D and their indication during administration of the medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/2/2025 at 9:24 a.m., with LVN 1, LVN 1 stated during the medication administration earlier that day (6/2/2025), LVN 1 administered amlodipine, amiodarone, apixaban, multivitamin with minerals, bisacodyl and polyethylene glycol orally to Resident 20 and failed to inform Resident 20 the names of amiodarone, apixaban, multivitamin with minerals, docusate, bisacodyl and their indications prior to the resident swallowing them. LVN 1 stated during the medication administration earlier that day (6/2/2025), LVN 1 administered atenolol, losartan, aspirin, sennosides, vitamin B12, and calcium carbonate with vitamin D orally to Resident 100 and failed to inform Resident 100 the names of a atenolol, losartan, calcium carbonate with vitamin D and their indications prior to the resident swallowing them. LVN 1 stated that LVN 1 usually informs the residents of each medication and the indication prior to administration but did not do so that time since LVN 1 had not clearly identified each medication cup with the name of the medication. LVN 1 stated according to facility policy LVN 1 should have informed Resident 20 and 100 the name and indication of all the medications administered that morning, to give Resident 20 and 100 the right to be involved in their care and treatment and be able to make choices such as refusing a specific medication.</p> <p>During an interview on 6/2/2025 at 12:28 p.m., with the Director of Nursing (DON,) the DON stated that LVN 1 failed to inform the name of the medications and their indications and side effects (unwanted, uncomfortable, or dangerous effects that a medication may have) prior to medication administration earlier that day (6/2/2025) to Resident 20 and 100. The DON stated that it was important to follow this process to ensure residents have the right to be informed about their care and make decisions about their treatments. The DON stated not providing this information during medication administrations restricts the residents from this right.</p> <p>During a review of Resident 20's admission Record (a document containing demographic and diagnostic information,) dated 6/2/2025, the admission Record indicated Resident 20 was originally admitted to the facility on [DATE] and re-admitted on [DATE] with diagnosis including atrial fibrillation (condition with irregular and fast heartbeat), and failure to thrive.</p> <p>During a review of Resident 20's Medication Administration Record ([MAR] - a record of medications administered to residents), dated June 2025, the MAR indicated Resident 20 was prescribed the following medications:</p> <ul style="list-style-type: none"> -amlodipine 5 milligram ([mg] - a unit of measure of mass) one (1) tablet orally once a day for hypertension (high blood pressure) at 9 a.m. -amiodarone 100 milligram ([mg] - a unit of measure of mass) two (2) tablets orally once a day for atrial fibrillation at 9 a.m. -apixaban 5 mg one (1) tablet orally two (2) times a day atrial fibrillation at 9 a.m. and 5 p.m. -multivitamin with minerals 1 (one) tablet orally once a day for supplement at 9 a.m. - docusate 100 mg one (1) capsule orally two (2) times a day for stool softener at 9.a.m. and 5 p.m. -bisacodyl 5 mg two (2) tablets orally once a day for bowel management at 9.a.m. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-polyethylene glycol 17 gram ([GM] - a unit of measure of mass) orally for bowel management at 9 a.m.</p> <p>During a review of Resident 100's admission Record dated 4/7/2025, the admission Record indicated Resident 100 was originally admitted to the facility on [DATE] and re-admitted on [DATE] with diagnosis including atrial fibrillation, heart disease.</p> <p>During a review of Resident 100's MAR dated June 2025, the MAR indicated Resident 100 was prescribed the following medications:</p> <p>-aspirin 81 mg one (1) tablet orally once a day for CAD at 9 a.m.</p> <p>-vitamin B12 1000 microgram ([mcg] - a unit of measure of mass) one (1) tablet orally once a day for supplement, at 9 a.m.</p> <p>-atenolol 25 mg half tablet orally once a day for hypertension at 9 a.m.</p> <p>-losartan 25 mg one (1) tablet orally once a day for hypertension at 9 a.m.</p> <p>-sennosides 8.6 mg 2 (two) tablets orally one time a day for constipation at 9 a.m.</p> <p>-calcium with vitamin D3 one (1) tablet orally two (2) times a day for supplement at 8 a.m. and 5:30 p.m.</p> <p>During a review of the facility's policy and procedures (P&P), titled Resident Rights, last reviewed 4/24/2025, the P&P indicated: The resident has the right to be informed of, and participate in, his or her treatment, including:</p> <p>c. The right to be informed in advance, of the care to be furnished .</p> <p>e. The right to request, refuse, and/or discontinue treatment .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's call light (a device used in healthcare settings to allow patients or residents to signal for assistance from staff members) was within reach for one (Resident 138) out of one sampled resident.</p> <p>This deficient practice had the potential to result in the resident not being able to call for facility staff assistance and delay of provision of necessary care and services that can negatively affect the resident's comfort and well-being.</p> <p>Findings:</p> <p>During a review of Resident 138's admission Record, the admission Record indicated the facility admitted the resident on 1/17/2024 with diagnoses including a history of falling.</p> <p>During a review of Resident 138's Minimum Data Set (MDS - a resident assessment tool), dated 4/14/2025, the MDS indicated the resident was severely impaired in cognition (thought processes) and required maximal assistance from staff for most activities of daily living (ADLs - activities such as bathing, dressing and toileting a person performs daily).</p> <p>During a review of Resident 138's care plan (a document that outlines the goals, interventions, and expected outcomes of care for a specific patient) for risk for falls, initiated on 12/10/2024, the care plan indicated the goal that the resident will be free of falls through the review date. Among some of the listed interventions included to place the resident's call light within reach and encourage the resident to use it for assistance as needed.</p> <p>On 6/2/2025 at 9:05 a.m., during a concurrent observation and interview with Certified Nursing Assistant 6 (CNA 6), observed Resident 138 asleep in bed. Observed the resident's call light on the floor. CNA 6 confirmed that the resident's call light was on the floor.</p> <p>On 6/5/2025 at 10:38 a.m., during an interview with the Director of Nursing (DON), the DON stated that call lights should be placed within reach of residents so they can call for assistance when needed. The DON stated that care can potentially be delayed, or residents may try to stand up by themselves unassisted if they do not have access to their call lights.</p> <p>During a review of the facility's policy and procedure titled, Call Lights: Accessibility and Timely Response, last reviewed on 4/24/2025, the policy indicated that staff would ensure the call light is within reach of the resident and secured, as needed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to notify the primary physician of a significant change in condition (major decline or improvement in a resident's status that will not resolve itself without intervention) for one of five residents (Resident 119) with limited range of motion ([ROM] full movement potential of a joint) and mobility (ability to move) concerns by failing to report Resident 119's improvement in performing sit-to-stand transfers using both prosthetic (device designed to replace a missing part of the body or to make a part of the body work better) legs in accordance with Resident 119's care plan. This failure prevented Resident 119 from obtaining Physical Therapy ([PT] profession aimed in the restoration, maintenance, and promotion of optimal physical function) services to improve independence with mobility, including the ability to walk.</p> <p>Findings:</p> <p>During a review of Resident 119's admission Record, the admission Record indicated the facility originally admitted Resident 119 on 4/7/2023 and re-admitted on [DATE] with diagnoses including Type 1 diabetes mellitus ([Type 1 DM] autoimmune disease where the body's immune system mistakenly attacks and destroys the insulin-producing cells in the pancreas leading to difficulty in blood sugar control and poor wound healing), acquired absence of the right leg above the knee, and acquired absence of the left leg below the knee.</p> <p>During a review of Resident 119's PT Evaluation and Plan of Treatment, dated 3/17/2025, the PT Evaluation indicated Resident 119 was referred to PT to assess function, determine if Resident 119 had any change in condition, train for sit-to-stand transfers and ambulation (the act of walking), and ambulation with new prosthetics legs. The PT Evaluation indicated Resident 119 was modified independent (resident completes the activity by themselves with no assistance from a helper) for bed mobility, required partial/moderate assistance (helper does less than half the effort) for chair/bed-to-chair transfers, required substantial/maximal assistance (helper does more than half the effort) of two-persons for sit-to-stand transfers, and ambulation was not attempted due to medical or safety concerns.</p> <p>During a review of the PT Discharge summary, dated [DATE], the PT Discharge Summary indicated the reason for Resident 119's discharge was in accordance with the physician or case manager. The PT Discharge Summary indicated Resident 119 was independent (resident completes the activity by themselves with no assistance from a helper) for maneuvering a manual wheelchair and required minimal assistance (required less than 25 percent [%] physical assistance to perform the task) for bed-to-chair transfers while wearing the prosthetics, moderate assistance (required between 26 to 50% physical assistance to perform the task) for sit-to-stand transfers with prosthetics, and moderate assistance for walking 20 feet (unit of measure) using parallel bars (pair of bars placed a short distance apart to provide support and stability during exercises and gait [manner of walking] training). The PT Discharge Summary included recommendations for the Restorative Nursing Aide ([RNA] nursing aide program that helps residents to maintain their function and joint mobility) to provide sit-to-stand transfers in parallel bars as tolerated, five times per week.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 119's care plan titled, Restorative Nursing Program, initiated on 8/16/2023 and revised on 3/31/2025, the care plan interventions included to monitor for any changes (decline/improvements) and to refer to the nurse and/or rehabilitation (therapy given to restore an individual back to their highest possible level of physical, mental, and psychosocial well-being) with any change of condition. The care plan interventions also included to perform sit-to-stand transfers with both of Resident 119's prosthetics in the parallel bars with moderate assistance of two-persons.</p> <p>During a review of Resident 119's Minimum Data Set ([MDS] a federally mandated resident assessment tool), dated 4/8/2025, the MDS indicated Resident 119 had clear speech, expressed ideas and wants, clearly understood others, and had intact cognition (clear ability to think, understand, learn, and remember). The MDS indicated Resident 119 had ROM impairments in both legs and required supervision or touching assistance (helper provides verbal cues and/or touching and/or steadying assistance as resident completes the activity) for toilet hygiene, upper body dressing, lower body dressing, rolling to either side in bed, transfers from lying to sitting at the edge of the bed, chair/bed-to-chair transfers, and toilet transfers.</p> <p>During an interview on 6/3/2025 at 9:57 a.m. with the Interim Director of Rehabilitation (IDOR), the IDOR stated the MDS Coordinator (MDSC) supervised the RNA staff. The IDOR stated nursing and the therapy staff communicated as needed and typically had monthly RNA meetings with the Director of Rehabilitation (DOR), MDSC, and RNAs present.</p> <p>During a concurrent observation and interview on 6/3/2025 at 11:16 a.m. in Resident 119's room, Resident 119 was sitting up in a wheelchair, had normal, fluent speech, and moved both arms normally. Resident 119 had a right above knee amputation ([AKA] surgical removal of the portion of the leg above the knee joint) and a left below knee amputation ([BKA] surgical removal of the portion of the leg below the knee). Resident 119 stated a prosthetic company provided temporary prosthetics for both legs but could not provide permanent prosthetics until Resident 119 started walking. Resident 119 stated the PTs (unidentified) provided four days of treatment after receiving both prosthetic legs and then transitioned Resident 119 to RNA for sit-to-stand transfers. Resident 119 stated health insurance issues was the reason the previous Director of Rehabilitation (PDOR) provided for Resident 119's inability to receive therapy to walk. Resident 119 stated the facility knew Resident 119 was alert with normal cognition, had both prosthetic legs, and was motivated to walk. Resident 119 stated feeling frustrated with the facility since the RNA sessions were limited to 15 minutes per weekday for sit-to-stand transfers instead of progressing to walk. Resident 119 stated he transferred to the wheelchair without assistance but required assistance to transfer to the toilet commode and the shower chair. Resident 119 stated walking would improve his independence with using the restroom. Resident 119 stated he was eager to walk to discharge out of the facility and retire elsewhere.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 6/3/2025 at 2:28 p.m. in the therapy gym with Physical Therapist 1 (PT 1), Resident 119's RNA session with Restorative Nursing Aide 1 (RNA 1) and RNA 2 was observed. Resident 119 sat in the wheelchair in-between the parallel bars with the prostheses attached to both legs. RNA 2 stood behind the wheelchair while RNA 1 stood in front of Resident 119, who was wearing a gait belt (assistive device placed around a person's waist to assist with safe transferring between surfaces or while walking) around the waist. RNA 1 physically assisted Resident 119 with the sit-to-stand transfer while Resident 119 used both arms to pull onto to the parallel bars. Resident 119 stood holding onto each parallel bar without assistance while RNA 1 counted out loud. RNA 1 physically assisted Resident 119 with transferring from standing to sitting in the wheelchair. Resident 119 performed four additional repetitions of sit-to-stand transfers using the parallel bars and remained standing without any physical assistance from RNA 1. Resident 119 continued to require RNA 1's assistance with transferring from standing to sitting back into the wheelchair. Resident 119 independently maneuvered the wheelchair to leave the therapy gym after the RNA session.</p> <p>During an interview on 6/3/2025 at 2:39 p.m. with RNA 1 and RNA 2, RNA 1 stated Resident 119's RNA program for the past two months included sit-to-stand transfers with both prosthetic legs in the parallel bars. RNA 1 stated Resident 119 stood for 20 seconds while holding onto the parallel bars.</p> <p>During an interview on 6/3/2025 at 2:57 p.m. with PT 1, PT 1 stated Resident 119 could be referred to PT once Resident 119 could perform sit-to-stand transfers with contact guard assistance (steadying assistance) in the parallel bars. PT 1 stated the facility had RNA meetings (unspecified frequency) where the RNAs could report a resident's progress. PT 1 stated Resident 119 has asked for more therapy and was motivated to walk.</p> <p>During a concurrent interview and record review on 6/3/2025 at 3:05 p.m. with PT 1, Resident 119's PT Discharge summary, dated [DATE], was reviewed. PT 1 stated the case manager (unidentified) provided Resident 119's discharge date . PT 1 stated Resident 119 required moderate assistance to walk using both prostheses in the parallel bars for five feet, four times (20 feet total) upon PT Discharge. PT 1 stated it was not safe for Resident 119 to walk with the RNAs in the parallel bars and recommended the RNA to assist with sit-to-stand transfers in the parallel bars.</p> <p>During a follow-up interview on 6/4/2025 at 9:44 a.m. with RNA 1, RNA 1 stated Resident 119 usually transferred to the wheelchair without any assistance. RNA 1 stated Resident 119 required physical assistance to perform sit-to-stand only one time during the RNA session on 6/3/2025 and did not want assistance to perform additional sit-to-stand transfers because Resident 119 was motivated to walk.</p> <p>During an interview on 6/4/2025 at 11:38 a.m. with the IDOR, the IDOR stated nursing (in general) could report either an improvement or decline in a resident's condition for the therapists to perform a reassessment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 6/5/2025 at 12:10 p.m. with PT 1, Resident 119's PT Discharge summary, dated [DATE], was reviewed. PT 1 stated Resident 119 required moderate assistance for sit-to-stand transfers upon discharge from PT services. PT 1 stated the RNAs worked with Resident 119 in therapy gym's parallel bars and would check on Resident 119 during the RNA sessions. PT 1 stated the RNAs reported any positive or negative changes to the PDOR during RNA meetings. PT 1 stated RNA 1 assisted Resident 119 with sit-to-stand transfers one time during the observed RNA session on 6/3/2025. PT 1 stated Resident 119 did not require any assistance from RNA 1 for the additional sit-to-stand transfers on 6/3/2025. PT 1 stated Resident 119's ability to perform sit-to-stand transfers improved since the resident's discharge from PT on 3/28/2025. PT 1 stated she did not know if Resident 119's improvement with sit-to-stand transfers was reported to the PDOR.</p> <p>During an interview on 6/5/2025 at 12:43 p.m. with RNA 1, RNA 1 stated Resident 119 used to require a lot of physical assistance to perform sit-to-stand transfers when RNA 1 initially started working with Resident 119. RNA 1 stated Resident 119 has improved with sit-to-stand transfers and did not want any physical assistance for sit-to-stand transfers. RNA 1 stated Resident 119's improvement was verbally reported to the PT staff, including PT 1, but did not document Resident 119's reported improvement in the medical record. RNA 1 stated the charge nurse was supposed to be informed of any improvement or decline in a resident's condition. RNA 1 stated Resident 119's improvement with sit-to-stand transfers was not reported to the charge nurse.</p> <p>During an interview on 6/5/2025 at 3:36 p.m. with the IDOR and MDSC, the MDSC stated the RNAs were supposed to report an improvement or decline in function to the charge nurse and inform the therapists during the RNA meeting. The MDSC stated Resident 119's improvement was not reported during the RNA meetings. The MDSC reviewed Resident 119's medical record and did not locate any change in condition documentation related to Resident 119's improvement with sit-to-stand transfers. The MDSC stated the RNAs should have reported Resident 119's change in condition to the charge nurse to notify the therapists and the physician for further recommendations. The IDOR stated failure to report Resident 119's change in condition resulted in the resident's continuation with RNA and prevented Resident 119 from receiving therapy services.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Notification of Changes, implemented on 12/19/2022 and revised on 4/24/2025, the P&P indicated the facility must inform the resident and consult with the resident's physician when there is a change requiring such notification, including a significant change in the resident's physical condition and circumstances that require a need to alter treatment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 2. During a review of Resident 577's admission Record (front page of the chart that contains a summary of basic information about the resident), the admission Record indicated the facility admitted the resident on 5/22/2025 with diagnoses that included confirmed adult physical abuse (confirmed case that a resident suffered from physical abuse) and injury of the head.</p> <p>During a review of Resident 577' s Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 5/28/2025, the MDS indicated Resident 577 was moderately impaired in cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses) with skills required for daily decision making. The MDS indicated Resident 577 required moderate/partial assistance with walking 50 feet.</p> <p>During a review of Resident 577's Change in Condition (COC) Report, dated 6/03/2025 at 8 p.m., the COC indicated that at 7:25 p.m., Resident 577 reported to Registered Nurse 2 (RN 2) a verbal altercation with CNA 5 after the dinner tray was picked up without his consent. The COC indicated the assigned staff member was sent home.</p> <p>During a review of Resident 577's Nursing Progress Note, dated 6/03/2025, at 9:02 p.m., the Nursing Progress Note indicated that at 7:25 p.m., Resident 577 reported to Registered Nurse 2 (RN 2) a verbal altercation Resident 577 had with a staff member after the dinner tray was picked up without his consent. The note indicated the assigned staff member was sent home and the Department of Public Health, the local Ombudsman (an advocate for residents of nursing homes, board and care centers, and assisted living facilities), the Local Law Enforcement, and Resident 577's nurse practitioner and psychiatrist were notified.</p> <p>During a review of Resident 577's Care Plan (CP) for Suspected Abuse, initiated on 6/03/2025, the CP indicated the goals that: 1. Resident will be treated with respect, dignity and reside in the facility free of mistreatment and 2. Resident will identify and practice coping strategies that will facilitate the recovery and adjustment process during supportive counseling sessions. The care plan indicated interventions that included:</p> <ul style="list-style-type: none"> -Assure resident that he/she is in a safe and secure environment with caring professionals. Explain that psychosocial adjustment is often facilitated by developing a trusting relationship with another person (i.e., social worker, nurse) and verbalizing thoughts, needs and feelings. -Establish a counseling schedule with the resident. Encourage resident to verbalize/share thoughts, anxieties, fears, concerns and general feelings. -Observe resident for signs of fear and insecurity during delivery of care. Take steps to calm resident and help resident feel safe. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a phone interview with CNA 5 on 6/05/2025 at 8:05 a.m., CNA 5 stated on 6/03/2025 at approximately between 6:30 p.m. and 6:45 p.m. she picked up Resident 577's dinner tray from his room. CNA 5 stated Resident 577 was in the bathroom, she asked him if she could pick up his tray, and he said yes. CNA 5 stated at approximately 7 p.m., Resident 577 came out into the hallway and asked where his tray was. CNA 5 stated Resident 577 directed profanities to her and she (CNA 5) responded by using profanity toward Resident 577 as well.</p> <p>During an interview with Resident 577 on 6/05/2025 at 8:21 a.m., he stated that CNA 5 came to take his tray when he was in the bathroom. Resident 577 stated he replied he was not done with dinner, but CNA 5 took the tray anyway. Resident 577 stated he said profanities to CNA 5, and CNA 5 responded by using profanity toward him.</p> <p>During an interview with the Director of Nurses (DON) on 6/05/2025 at 8:30 a.m., she stated CNA 5 should not have used profane language to Resident 577. The DON stated when residents say inappropriate things, the staff should walk away from the situation. The DON stated this was important for staff to maintain a professional relationship with residents. The DON stated this is for resident safety and to promote the residents' mental well-being.</p> <p>During an interview with the DON on 6/05/2025 at 3:45 p.m., when asked if the altercation between Resident 577 and CNA 5 was considered verbal abuse, the DON stated it would not be willful, but what CNA 5 said was not an accident.</p> <p>During a concurrent interview and record review with the Administrator (ADM) on 6/05/2025 at 4:17 p.m., reviewed the facility's policy and procedure titled, Abuse, Neglect and Exploitation, last reviewed 4/24/2025. The abuse policy indicated the word willful means: the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. The ADM stated what CNA 5 said to Resident 577, according to the definition, would be verbal abuse.</p> <p>During a review of the facility's policy and procedure titled, Abuse, Neglect and Exploitation, last reviewed 4/24/2025 indicated the following:</p> <ul style="list-style-type: none"> -It is the policy of the facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of property. -Willful means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. -Verbal abuse means the use of oral, written or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability. <p>Based on interview and record review, the facility failed to protect the resident's right to be free from verbal abuse (a type of abuse that uses language) for two of nine residents reviewed under the abuse care area (Residents 46 and 577) when:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Resident 96 shouted offensive and discriminatory (treating someone unfairly or differently because of who they are - for example because of their race, gender, age, religion, or disability) language toward Resident 46.</p> <p>2. Certified Nursing Assistant 5 (CNA 5) used offensive language in response to Resident 577's remarks.</p> <p>These deficient practices resulted in Residents 46 and 577 being subjected to verbal abuse while under the care of the facility. Residents who are subjected to verbal abuse are at increased risk for low self-esteem (when someone lacks confidence in themselves and their abilities), anxiety (a feeling of fear, dread, and uneasiness), depression (mood disorder that causes a persistent feeling of sadness and loss of interest in activities for long periods of time) and social isolation (when someone has few or no social connections or support, and lacks relationships with others).</p> <p>Findings:</p> <p>1. During a review of Resident 46's admission Record, the admission Record indicated the facility originally admitted the resident on 1/11/2017 and readmitted the resident on 1/29/2025 with diagnoses including but not limited to hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) following unspecified cerebral vascular disease (multiple conditions that affect the blood vessels of the brain) and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 46's History and Physical (H&P), dated 8/14/2024, the H&P indicated the resident had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 46's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 5/5/2025, the MDS indicated the resident had mild cognitive impairment (trouble remembering, learning new things, concentrating, or making decisions that affect everyday life). The MDS further indicated the resident was dependent on staff for all activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily).</p> <p>During a review of Resident 96's admission Record, the admission Record indicated the admitted the resident on 9/17/2022 with diagnoses including but not limited to legal blindness and major depressive disorder.</p> <p>During a review of Resident 96's H&P, dated 12/14/2024, the H&P indicated the resident could make his needs known but could not make medical decisions.</p> <p>During a review of Resident 96's MDS, dated [DATE], the MDS indicated the resident had severe cognitive impairment (trouble remembering, learning new things, concentrating, or making decisions that affect everyday life). The MDS further indicated the resident was dependent on staff for most ADLs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/2/2025 at 9:30 a.m. with Resident 46 and Certified Nursing Assistant 7 (CNA 7) in Resident 46's room, Resident 46 stated his roommate (Resident 96) has yelled at him many times. Resident 46 stated Resident 96 used offensive language and made discriminatory remarks regarding Resident 46's race. CNA 7 stated about a month ago when Resident 46 was watching television she heard Resident 96 stated profanities to Resident 46 including discriminatory remarks about Resident 46's race while Resident 96 was asking Resident 46 to change the television channel. CNA 7 stated she has heard Resident 96 used profanities directed at Resident 46 many other times before that incident as well.</p> <p>During an interview on 6/4/2025 at 4:40 p.m. with Certified Nursing Assistant 9 (CNA 9), CNA 9 stated he heard Resident 96 say profanities to Resident 46 when Resident 46 was watching a non-English language channel on the television on multiple occasions.</p> <p>During an interview on 6/4/2025 at 4:55 p.m. with Certified Nursing Assistant 10 (CNA 10), CNA 10 stated he heard Resident 96 say profanities to Resident 46 after Resident 46 turned on his television. CNA 10 stated Resident 96 does not like listening to Resident 46's non-English language channel on the television and he has heard Resident 96 tell Resident 46 to turn it off on multiple occasions.</p> <p>During an interview on 6/5/2025 at 11:50 a.m. with the Social Services Director (SSD), the SSD stated a resident saying profanities is abuse if it was directed to another resident. The SSD stated there is a risk of psychosocial distress if a resident hears profanities directed at them.</p> <p>During an interview on 6/5/2025 at 1:53 p.m. with the Director of Nursing (DON) and the administrator (ADM), the DON stated hearing profanities could have a negative effect emotionally or psychologically. The ADM stated verbal abuse includes communicating something to someone that could have a negative effect emotionally or psychologically like yelling, profanities, or discriminatory language with the intent to make someone feel bad.</p> <p>During a concurrent interview and record review on 6/4/2025 at 4:15 p.m. with ADM, the facility's policy and procedure (P&P) titled, Abuse, Neglect and Exploitation, last reviewed 4/24/2025, indicated verbal abuse means the use of oral, written, or gestured communication or sounds that willfully includes disparaging (expressing the opinion that something is of little worth) and derogatory (to express a low opinion of someone or something) terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability. The ADM stated the words Resident 96 said to Resident 46 meets this definition of verbal abuse. The ADM stated staff should have reported this to a supervisor and it should have been reported to external entities.</p> <p>During a review of the facility's P&P titled, Abuse, Neglect and Exploitation, last reviewed 4/24/2025, the P&P indicated it is the policy of the facility to provide protections for the health, welfare, and rights of each resident by developing and implementing policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. The P&P further indicated verbal abuse includes communication that willfully includes disparaging and derogatory terms to residents or within their hearing distance regardless of their age, ability to comprehend, or disability. The P&P further indicated willful means the individual acted deliberately, not that the individual must have intended to inflict injury or harm.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement its policy and procedure (P&P) titled, Abuse, Neglect and Exploitation, for one of nine residents investigated under the abuse care area by not reporting to the California Department of Public Health (CDPH), the local Ombudsman (an advocate who supports residents by resolving issues related to their health, safety and well-being) the Local Law Enforcement (LLE), and the facility administrator, an allegation of verbal abuse by Resident 96 to Resident 46, immediately but no later than two hours after the allegation was made.</p> <p>This deficient practice resulted in unidentified abuse in the facility and failure to protect Resident 46 from further abuse.</p> <p>Cross reference to F600.</p> <p>Findings:</p> <p>During a review of Resident 46's admission Record, the admission Record indicated the facility originally admitted the resident on 1/11/2017 and readmitted the resident on 1/29/2025 with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) following unspecified cerebral vascular disease (multiple conditions that affect the blood vessels of the brain) and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 46's History and Physical (H&P), dated 8/14/2024, the H&P indicated the resident had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 46's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 5/5/2025, the MDS indicated the resident had mild cognitive impairment (trouble remembering, learning new things, concentrating, or making decisions that affect everyday life). The MDS further indicated the resident was dependent on staff for all activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily).</p> <p>During a review of Resident 96's admission Record, the admission Record indicated the facility admitted the resident on 9/17/2022 with diagnoses including legal blindness and major depressive disorder (mental health condition characterized by persistent feeling of sadness or loss of interest that interferes with daily life).</p> <p>During a review of Resident 96's H&P, dated 12/14/2024, the H&P indicated the resident could make his needs known but could not make medical decisions.</p> <p>During a review of Resident 96's MDS, dated [DATE], the MDS indicated the resident had severe cognitive impairment (trouble remembering, learning new things, concentrating, or making decisions that affect everyday life). The MDS further indicated the resident was dependent on staff for most ADLs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/2/2025 at 9:30 a.m. with Resident 46 and Certified Nursing Assistant 7 (CNA 7) in Resident 46's room, Resident 46 stated his roommate (Resident 96) has yelled at him many times. Resident 46 stated Resident 96 used offensive language and made discriminatory (treating someone unfairly or differently because of who they are-for example, because of their race, gender, age, religion, or disability) remarks regarding Resident 46's race. CNA 7 stated about a month ago when Resident 46 was watching television she heard Resident 96 stated profanities to Resident 46 including discriminatory remarks about Resident 46's race while Resident 96 was asking Resident 46 to change the television channel. CNA 7 stated she has heard Resident 96 used profanities directed at Resident 46 many other times before that incident as well.</p> <p>During an interview on 6/2/2025 at 3:40 p.m. with the Social Services Director (SSD), the SSD stated he was unaware of any issue between Residents 46 and 96. The SSD stated no staff had ever talked to him about it.</p> <p>During an interview on 6/4/2025 at 9:53 a.m. with CNA 7, CNA 7 stated she did not report Resident 96's language to Resident 46 to anyone else because everyone already knew about it.</p> <p>During an interview on 6/4/2025 at 4:40 p.m. with Certified Nursing Assistant 9 (CNA 9), CNA 9 stated he heard Resident 96 say profanities to Resident 46 when Resident 46 was watching a non-English language channel on the television on multiple occasions. CNA 9 stated he never reported this to anyone else because everyone on staff already knew Resident 96 says these things to Resident 46. CNA 9 stated everyone hears Resident 96 say these things regularly.</p> <p>During an interview on 6/4/2025 at 4:55 p.m. with Certified Nursing Assistant 10 (CNA 10), CNA 10 stated he heard Resident 96 say profanities toward Resident 46 after Resident 46 turned on his television. CNA 10 stated Resident 96 does not like listening to Resident 46's non-English language channel on the television and he has heard Resident 96 tell Resident 46 to turn it off on multiple occasions.</p> <p>During an interview on 6/5/2025 at 11:50 a.m. with the Social Services Director (SSD), the SSD stated a resident saying profanities is abuse if it was directed to another resident. The SSD stated there is a risk of psychosocial distress if a resident hears profanities like this. The SSD stated after hearing this language staff should have notified their charge nurse who would then notify other staff so everyone would be aware. The SSD stated any abuse allegation should also be reported to CDPH so an investigation can be started.</p> <p>During an interview on 6/5/2025 at 1:53 p.m. with Director of Nursing (DON) and the administrator (ADM), the DON stated hearing profanities could have a negative effect emotionally or psychologically. The ADM stated verbal abuse includes communicating something to someone that could have a negative effect emotionally or psychologically like yelling, profanities, or discriminatory language with the intent to make someone feel bad. The ADM stated any potential abuse witnessed by a CNA should be reported to a charge nurse who with then report it to the DON. The ADM stated everyone is responsible for reporting abuse. The ADM stated they would need to investigate the reported incident and report the alleged abuse as a check and balance to make sure the facility is protecting victims.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 6/4/2025 at 4:15 p.m. with the ADM, the facility's policy and procedure (P&P) titled, Abuse, Neglect and Exploitation, last reviewed 4/24/2025, the P&P indicated verbal abuse means the use of oral, written, or gestured communication or sounds that willfully includes disparaging (expressing the opinion that something is of little worth) and derogatory (to express a low opinion of someone or something) terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability. The ADM stated the words Resident 96 said to Resident 46 meets this definition of verbal abuse. The ADM stated staff should have reported this to a supervisor and it should have been reported to external entities.</p> <p>During a review of the facility's P&P titled, Abuse, Neglect and Exploitation, last reviewed 4/24/2025, the P&P indicated it is the policy of the facility to provide protections for the health, welfare, and rights of each resident by developing and implementing policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. The P&P further indicated verbal abuse includes communication that willfully includes disparaging and derogatory terms to residents or within their hearing distance regardless of their age, ability to comprehend, or disability. The P&P further indicated willful means the individual acted deliberately, not that the individual must have intended to inflict injury or harm. The P&P further indicated all alleged violations to the abuse policy should be reported to the administrator, state agency, and all other required agencies immediately but later than two hours after the allegation is made if the events involve abuse.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to accurately assess the range of motion ([ROM] full movement potential of a joint) limitations for one of five residents (Resident 77) with limited ROM and mobility (ability to move) concerns. The facility failed to accurately assess Resident 77's left leg ROM limitation during three quarterly Minimum Data Set ([MDS] a federally mandated resident assessment tool) assessments on 9/24/2024, 12/18/2024, and 3/17/2025. This failure had the potential to affect the provision of Resident 77's care and provided inaccurate information to the Federal database.</p> <p>Findings:</p> <p>During a review of Resident 77's admission Record, the admission Record indicated the facility admitted Resident 77 on 6/21/2024 with diagnoses including morbid obesity (extremely high amount of body fat that seriously threatens health and well-being), history of healed traumatic fracture (break in bone), and history of falling.</p> <p>During a review of Resident 77's Occupational Therapy ([OT] profession aimed to increase or maintain a person's capability of participating in everyday life activities [occupations]) Evaluation, dated 6/24/2024, the OT Evaluation indicated Resident 77's ROM in both arms were within functional limits ([WFL] sufficient joint movement without significant limitation).</p> <p>During a review of Resident 77's Physical Therapy ([PT] profession aimed in the restoration, maintenance, and promotion of optimal physical function) Evaluation and Plan of Treatment, dated 6/24/2024, the PT Evaluation indicated Resident 77 had a history of a left femur (thigh bone) fracture on 2/6/2024. The PT Evaluation also indicated Resident 77 required moderate assistance (required between 26 to 50 percent [%] physical assistance to perform the task) for bed mobility.</p> <p>During a review of Resident 77's MDS, dated [DATE], the MDS indicated Resident 77 did not have any functional ROM limitations (limited ability to move a joint that interferes with daily functioning or places the resident at risk of injury) in both arms and legs.</p> <p>During a review of Resident 77's Physician Progress Note, dated 10/4/2024, the Physician Progress Note indicated Resident 77 had a history of fall with left intraarticular (within or into a joint) distal femoral (thigh bone near the knee) fracture and underwent surgical intervention (unspecified date).</p> <p>During a review of Resident 77's PT Discharge summary, dated [DATE], the PT Discharge Summary indicated Resident 77 required moderate assistance for bed mobility and maximal assistance (required between 51 to 75% physical assistance to perform the task) with sit-to-stand transfers.</p> <p>During a review of Resident 77's OT Discharge summary, dated [DATE], the OT Discharge Summary indicated Resident 77 required set-up assistance (helper sets up or clean up activity while the resident completes the activity) for self-feeding, hygiene, and grooming. The OT Discharge Summary also indicated Resident 77 was totally dependent for toileting and required maximal assistance for lower body bathing and lower body dressing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 77's PT Evaluation and Plan of Treatment, dated 12/4/2024, the PT Evaluation indicated Resident 77 had a ROM impairment (unspecified severity) to bend the left knee due to a history fracture. The PT Evaluation also indicated Resident 77 required maximal assistance for bed mobility.</p> <p>During a review of Resident 77's MDS, dated [DATE], the MDS indicated Resident 77 did not have any functional ROM limitations in both arms and legs.</p> <p>During a review of Resident 77's PT Discharge summary, dated [DATE], the PT Discharge Summary indicated Resident 77 required contact guard assistance (steadying assistance) for bed mobility and total dependence with transfers. The PT Discharge Summary recommendations indicated for the Restorative Nursing Aide ([RNA] nursing aide program that helps residents to maintain their function and joint mobility) to provide active range of motion ([AROM] performance of ROM of a joint without any assistance or effort of another person) to both legs, five times per week as tolerated.</p> <p>During a review of Resident 77's care plan titled, Restorative Nursing Program, initiated 10/18/2024 and revised on 1/19/2025, the care plan interventions included active assistive range of motion ([AAROM] use of muscles surrounding the joint to perform the exercise but requires some help from a person or equipment) to both legs, including the hip, knee, and ankle joints, five times per week as tolerated.</p> <p>During a review of Resident 77's MDS, dated [DATE], the MDS indicated Resident 77 had clear speech, expressed ideas and wants, clearly understood verbal content, and had intact cognition (clear ability to think, understand, learn, and remember). The MDS indicated Resident 77 did not have any functional ROM limitations in both arms and legs. The MDS also indicated Resident 77 required set-up assistance for eating, partial/moderate assistance (helper does less than half the effort) for rolling to either side in bed, and substantial/maximal assistance (helper does more than half the effort) for lower body dressing and for transfers from lying in the bed to sitting at the edge of the bed.</p> <p>During a concurrent observation and interview on 6/3/2025 at 2:00 p.m. in Resident 77's room, Resident 77 was lying in bed and had clear, fluent speech. Resident 77 stated she used to walk with a walker (an assistive device used for stability when walking) and fell while taking out the trash in front of her home. Resident 77 stated the left leg broke and underwent surgery (unspecified date).</p> <p>During an interview on 6/4/2025 at 9:01 a.m. with Restorative Nursing Aide 1 (RNA 1), RNA 1 stated Resident 77's RNA program included AAROM to both legs. RNA 1 stated Resident 77's left leg was weaker than the right leg.</p> <p>During a concurrent observation and interview on 6/4/2024 at 9:06 a.m. in Resident 77's room, RNA 1 provided AAROM to Resident 77's right hip, knee, and ankle. Resident 77's right leg was observed without any ROM limitations. RNA 1 provided AAROM to Resident 77's left hip, knee, and ankle. Resident 77 had minimal ROM limitations when RNA 1 bent the left hip with the left knee. Resident 77 stated the left leg ROM has improved with the ROM exercises.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 6/5/2025 at 9:31 a.m. with the MDS Coordinator (MDSC), Resident 77's PT Evaluation, dated 6/24/2024 and 12/4/2024, and MDS assessments, dated 9/24/2024, 12/18/2024, and 3/17/2025 were reviewed. The MDSC stated the MDS was a data collection assessment used to develop a resident's care plan. The MDSC stated the MDS assessments should contain accurate information since it could affect the resident's provision of care. The MDSC stated the PT Evaluations, dated 6/24/2024 and 12/4/2024, indicated Resident 77 had left knee ROM limitations which could have affected Resident 77 ability to perform transfers. The MDSC stated the MDS assessments, dated 9/24/2024, 12/18/2024, and 3/17/2025, indicated Resident 77 did not have any ROM limitations in both legs. The MDSC stated the MDS assessments were inaccurate.</p> <p>During a review of page 1-5 of the Resident Assessment Instrument (RAI) Manual for the MDS, revised 10/1/2023, the RAI Manual indicated an accurate assessment requires collecting information from multiple sources, including the resident, direct care staff, and the medical record.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Develop a care plan addressing a resident's oxygen therapy for one (Resident 32) out of two sampled residents investigated under the care area of respiratory care. 2. Develop a care plan addressing a resident's use of hydromorphone (opioid medication used to treat moderate to severe pain) for one (Resident 117) out of five sampled residents investigated under the care area of unnecessary meds, chemical restraints/psychotropic meds, and med regimen review. <p>These deficient practices had the potential to result in failure to deliver the necessary care and services.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 32's admission Record, the admission Record indicated the facility originally admitted the resident on 8/28/2023 and readmitted the resident on 2/11/2025 with diagnoses including atrial fibrillation (an irregular and often rapid heart rhythm that affects the heart's upper chambers) and congestive heart failure (CHF - a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling). <p>During a review of Resident 32's Minimum Data Set (MDS - a resident assessment tool), dated 4/14/2025, the MDS indicated the resident had severely impaired cognitive skills for daily decision making and was dependent on staff for all activities of daily living (ADLs - activities such as bathing, dressing, and toileting a person performs daily).</p> <p>On 6/4/2025 at 3:34 p.m., during a concurrent interview and record review, reviewed Resident 32's physician's orders with the MDS Coordinator (MDSC). The MDSC stated that a physician's order, dated 4/4/2025, indicated to provide oxygen at 2 liters per minute (LPM - unit of measurement) via nasal cannula (a small plastic tube, which fits into the person's nostrils for providing supplemental oxygen) continuously every shift for shortness of breath related to acute respiratory failure with hypoxia (a condition where tissues and organs do not receive enough oxygen to function correctly). When asked if there was a care plan addressing the resident's oxygen therapy, MDSC stated she could not find a care plan that addressed the resident's oxygen therapy. The MDSC stated a care plan should have been developed.</p> <p>On 6/5/2025 at 10:45 a.m., during an interview, the Director of Nursing (DON) stated a care plan should have been developed to address Resident 32's oxygen therapy. The DON stated there may potentially be a delay or interference with the resident's care if there was no care plan for the staff to follow.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure titled, Comprehensive Care Plans, last reviewed on 4/24/2025, the policy indicated it is the policy of the 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.</p> <p>2. During a review of Resident 117's admission Record, the admission Record indicated the facility originally admitted the resident on 6/7/2023 and readmitted the resident on 4/12/2025 with diagnoses including chronic pain syndrome (pain that persists for more than three months, beyond the expected healing time of an injury or illness).</p> <p>During a review of Resident 117's MDS, dated [DATE], the MDS indicated the resident had intact cognition (thought processes) and required supervision or touching assistance for all ADLs.</p> <p>On 6/4/2025 at 2:08 p.m., during a concurrent interview and record review, reviewed Resident 117's physician's orders with the MDSC. MDSC stated the resident had an order for hydromorphone 4 milligrams (mg - unit of measurement) by mouth every 4 hours as needed (PRN) for moderate to severe (4-10/10) pain, ordered on 2/21/2025. Reviewed the resident's 5/2025 Medication Administration Record (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) with the MDSC. MDSC stated the resident received PRN hydromorphone every day, multiple times a day. When asked if the resident had a care plan addressing her consistent use of hydromorphone, MDSC stated there was no care plan addressing the resident's consistent use of hydromorphone.</p> <p>On 6/5/2025 at 10:29 a.m., during an interview, the DON stated if Resident 117 was regularly receiving hydromorphone, then the facility should have developed a care plan addressing possible adverse reactions and whether or not the medication was effective. The DON stated there may potentially be a delay or interference with the resident's care if there was no care plan for the staff to follow.</p> <p>During a review of the facility's policy and procedure titled, Comprehensive Care Plans, last reviewed on 4/24/2025, the policy indicated it is the policy of the 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.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>2. During a review of Resident 105's admission Record (AD-a document that gives a patient's information at a quick glance), the AD indicated that the facility initially admitted the resident on 11/30/2022 and readmitted the resident on 3/22/2023 with diagnoses that included hypertension, history of falling and epilepsy.</p> <p>During a review of Resident 105's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 5/13/2025, the MDS indicated the resident had the capacity to sometimes makes self-understood and sometimes understand others. The MDS indicated the resident required supervision and partial assistance for activities of daily living (ADLs- are activities related to personal care. They include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating).</p> <p>During a review of Resident 105's Order Summary Report, the OSR indicated a physician's order (PO) dated 2/26/2025 that the resident may use side rails to reduce risk of injury.</p> <p>During a review of Resident 105's Care Plan for Potential for seizure disorder related to head injury initiated on 5/6/2025, the care plan indicated a goal that the resident will be free from injury from seizure activity through the review date. The CP included an intervention to use padded side rails if ordered, to reduce the risk of injury.</p> <p>During an interview and record review with Licensed Vocational Nurse 5 (LVN 5) on 6/4/2025 at 9:21 a.m., reviewed Resident 105's physician's orders and care plans. LVN 5 confirmed that the OSR included a physician's order dated 2/26/2025, that the resident may use padded siderails to reduce the risk of injury. LVN 5 also confirmed that Resident 105's CP that indicated an intervention to use padded siderails was only initiated on 5/06/2025. LVN 5 stated that the CP for Potential for seizure disorder related to head injury, should have been updated when the physician's order was obtained on 2/26/2025 to indicate use padded side rails to reduce the risk of injury. LVN 5 stated that padded siderails can protect or minimize the risk for injury in the event of a seizure episode. LVN 5 stated that Resident 105 could have sustained an injury if he had a seizure episode without the padded siderails. LVN 5 stated that updating the CP interventions timely would ensure staff responsible for the resident's care consistently implement the use of padded side rails.</p> <p>During a review of the facility policy and procedures, titled Comprehensive Care Plans last revised on 4/24/2025, the policy indicated that It is the policy of the 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 .</p> <p>Based on interview and record review the facility failed to:</p> <p>1. Update and revise a resident's care plan (a document outlining a detailed approach to care customized to an individual resident's need) for indwelling catheter (a hollow tube inserted into the bladder to drain or collect urine) quarterly for one of one sampled resident (Resident 137).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>These deficient practices had the potential to result in inadequate care and complications related to catheter use.</p> <p>2. Update and implement a care plan intervention for the use of padded siderails (bed rails that have a soft protective covering or cushion provide additional comfort to the user and reduce the risk of injury from the rails) in a timely manner after the resident's new diagnosis of epilepsy (a brain disease where nerve cells do not signal properly, which causes seizures) for one of two residents (Resident 105) investigated for hospitalization.</p> <p>These deficient practices had the potential to result in failure to deliver the necessary care and services.</p> <p>Findings:</p> <p>1. During a review of Resident 137's admission Record (face sheet), the admission Record indicated that the facility admitted the resident on 12/2/2023, with diagnoses including history of falling, major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and type two diabetes mellitus (DM2-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 137's Minimum Data Set (MDS - a resident assessment tool) dated 5/11/2025, the MDS indicated that the resident's cognitive skills (brain's ability to think, read, learn, remember, reason, express thoughts, and make decisions) for daily decision making was moderately impaired (decisions poor, cues/supervision required). The MDS indicated that Resident 137 required staff substantial/maximal assistance (helper does more than half the effort) for toileting hygiene. The MDS indicated that Resident 137 required staff partial/moderate assistance (helper does less than half the effort) for oral hygiene, lower body dressing, and personal hygiene. The MDS further indicated that Resident 137 had an indwelling catheter.</p> <p>During a review of Resident 137's physician Order Summary Report dated 5/12/2025, the order summary report indicated an order for indwelling catheter due to urinary retention (a condition in which urine cannot empty from the bladder).</p> <p>During a review of Resident 137's care plan for indwelling catheter initiated on 12/4/2023, and last revised on 11/18/2024, the care plan indicated a goal that the resident will be/remain free from catheter-related trauma and early signs and symptoms of urinary tract infection (UTI- an infection in the bladder/urinary tract) will be recognized promptly. The care plan interventions were to monitor, record and notify the physician of any signs and symptoms of UTI and position the urinary catheter bag below the level of the bladder and away from the entrance room door.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 6/4/2025 at 2:07 p.m., with the Assistant Director of Nursing (ADON), Resident 137's care plans were reviewed. The ADON stated that Resident 137's indwelling catheter care plan was initiated on 12/4/2023 and last reviewed/revised on 11/18/2024. The ADON stated Resident 137's indwelling catheter care plan was not reviewed and revised after 11/18/2024. The ADON stated residents' care plans are required to be reviewed or revised quarterly, after a change of condition, and as needed. The ADON stated that the purpose of reviewing and re-evaluating the care plans is to check the effectiveness of the care plan interventions and make sure all the pertinent information and intervention regarding residents' care are included in the care plan. The ADON stated that the potential outcome of not reviewing/revising a resident's care plan quarterly is inadequate care and supervision of the resident.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled Comprehensive Care Plans, last reviewed on 4/25/2025, the P&P indicated that 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, mental, and psychosocial needs that are identified in the resident's comprehensive assessments. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive MDS assessment.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to transfer one of five residents (Resident 89) with limited range of motion ([ROM] full movement potential of a joint) and mobility (ability to move) concerns out-of-bed and into the wheelchair from 5/23/2025 to 6/4/2025 (12 days) due to the absence of the left knee immobilizer (device worn on the knee to restrict its movement, often used after surgery or severe injury to help the knee heal and prevent further damage). This failure had the potential for Resident 89 to experience a decline in activities of daily living ([ADLs] routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) and mobility and resulted in Resident 89's feelings of sadness and depression.</p> <p>Findings:</p> <p>During a review of Resident 89's admission Record, the admission Record indicated the facility admitted Resident 89 on 5/2/2025 with diagnoses including sepsis (a life-threatening blood infection), history of falling , difficulty in walking, hemiparesis (weakness of the arm, leg, and trunk on the same side of the body) following a cerebral infarction (brain damage due to a loss of oxygen to the area) affecting the left non-dominant side, left eye visual field loss (reduction or loss of vision in the area an eye can see when it is focused on a central point), and major depressive disorder (mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a review of Resident 89's History and Physical (H&P), dated 5/3/2025, the H&P indicated Resident 89 had left knee pain due to deep lacerations (type of wound cause by a tear or break in skin and underlying tissues) with concerns for a septic joint (serious infection in a joint caused by bacteria, fungi, or viruses entering the joint through the bloodstream, surgery, or injury) and underwent surgical irrigation and debridement (surgery to treat the infection and remove dead or unhealthy tissue).</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the Occupational Therapy ([OT] profession aimed to increase or maintain a person's capability of participating in everyday life activities [occupations]) Evaluation and Plan of Treatment, dated 5/3/2025, the OT Evaluation indicated Resident 89 experienced a slip and fall on 4/11/2025 resulting in an avulsion fracture (fracture where a piece of bone is pulled away from the main bone) of the right foot small toe and a left knee laceration, requiring surgical irrigation and debridement. The OT Evaluation indicated Resident 89 was hospitalized again on 4/23/2025 for left knee pain with concerns for sepsis. The OT Evaluation indicated Resident 89's precautions included a left knee immobilizer (medical device used to restrict movement of the knee joint to stabilize it during recover from injury or surgery) and a right CAM walker boot (medical walking boots for the stabilization of the lower leg to allow for healing of broken toes, severe ankle sprains, and other foot and ankle injuries). The OT Evaluation indicated Resident 89's prior level of function (ability prior to admission to the facility) was independent for all activities of daily living ([ADLs] routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) despite Resident 89's history of left sided weakness and left visual field loss. The OT Evaluation indicated Resident 89 was within functional limits ([WFL] sufficient joint movement without significant limitation) for ROM in the right arm, left wrist, and left hand. The OT Evaluation indicated Resident 89 had active range of motion ([AROM] performance of ROM of a joint without any assistance or effort of another person) limitation in the left shoulder and left elbow with WFL strength in both arms. The OT Evaluation indicated Resident 89 required partial/moderate assistance (helper does less than half the effort) for personal hygiene and was dependent (helper does all the effort, resident does none of the effort to complete the activity, or the assistance of two or more helpers is required to complete the activity) for toilet hygiene.</p> <p>During a review of the Physical Therapy ([PT] profession aimed in the restoration, maintenance, and promotion of optimal physical function) Evaluation and Plan of Treatment, dated 5/3/2025, the PT Evaluation indicated Resident 89 was weight-bearing as tolerated ([WBAT] person is allowed to put as much weight on an injured or surgically repaired limb as they can comfortably manage) to both legs while wearing the left knee immobilizer and the right CAM walker boot. The PT Evaluation indicated Resident 89's prior level of function was independent with bed mobility, transfers, and walking. The PT Evaluation indicated Resident 89 had WFL ROM to both legs except the left knee. The PT Evaluation indicated Resident 89 required partial/moderate assistance for rolling to both sides in bed, transferring from lying to sitting on the side of the bed, sit-to-stand transfers, chair/bed-to-chair transfers, and walking 10 feet (unit of measure).</p> <p>During a review of Resident 89's PT Treatment Encounter Note, dated 5/6/2025, the PT Treatment Encounter Note indicated Resident 89 required moderate assistance (required between 26 to 50 percent [%] physical assistance to perform the task) for bed mobility, minimal assistance (required less than 25% physical assistance to perform the task) for sit-to-stand transfers using a front wheeled walker ([FWW] an assistive device with two front wheels used for stability when walking), and moderate assistance for walking 50 feet, two times (100 feet total), using the FWW. The PT Treatment Encounter Note indicated a recommendation for a new left knee immobilizer due to improper fit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 89's Minimum Data Set ([MDS] a federally mandated resident assessment tool), dated 5/8/2025, the MDS indicated Resident 89 had clear speech, expressed ideas and wants, understood verbal content, and was moderately impaired for cognition (ability to think, understand, learn, and remember). The MDS indicated Resident 89 had ROM limitations in one arm and one leg and required substantial/maximal assistance (helper does more than half the effort) for toileting, partial/moderate assistance for transferring from lying to sitting on the edge of the bed, sit-to-stand transfers, chair/bed-to-chair transfers, and walking 10 feet.</p> <p>During a review of Resident 89's PT Treatment Encounter Note, dated 5/8/2025, the PT Treatment Encounter Note indicated the left knee immobilizer slid down Resident 89's leg and required adjustment during ambulation (the act of walking).</p> <p>During a review of Resident 89's PT Treatment Encounter Notes, dated 5/9/2025 and 5/13/2025, the PT Treatment Encounter Notes indicated Resident 89 did not perform standing activities and ambulation due to improper fit of the left knee immobilizer.</p> <p>During a review of Resident 89's OT Treatment Encounter Notes, dated 5/12/2025 and 5/13/2025, the OT Treatment Encounter Notes indicated Resident 89 was unable to transfer due to improper fit of the left knee immobilizer.</p> <p>During a review of Resident 89's physician's order, dated 5/14/2025, the physician's order indicated Resident 89 may have an Orthopedic (branch of medicine dealing with the correction or prevention of deformities, disorders, or injuries of the bones and associated soft tissue) consultation.</p> <p>During a review of Resident 89's OT Treatment Encounter Note, dated 5/16/2025, the OT Treatment Encounter Note indicated Resident 89 remained in bed due to improper fit of the knee immobilizer.</p> <p>During a review of Resident 89's PT Treatment Encounter Notes, dated 5/19/2025, 5/20/2025, 5/21/2025, and 5/22/2025, the PT Treatment Encounter Notes indicated Resident 89 did not perform standing activities and ambulation due to improper fit of the left knee immobilizer.</p> <p>During a review of Resident 89's physician order, dated 5/21/2025, the physician order indicated Resident 89 may have an Orthotic (healthcare professional who specializes in designing, fabricating, and fitting orthotic devices [medical device worn on the body to support, align, correct deformities, or improve function of a particular area]) consultation for knee immobilizer.</p> <p>During a review of Resident 89's OT Discharge summary, dated [DATE], the OT Discharge Summary indicated Resident 89 was dependent for toileting and was unable to perform toilet transfers due to improper fit of the left knee immobilizer.</p> <p>During a review of Resident 89's PT Discharge summary, dated [DATE], the PT Discharge Summary indicated recommendations for Restorative Nursing Aide ([RNA] nursing aide program that helps residents to maintain their function and joint mobility) to provide AROM to both legs while wearing the left knee extension brace, five times per week. The PT Discharge Summary indicated the RNA was not trained on walking with Resident 89 due to the improper fit of the left knee immobilizer which slipped downward while Resident 89 stood and walked.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 89's Documentation Survey Report (record of nursing assistant tasks) for transferring in 5/2025, the Documentation Survey Report indicated transferring was not applicable for Resident 89 on 5/23/2025, 5/24/2025, 5/25/2025, 5/26/2025, 5/27/2025, 5/28/2025, 5/29/2025, and 5/31/2025. The Documentation Survey Report, dated 5/31/2025 entered by Certified Nursing Assistant 3 (CNA 3), indicated Resident 89 was totally dependent with at least two-persons physical assistance for transferring.</p> <p>During a review of Resident 89's Documentation Survey Report for transferring in 6/2025, the Documentation Survey Report, dated 6/1/2025 entered by CNA 3, indicated Resident 89 was totally dependent with at least two-persons physical assistance for transferring. The Documentation Survey Report indicated transferring was not applicable for Resident 89 on 6/2/2025, 6/3/2025, and 6/4/2025.</p> <p>During a concurrent observation and interview on 6/4/2025 at 8:37 a.m. in Resident 89's room, Resident 89 was lying in bed with the head-of-bed elevated, had clear, fluent speech, and had active movement in both arms. Resident 89 stated a fall caused the fracture in the right small toe and the left knee injury which required surgery.</p> <p>During a concurrent observation and interview on 6/4/2025 at 8:46 a.m. in Resident 89's room, Restorative Nursing Aide 3 (RNA 3) arrived to provide Resident 89's RNA program for AROM to both legs. RNA 3 provided verbal cues for Resident 89 to perform right hip and knee AROM exercises. RNA 3 then removed the blanket over Resident 89's left leg, which had a white bandage over the knee and did not have a knee immobilizer applied. RNA 3 provided verbal cues for Resident 89 to perform left hip exercises while the knee was extended. RNA 3 stated Resident 89 could not bend the left knee.</p> <p>During a concurrent observation and interview on 6/4/2025 at 8:57 a.m. with Resident 89, Resident 89 stated the therapist used to walk with Resident 89 while wearing the right CAM walker boot and the left knee immobilizer, but the immobilizer kept sliding down and rubbed against the surgical site. A black knee immobilizer and a CAM walker boot were observed on top of Resident 89's bedside cabinet located on the left side of the bed. Resident 89 did not know the reason the facility stopped providing therapy.</p> <p>During an interview and record review on 6/4/2025 at 4:19 p.m. with the Case Manager (CM) and Case Manager Assistant (CMA), Resident 89's physician's orders for an Orthopedic consultation, dated 5/14/2025, and Orthotic consult for knee immobilizer, dated 5/21/2025, were reviewed. The CM stated CM and CMA were new since the facility's actual case manager was on leave and the previous case manager assistant was no longer employed at the facility. The CM stated Resident 89 had a knee immobilizer that did not fit. The CM stated the physician's order for the Orthopedic consultation was an error after discussing the case with Resident 89's health insurance case manager, who stated Resident 89 needed an Orthotic consultation for the knee immobilizer. The CM stated the facility was waiting for Resident 89's health insurance authorization to obtain the left knee immobilizer.</p> <p>During a concurrent observation and interview on 6/4/2025 at 4:51 p.m. in with the CM and CMA in Resident 89's room, Resident 89 stated the black knee immobilizer was new and came two days ago. A blue knee immobilizer was resting flat on top of Resident 89's bedside cabinet and was positioned underneath the new, black knee immobilizer.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/4/2025 at 4:53 p.m. with Family Member 1 (FM 1) on the telephone, Resident 89, the CM, and the CMA, FM 1 stated Resident 89 had been sitting in bed for 12 days without therapy due the absence of the left knee immobilizer. FM 1 did not know the reason for the facility's delay in providing the knee immobilizer, which was necessary for Resident 89 to receive a therapy reassessment and treatment to assist with Resident 89's discharge back home. The CM stated Resident 89's health insurance case manager was provided with the documents necessary to obtain the knee immobilizer but did not know Resident 89 already had the new knee immobilizer.</p> <p>During an interview on 6/5/2025 at 11:48 a.m. with Physical Therapist 1 (PT 1) and Occupational Therapist 1 (OT 1), PT 1 stated Resident 89 did not progress with PT because the left knee immobilizer did not fit properly and was a safety issue. OT 1 stated Resident 89 could not transfer out of bed, including into a wheelchair, without the knee immobilizer since Resident 89 was not allowed to bend the left knee. OT 1 and PT 1 stated they notified the previous Director of Rehabilitation (PDOR) regarding Resident 89's need for a new left knee immobilizer and stated the PDOR was responsible for discussing it with the case manager. OT 1 stated Resident 89 could potentially become weak and have decreased activity tolerance without getting out of bed.</p> <p>During an interview on 6/5/2025 at 1:02 p.m. with CNA 3, CNA 3 stated this past Sunday (6/1/2025) was the first time CNA 3 had taken care of Resident 89. CNA 3 stated she did not assist Resident 89 out of the bed over the weekend because the resident informed CNA 3 of the left knee limitation.</p> <p>During an interview on 6/5/2025 at 1:13 p.m. with Resident 89, Resident 89 stated feeling depressed and wanting to cry because she had been in bed for the past two weeks while waiting for the knee immobilizer. Resident 89 stated the absence of the left knee immobilizer prevented the staff from allowing Resident 89 to sit at the edge of the bed or transferring to a wheelchair.</p> <p>During a concurrent interview and record review on 6/5/2025 at 3:08 p.m. with the Interim Director of Rehabilitation (IDOR), MDS Coordinator (MDSC), and the CM, Resident 89's PT Discharge summary, dated [DATE], OT Discharge summary, dated [DATE], and Documentation Survey Report from 5/23/2025 to 6/4/2025 were reviewed. The IDOR stated Resident 89 was discharged from PT and OT on 5/22/2025. The MDSC stated Resident 89's Documentation Survey Report from 5/23/2025 to 5/31/2025 indicated not applicable, which meant the CNAs did not assist Resident 89 out-of-bed. The MDSC was informed CNA 3 did not assist Resident 89 out-of-bed on 6/1/2025. The MDSC stated the Documentation Survey Report from 6/2/2025 to 6/4/2025 also indicated not applicable, which meant the CNAs did not assist Resident 89 out-of-bed. The CM stated the reason Resident 89 did not get out of bed from 5/23/2025 to 6/4/2025 was because of the absence of another left knee immobilizer. The CM stated Resident 89's medical record did not include any documentation regarding the facility's attempts to obtain the left knee immobilizer. The IDOR stated the facility's therapy department worked with Orthotic companies who could have promptly provided another left knee immobilizer. The MDSC stated Resident 89 could potentially become weaker and depressed without getting out-of-bed.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Activities of Daily Living (ADLs), implemented 12/19/2022 and revised 4/24/2024, the P&P indicated the facility will ensure a resident's abilities in ADLs do not decline unless unavoidable. The P&P indicated care, and services may consist of transfer and ambulation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident who required assistance with bathing and shower was provided care and services to maintain good personal hygiene for one of one sampled resident (Resident 57) investigated under Activities of Daily Living (ADLs- is a term used to collectively describe fundamental skills required to independently care for oneself, such as eating, bathing, and mobility).</p> <p>This deficient practice had the potential to negatively affect the resident's psychosocial well-being due to poor hygiene.</p> <p>Findings:</p> <p>During a review of Resident 57's admission Record (AR), the AR indicated that the facility originally admitted the resident on 7/06/2022 and readmitted on [DATE] with diagnoses including morbid obesity (a disorder that involves having too much body fat, which increases the risk of health problems) and type two (2) diabetes mellitus (a chronic condition that affects the way the body processes blood glucose [sugar]).</p> <p>During a review of Resident 57's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 3/13/2025, the MDS indicated that the resident's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) skills for daily decision making was moderately impaired and required partial and moderate assistance for shower, dressing, putting on/taking off footwear and personal hygiene.</p> <p>During an interview on 06/02/25 at 3:23 p.m., with Resident 57, the resident stated that she only receives bed baths and is not offered showers. Resident 57 stated that while her preference varies-sometimes wanting a shower and other times a bed bath-staff do not ask her which she would prefer.</p> <p>During an interview and record review on 6/05/25 8:50 p.m., with the Assistant Director of Nursing (ADON), reviewed Resident 57's Certified Nurse Assistants (CNA) ADL task documentation. The CNA ADL task documentation indicated the following:</p> <p>a. week of 5/18/2025 to 5/24/2025, the resident was given bed bath on 5/21/ 2025 and no documentation for other dates this week indicating whether she was offered, received, or refused a shower or bed bath.</p> <p>b. week of 5/25/2025 to 5/31/2025, the resident was given bed bath on 5/28/2025, and no documentation for other dates this week indicating whether she was offered, received, or refused a shower or bed bath.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The ADON stated that based on the assessed functional abilities (MDS 3/13/2025) of Resident 57, the resident should be able to shower with partial assistance. The ADON stated that residents` are to receive either a shower or bed bath two times a week. The ADON stated that on days when the resident refuses bed bath, staff should document, and care plan the refusal and educate the resident on the risks and benefits of good hygiene. The ADON stated that to maintain good hygiene, staff should offer both a bed bath and a shower to allow the resident to express her preference. The ADON stated that good hygiene can reduce the risk of the resident acquiring skin impairment and can make the resident feel good about herself.</p> <p>During a review of the facility`s policy and procedure (PP) titled Resident Showers, last reviewed on 4/24/2025, the PP indicated that It is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice . residents will be provided showers as per request or as per facility protocols and based upon resident safety .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interview and record review, the facility failed to ensure one of one sampled resident (Resident 147) obtained vascular studies (tests that check he blood flow in your arteries and veins) and had a follow-up appointment with the vascular surgeon as ordered by the physician.</p> <p>This deficient practice had the potential to result in Resident 147 not receiving the care and services needed to treat his vascular health.</p> <p>Findings:</p> <p>During a review of Resident 147's admission Record, the admission Record indicated the facility admitted the resident on 7/24/2024 with diagnoses including but not limited to diabetes mellitus (DM, a chronic condition that affects the way the body processes blood glucose [sugar]) with a foot ulcer (an open sore or wound).</p> <p>During a review of Resident 147's Minimum Data Set (MDS - a resident assessment tool), dated 4/10/2025, the MDS indicated the resident was cognitively (thought processes) intact. The MDS further indicated the resident required supervision or touching assistance for most activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily).</p> <p>During a review of Resident 147's Emergency Department Encounter Note, dated 12/21/2024, the Emergency Department Encounter Note indicated Resident 147 recently had a peripherally inserted central catheter (PICC - a long thin tube inserted into the arm that goes to the large veins near the heart used to give medications) removed from his left arm and now had pain and swelling to the left arm. The Emergency Department Encounter Note indicated Resident 147 was diagnosed with a deep vein thrombosis (DVT - a blood clot in the vein which can obstruct blood flow and cause pain, swelling, and redness) to the left arm while in the emergency department and was discharged with instructions to take rivaroxaban (a medication used to treat and prevent blood clots) for 21 days.</p> <p>During a review of Resident 147's vascular surgeon New Patient Consult note, dated 4/9/2025, the New Patient Consult note indicated Resident 147 had a history of a DVT to the left arm and was now complaining of chronic (long term) left arm swelling and pain as well as varicose veins (enlarged, twisted veins) in both legs. The New Patient Consult note indicated the following ordered procedures:</p> <ul style="list-style-type: none"> - Lower extremity venous ultrasound (a medical imaging technique that uses high-frequency sound waves to create images of the body's internal structures); complete bilateral study (imaging of the veins in the legs) - Lower extremity arterial ultrasound; complete bilateral study - Duplex scan of lower extremity arteries (imaging of the arteries in the legs) - Upper extremity venous ultrasound; complete bilateral study (imaging of the veins of the arm) <p>The New Patient Consult note indicated Resident should have a follow-up appointment after obtaining these studies.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 147's care plan titled, The resident has potential/actual impairment to skin integrity of the left foot diabetic ulcer and is at continued risk for skin breakdown, dated 12/1/2024 and last revised 4/14/2025, the care plan indicated a goal that the resident will be free from complication due to PICC line site swelling. The care plan indicated an intervention to obtain and monitor lab/diagnostic work as ordered and report results to the physician and follow-up as indicated.</p> <p>During an interview on 6/2/2025 at 10:55 a.m., with Resident 147, Resident 147 stated he saw a vascular specialist in April and was supposed to get ultrasound studies in both arms and legs after that but never did. Resident 147 stated he was concerned because he had a blood clot in his arm before and he is worried he has another one that could be anywhere in his body. Resident 147 stated the staff member that usually helped coordinate his outside appointments had recently left. Resident 147 stated he has been waiting several weeks to get these studies done and he does not know why the appointment has not been made yet.</p> <p>During an interview on 6/5/2025 at 9:31 a.m., with the Case Manager (CM), the CM stated Resident 147's need for vascular studies and a follow-up appointment was never endorsed to her by the previous case manager. The CM stated it is important for Resident 147 to get these studies and follow-up with the vascular surgeon to make sure Resident 147 doesn't get worse as he has a foot wound and a previous DVT.</p> <p>During an interview on 6/5/2025 at 12:22 p.m., with the Assistant Director of Nursing (ADON), the ADON stated the facility is responsible for coordinating the resident's plan of care including new orders and appointments. The ADON stated Resident 147 needs the ordered tests to ensure he has proper blood flow.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Provision of Quality Care, reviewed 4/24/2025, the P&P indicated the facility will ensure that residents receive treatment and care by qualified persons in accordance with professional standards of practice, the comprehensive person-centered care plans, and the resident's choices. The P&P further indicated each resident will be provided care and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's low air loss mattress (LAL - a specialized support surface designed to reduce pressure on the skin and prevent or manage pressure ulcers [localized damage to the skin and/or underlying tissue usually over a bony prominence]) was set to the correct setting for one (Resident 32) out of three sampled residents investigated under the care area of pressure ulcer/injury.</p> <p>This deficient practice had the potential to place the resident at increased risk for discomfort and development of pressure ulcers/injuries.</p> <p>Findings:</p> <p>During a review of Resident 32's admission Record, the admission Record indicated that the facility originally admitted the resident on 8/28/2023 and readmitted the resident on 2/11/2025 with diagnoses including stage 4 pressure ulcer (full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone) of the sacral region (a triangular area located at the base of the spine, between the lumbar spine and the coccyx [tail-bone]).</p> <p>During a review of Resident 32's Minimum Data Set (MDS - a resident assessment tool), dated 4/14/2025, the MDS indicated the resident had severely impaired cognitive (thought processes) skills for daily decision making and was dependent on staff for activities of daily living (ADLs - activities such as bathing, dressing, and toileting a person performs daily).</p> <p>During a review of Resident 32's physician's orders, the physician orders indicated the following orders:</p> <ol style="list-style-type: none"> 1. Kennedy ulcer (a specific type of pressure ulcer that develops rapidly and is often a sign of an individual's impending death): Cleanse with wound cleanser, pat dry, apply Medihoney (a brand of medical-grade honey used as a wound dressing) and collagen (a natural protein that is a key component of skin and tissue repair), then apply calcium alginate (highly absorbent wound dressings made from natural seaweed fibers and calcium salts) and cover with foam dressing daily and as needed, ordered on 4/21/2025. 2. May have LAL mattress for wound management, ordered on 2/18/2025. <p>During a review of Resident 32's care plans (a document that outlines the goals, interventions, and expected outcomes of care for a patient), a care plan, initiated on 2/12/2025, indicated that the resident has impaired skin integrity and needs to use an LAL mattress for a reopened coccyx stage 4 pressure injury for skin wound maintenance. The care plan indicated to determine the appropriate type and settings of the LAL mattress.</p> <p>On 6/2/2025 at 10:14 a.m., during a concurrent observation and interview, observed Resident 32 asleep in bed. Observed the resident's LAL mattress set to 225 pounds (lbs. - unit of measurement). Observed a sticker on the LAL mattress indicating to set to 87 lbs. Licensed Vocational Nurse 5 (LVN 5) corroborated the observation and stated the LAL mattress should have been set to 87 lbs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/5/2025 at 10:42 a.m., during an interview with the Director of Nursing (DON), the DON stated that the purpose of an LAL mattress was to prevent the development of pressure ulcers. The DON stated it was important for Resident 32's LAL mattress to be set correctly because the resident currently had a pressure ulcer, and the facility did not want her to develop any further pressure ulcers.</p> <p>During a review of the LAL mattress manufacturer's guide, the guide indicated that support surfaces or specialized mattress systems are used as part of an overall, multidisciplinary, multidimensional care plan intended to prevent and treat pressure injuries. Adjust the dial to correspond to the patients' appropriate weight setting or comfort level.</p> <p>During a review of the facility's policy and procedure titled, Pressure Injury Prevention and Management, last reviewed and revised on 4/24/2025, the policy indicated that the facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injuries. Evidence-based interventions for prevention will be implemented for all residents who are assessed at risk or who have a pressure injury present. Basic or routine care interventions could include, but are not limited to . provide appropriate, pressure-redistributing, support surfaces.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide active range of motion ([AROM] performance of ROM of a joint without any assistance or effort of another person) exercises to both arms to one of five residents (Resident 77) with limited range of motion ([ROM] full movement potential of a joint) and mobility (ability to move) concerns in accordance with the Occupational Therapy ([OT] profession aimed to increase or maintain a person's capability of participating in everyday life activities [occupations]) Discharge recommendations on 1/16/2025. This failure had the potential for Resident 77 to experience a decline in range of motion ([ROM] full movement potential of a joint) in both arms.</p> <p>Findings:</p> <p>During a review of Resident 77's admission Record, the admission Record indicated the facility admitted Resident 77 on 6/21/2024 with diagnoses including morbid obesity (extremely high amount of body fat that seriously threatens health and well-being), history of healed traumatic fracture (break in bone), and history of falling.</p> <p>During a review of Resident 77's Physician Progress Note, dated 10/4/2024, the Physician Progress Note indicated Resident 77 had a history of fall with left intraarticular (within or into a joint) distal femoral (thigh bone near the knee) fracture and underwent surgical intervention (unspecified date).</p> <p>During a review of Resident 77's OT Evaluation and Plan of Treatment, dated 12/4/2024, the OT Evaluation indicated Resident 77 had within functional limits ([WFL] sufficient joint movement without significant limitation) ROM in the left arm, right elbow, and right hand. The OT Evaluation indicated Resident 77 had a right shoulder ROM impairment (unspecified severity).</p> <p>During a review of Resident 77's Physical Therapy ([PT] profession aimed in the restoration, maintenance, and promotion of optimal physical function) Evaluation and Plan of Treatment, dated 12/4/2024, the PT Evaluation indicated Resident 77 had ROM impairment (unspecified severity) to bend the left knee due to a history fracture. The PT Evaluation also indicated Resident 77 required maximal assistance (required between 51 to 75 percent [%] physical assistance to perform the task) for bed mobility.</p> <p>During a review of Resident 77's OT Discharge summary, dated [DATE], the OT Discharge Summary indicated recommendations for the Restorative Nursing Aide ([RNA] nursing aide program that helps residents to maintain their function and joint mobility) to provide AROM to both arms to maintain ROM and strength.</p> <p>During a review of Resident 77's PT Discharge summary, dated [DATE], the PT Discharge Summary indicated recommendations for the RNA to provide active range of motion to both legs.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 77's care plan titled, Restorative Nursing Program, initiated 10/18/2024 and revised on 1/19/2025, the care plan interventions included active assistive range of motion ([AAROM] use of muscles surrounding the joint to perform the exercise but requires some help from a person or equipment) to both legs, including the hip, knee, and ankle joints, five times per week as tolerated. Resident 77's care plan interventions did not include AROM to both arms.</p> <p>During a review of Resident 77's Documentation Survey Report (record of nursing assistant tasks) for RNA from 1/2025 to 3/2025, the Documentation Survey Report indicated the RNA provided Resident 77 with AAROM to both legs. The Documentation Survey Report did not include AROM to both of Resident 77's arms.</p> <p>During a review of Resident 77's Minimum Data Set ([MDS] a federally mandated resident assessment tool), dated 3/17/2025, the MDS indicated Resident 77 had clear speech, expressed ideas and wants, clearly understood verbal content, and had intact cognition (clear ability to think, understand, learn, and remember). The MDS indicated Resident 77 did not have any functional ROM limitations in both arms and legs. The MDS also indicated Resident 77 required set-up assistance for eating, partial/moderate assistance (helper does less than half the effort) for rolling to either side in bed, and substantial/maximal assistance (helper does more than half the effort) for lower body dressing and transfers from lying to sitting at the edge of the bed.</p> <p>During a review of Resident 77's Documentation Survey Report for RNA from 4/2025 to 5/2025, the Documentation Survey Report indicated the RNA provided Resident 77 with AAROM to both legs. The Documentation Survey Report did not include AROM to both of Resident 77's arms.</p> <p>During a review of Resident 77's Joint Mobility Assessment ([JMA] brief assessment of a resident's range of motion in each joint of both arms and legs), dated 5/30/2025, the JMA indicated Resident 77 had minimal ROM limitations (0 to 25% ROM loss) in the right shoulder and moderate ROM limitations (25 to 75% ROM loss) in the right knee.</p> <p>During a review of Resident 77's Documentation Survey Report for RNA for 6/2025, the Documentation Survey Report indicated the RNA provided Resident 77 with AAROM to both legs. The Documentation Survey Report did not include AROM to both of Resident 77's arms.</p> <p>During an interview on 6/4/2025 at 9:01 a.m. with Restorative Nursing Aide 1 (RNA 1), RNA 1 stated Resident 77's RNA program included active assistive range of motion ([AAROM] use of muscles surrounding the joint to perform the exercise but requires some help from a person or equipment) to both legs.</p> <p>During an observation on 6/4/2024 at 9:06 a.m. in Resident 77's room, RNA 1 provided AAROM to both of Resident 77's legs while lying in bed. RNA 1 did not provide any ROM exercises to Resident 77's arms.</p> <p>During a concurrent interview and record review on 6/4/2025 at 11:38 a.m. with the Interim Director of Rehabilitation (IDOR), Resident 77's OT Discharge summary, dated [DATE], and PT Discharge summary, dated [DATE], were reviewed. The IDOR stated Resident 77's PT Discharge Summary recommendations included RNA for AROM to both legs and OT Discharge Summary recommendations included RNA for AROM to both arms.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 6/4/2024 at 11:53 a.m. with the IDOR, Resident 77's JMA, dated 5/30/2025, was reviewed. The IDOR stated the JMA indicated Resident 77 had minimal ROM impairment in the right shoulder and moderate ROM impairment in the left knee.</p> <p>During a concurrent interview and record review on 6/5/2025 at 11:33 a.m. with Occupational Therapist 1 (OT 1), Resident 77's OT Discharge summary, dated [DATE], was reviewed. OT 1 stated the OT Discharge recommendations indicated for the RNA to provide Resident 77 with AROM to both arms to maintain ROM and strength. OT 1 stated Resident 77's right shoulder ROM limitations could worsen without ROM exercises. OT 1 stated the RNA recommendations were provided to the previous Director of Rehabilitation (PDOR) to input the RNA task into the facility's electronic documentation system. OT 1 reviewed Resident 77's RNA tasks but was unable to locate a current task for AROM to both arms.</p> <p>During a concurrent interview and record review on 6/5/2025 at 12:32 p.m. with the Director of Medical Records (DMR) and MDS Coordinator (MDSC), Resident 77's RNA tasks were reviewed. The MDSC stated it was the Director of Rehabilitation's (DOR's) responsibility to input the RNA tasks into the facility's electronic documentation system. The DMR stated Resident 77's electronic documentation system did not include a current RNA task for AROM to both arms.</p> <p>During a concurrent interview and record review on 6/5/2025 at 2:59 p.m. with the MDSC and IDOR, Resident 77's OT Discharge summary, dated [DATE], and Documentation Survey Reports for RNA, dated 1/2025 to 6/2025, were reviewed. The IDOR stated the PDOR should have but did not input the RNA task for AROM to both arms in accordance with the OT Discharge Summary recommendations on 1/16/2025. The IDOR stated the purpose of RNA included maintain ROM and mobility. The MDSC stated Resident 77 could have developed ROM limitations without ROM exercises to both arms.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Prevention of Decline in Range of Motion, implemented on 12/19/2022 and revised on 4/24/2025, the P&P indicated the facility will provide interventions, exercises, and/or therapy to maintain or improve ROM.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 5. During a review of Resident 105's admission Record, the admission Record indicated the facility initially admitted the resident on 11/30/2022 and readmitted the resident on 3/22/2023 with diagnoses that included hypertension, history of falling and epilepsy.</p> <p>During a review of Resident 105's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 5/13/2025, indicated the resident had the capacity to sometimes makes self-understood and sometimes understand others. The MDS indicated the resident required supervision and partial assistance for activities of daily living (ADLs- are activities related to personal care, including bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating).</p> <p>During a review of Resident 105's Physician Orders dated 12/26/2024, the Physician Orders indicated an order for Keppra Oral Tablet 500 milligram (mg), give two tablets by mouth two times a day for seizure.</p> <p>During a review of Resident 105's Care Plan (CP) for potential for seizure disorder, initiated on 5/6/2025, the CP indicated an intervention to include the use of padded siderails.</p> <p>During an interview and record review with Licensed Vocational Nurse 5 (LVN 5) on 6/4/2025 at 9:21 a.m., reviewed Resident 105's Care Plan initiated on 5/6/2025, for potential for seizure disorder, LVN 5 stated that the padded siderails can protect or minimize risk for injury in the event of a seizure.</p> <p>During a concurrent observation and interview on 6/4/2025 at 10:00 a.m., with LVN 5, inside Resident 105's room, observed Resident 105 in bed with no padded siderails. LVN 5 stated Resident 105 should have been provided with padded siderails as indicated in the care plan interventions to protect resident from injury in the event of a seizure. LVN 5 stated that Resident 105 could sustain an injury if the siderails are not padded.</p> <p>During a review of the facility policy and procedures, titled Seizure Precautions, last reviewed on 4/24/2025, the policy indicated that It is the policy of this facility to ensure a resident is protected from injury and managed in the event of a seizure according to current standards of practice .</p> <p>3. During a review of Resident 135's admission Record, the admission Record indicated the facility admitted the resident on 4/8/2025 with diagnoses including dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 135's Minimum Data Set (MDS - a resident assessment tool), dated 4/14/2025, the MDS indicated the resident had severely impaired cognition (thought processes) and required maximal assistance from staff for most activities of daily living (ADLs - activities such as bathing, dressing, and toileting a person performs daily).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/4/2025 at 2:21 p.m., during a concurrent interview and record review, reviewed Resident 135's Change in Condition Evaluation, dated 5/13/2025, with the MDS Coordinator (MDSC). The MDSC stated that the resident had an unwitnessed fall in the facility on 5/13/2025. Reviewed the resident's admission Fall Risk Assessment, dated 4/8/2025, with MDSC. The MDSC stated the resident received a score of 19 indicating that the resident was at risk for falls. Reviewed the resident's post-fall Fall Risk Assessment, dated 5/13/2025, with MDSC. The MDSC stated the resident received a lower score of 11. The MDSC stated that the nurse who completed the post-fall assessment mistakenly marked no falls in the past 3 months, which was inaccurate. The MDSC stated the nurse should have assessed the resident as having had 1 - 2 falls in the past 3 months, which would have given him a higher score.</p> <p>On 6/5/2025 at 10:32 a.m., during an interview, the Director of Nursing (DON) stated it was important for the nurses to accurately assess residents so that the appropriate interventions can be implemented.</p> <p>During a review of the facility's policy and procedure titled, Fall Prevention Program, last reviewed and revised on 4/24/2025, the policy indicated that 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. The nurse and/or interdisciplinary team (a group of healthcare professionals from various disciplines who work collaboratively to address a patient's needs, ensuring a comprehensive and coordinated approach to care) will initiate interventions on the resident's care plan, in accordance with the resident's level of risk.</p> <p>4. During a review of Resident 32's admission Record, the admission Record indicated the facility originally admitted the resident on 8/28/2023 and readmitted the resident on 2/11/2025 with diagnoses including protein-calorie malnutrition, dementia, and osteoporosis (weak and brittle bones due to lack of calcium and Vitamin D).</p> <p>During a review of Resident 32's MDS, dated [DATE], the MDS indicated the resident had severely impaired cognitive skills for daily decision making and was dependent on staff for ADLs.</p> <p>During a review of Resident 32's Fall Risk Assessment, dated 2/14/2025, the assessment indicated the resident was at risk for falls.</p> <p>During a review of Resident 32's care plan for risk for fall as evident by generalized muscle weakness and difficulty in walking, initiated on 2/12/2025, the care plan indicated to ensure the resident's bed is kept in the lowest position.</p> <p>On 6/3/2025 at 10 a.m., during a concurrent observation and interview, observed Resident 32 asleep in bed. Observed the resident's bed in a high position. The Scheduler (SCHED) corroborated the observation and proceeded to lower the resident's bed. SCHED stated that the resident's bed should have been kept in the lowest position. SCHED proceeded to notify Certified Nursing Assistant 8 (CNA 8) that the resident's bed had been in a high position. CNA 8 stated she was the assigned CNA for Resident 32 that day. CNA 8 stated the resident's bed should have been in a low position.</p> <p>On 6/5/2025 at 10:41 a.m., during an interview, the DON stated it was important to keep Resident 32's bed in a low position to prevent any injuries from a potential fall.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedure titled, Fall Prevention Program, last reviewed and revised on 4/24/2025, the policy indicated that 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. Fall interventions include but are not limited to .the bed locked and lowered to a level that allows the resident's feet to be flat on the floor when the resident is sitting on the edge of the bed.</p> <p>2. During a review of Resident 137's admission Record (face sheet), the admission record indicated that the facility admitted the resident on 12/2/2023, with diagnoses including history of falling, major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and type two diabetes mellitus (DM 2-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 137's Minimum Data Set (MDS - a resident assessment tool) dated 5/11/2025, the MDS indicated that the resident's cognitive skills (brain's ability to think, read, learn, remember, reason, express thoughts, and make decisions) for daily decision making was moderately impaired (decisions poor, cues/supervision required). The MDS indicated that Resident 137 required staff substantial/maximal assistance (helper does more than half the effort) for toileting hygiene. The MDS indicated that Resident 137 required staff partial/moderate assistance (helper does less than half the effort) for oral hygiene, lower body dressing, and personal hygiene. The MDS further indicated that Resident 137 had one fall since her admission/entry, reentry, or prior assessment.</p> <p>During a review of Resident 137's Change of Condition (COC-any significant, unexpected alteration in a resident's physical, mental, or psychosocial status) Evaluation form dated 5/24/2025, the COC evaluation form indicated that the resident fell at around 8:00 a.m., from her bed while she was trying to push her breakfast tray away.</p> <p>During a review of Resident 137's Fall Risk assessment dated [DATE], the assessment indicated that Resident 137 was alert, able to ambulate, and had adequate vision with or without glasses. The fall risk assessment did not indicate Resident 137's history of falls in the past three months, her gait and balance status, and the number of predisposed disease (a condition that increases a person's risk of developing another disease or health condition in the future).</p> <p>During a concurrent interview and record review on 6/4/2025 at 2:16 p.m., with the facility's Assistant Director of Nursing (ADON), Resident 137's fall risk assessments were reviewed. The ADON stated that a fall risk assessment is completed after each resident's admission, readmission, and each fall. The ADON stated that Resident 137 had a fall on 5/24/2025 and a licensed nurse developed a fall risk assessment on 5/24/2025. However, Resident 137's fall risk assessment is not complete. The ADON stated that no entry was documented on Resident 137's history of falls, gait and balance status, and the predisposing diseases sections. The ADON stated a resident's fall risk assessment is required to be completed thoroughly. The ADON stated the potential outcome of an incomplete fall risk assessment after a resident's fall is insufficient care and the inability to implement appropriate interventions to prevent the resident's future falls.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's Policy and Procedure (P&P) titled Fall Risk Assessment, last reviewed on 4/24/2025, the P&P indicated that the risk assessment will be completed by the nurse or designee upon admission, annually, or when a significant change is identified. The risk assessment will contain the following components: identify environmental hazards and individual risks, including the need for supervision and evaluate and analyze hazards and risk.</p> <p>During a review of the facility's P&P titled, Fall Prevention Program, last reviewed on 4/24/2025, the P&P indicated that 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. The nurse and/or interdisciplinary team (a group of healthcare professionals from various disciplines who work collaboratively to address a patient's needs, ensuring a comprehensive and coordinated approach to care) will initiate interventions on the resident's care plan, in accordance with the resident's level of risk.</p> <p>Based on interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure shower room two was free of accidents hazards when a broken shower head was leaking water, and a shower drain was not draining and filled the shower with about 2 inches of cloudy water. <p>These deficient practices placed residents and staff that used shower room two at increased risk for slips, falls and injuries.</p> <ol style="list-style-type: none"> 2. Implement its policy and procedure titled Fall Risk Assessment, for one of three sampled residents (Resident 137) by failing to complete an accurate fall risk assessment after the resident's fall on 5/24/2025. <p>This deficient practice placed Resident 137 at increased risk for recurrent falls and injuries.</p> <ol style="list-style-type: none"> 3. Ensure a resident's Fall Risk Assessment (a comprehensive evaluation to determine a patient's likelihood of falling and to identify factors that increase their risk) after a fall was completed accurately for one (Resident 135) out of five sampled residents investigated under the care area of accidents. 4. Ensure a resident's bed was kept in a low position as indicated in the resident's care plan (a document that outlines the goals, interventions, and expected outcomes of care for a specific patient) for risk for falls for one (Resident 32) out of five sampled residents investigated under the care area of accidents. 5. Install padded side rails to reduce risk of injury for resident on seizure precaution for one of five residents (Resident 105) investigated under the care are of accidents. <p>This deficient practice had the potential for the resident to sustain an injury during a seizure episode.</p> <p>Findings:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. During an observation on 6/4/2025 at 2:35 pm in shower room two, observed three showers separated by a wall and shower curtains. Shower one had about two inches of cloudy water that was not draining and a used glove floating in it. Shower three's shower head was hung in a way that pointed out to the rest of the shower room and was leaking water all over the floor.</p> <p>During a concurrent observation and interview on 6/4/2025 at 2:44 pm in shower room two with Maintenance Worker 1 (MW 1), MW 1 stated showers should never be left clogged because people could slip and fall. MW 1 stated perhaps someone threw trash on the shower floor and it could have clogged it. MW 1 walked over to shower three and stated he did not know how long the shower has been broken. MW 1 attempted but could not get the shower head to turn off completely. MW 1 stated no one reported the clog or the broken shower head - but it should have been reported right away.</p> <p>During an interview on 6/4/2025 at 2:55 pm with the Maintenance Supervisor (MS), the MS stated staff must report any broken or non-functioning equipment immediately for safety to the residents and staff. MS stated no one reported the clogged shower in shower room two until this surveyor inquired about it. The MS further stated this was extremely important to keep residents safe.</p> <p>During a review of the facility's P&P titled, Physical Environment: Space and Equipment, last reviewed on 4/24/2025, the P&P indicated inspections of resident care equipment will be completed routinely and as needed to maintain and ensure safe operating conditions.</p> <p>During a review of the P&P named Safe and Homelike environment, last reviewed on 4/24/2025, the P&P indicated in accordance with resident's rights, the facility will provide a safe, clean, comfortable homelike environment. The P&P further indicated to ensure the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and dose not impose a safety risk.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure one of two sampled residents (Resident 137) with an indwelling catheter (a hollow tube inserted into the bladder to drain or collect urine) received proper care and services by failing to provide indwelling catheter care to the resident since 5/12/2025. 2. Place Resident 164's urinary catheter collection bag in a position below the level of his bladder while sitting on his wheelchair. <p>These deficient practices had the potential to result in Resident 137 and 164 developing urinary tract infections (UTI-an infection in the bladder/urinary tract) and other health complications related to the use of an indwelling catheter.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 137's admission Record (face sheet), the admission Record indicated that the facility admitted the resident on 12/2/2023, with diagnoses including history of falling, major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and type two diabetes mellitus (DM2-a disorder characterized by difficulty in blood sugar control and poor wound healing). <p>During a review of Resident 137's Minimum Data Set (MDS - a resident assessment tool) dated 5/11/2025, the MDS indicated that the resident's cognitive skills (brain's ability to think, read, learn, remember, reason, express thoughts, and make decisions) for daily decision making was moderately impaired (decisions poor, cues/supervision required). The MDS indicated that Resident 137 required staff substantial/maximal assistance (helper does more than half the effort) for toileting hygiene. The MDS indicated that Resident 137 required staff partial/moderate assistance (helper does less than half the effort) for oral hygiene, lower body dressing, and personal hygiene. The MDS further indicated that Resident 137 had an indwelling catheter.</p> <p>During a review of Resident 137's physician Order Summary Report dated 5/12/2025, the order summary report indicated an order for indwelling catheter due to a urinary retention (a condition in which urine cannot empty from the bladder). Further review of Resident 137's order summary report did not indicate any physician orders for the resident's indwelling catheter care and monitoring.</p> <p>During a review of Resident 137's care plan for indwelling catheter initiated on 12/4/2023, and last revised on 11/18/2024, the care plan indicated a goal that the resident will be/remain free from catheter-related trauma and early signs and symptoms of urinary tract infection (UTI- an infection in the bladder/urinary tract) will be recognized promptly. The care plan interventions were to monitor, record and notify the physician of any signs and symptoms of UTI and position the urinary catheter bag below the level of the bladder and away from the entrance room door.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 137's TAR for 5/1/2025-5/31/2025, the TAR did not indicate any evidence that licensed staff provided indwelling catheter care and monitoring for Resident 137 after 5/11/2025.</p> <p>During a review of Resident 137's Treatment Administration Record (TAR- a daily documentation record used by a licensed nurse to document treatments given to a resident) for 6/1/2025 - 6/4/2025, the TAR did not indicate any evidence that licensed staff provided indwelling catheter care and monitoring for Resident 137.</p> <p>During a concurrent interview and record review on 6/4/2025 at 2:10 p.m., with the Assistant Director of Nursing (ADON), Resident 137's physician orders and TAR for May and June 2025 were reviewed. The ADON stated that there are no physician orders to provide indwelling catheter care and monitoring to Resident 137 in her medical records. The ADON stated that licensed staff are required to obtain a physician order for indwelling catheter care and provide indwelling catheter care and monitor for all residents with an indwelling catheter to prevent infection. The ADON further stated that according to Resident 137's TAR for May 2025, the last time a licensed nurse provided indwelling catheter care for Resident 137 was on 5/11/2025. The ADON stated that Resident 137 was transferred to the hospital on 5/11/2025 and readmitted back to the facility on 5/13/2025. The ADON stated that Resident 137's indwelling catheter care order was not reinstated upon her return from the hospital. The ADON stated that the potential outcome of not providing catheter care for a resident with an indwelling catheter is increased risk for infection.</p> <p>During review of the facility's Policy and Procedure (P&P) titled Catheter Care, last reviewed on 4/24/2025, the P&P indicated it is the policy of the facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. Catheter care will be performed every shift and as needed by nursing personnel. Document care and report any concerns noted to the nurse on duty and the physician.</p> <p>b. During a review of Resident 164's admission Record (face sheet), the admission Record indicated that the facility admitted the resident on 3/6/2025, with diagnoses including retention of urine, history of falling, and type two diabetes mellitus.</p> <p>During a review of Resident 164's MDS dated [DATE], the MDS indicated that the resident's cognitive skills (brain's ability to think, read, learn, remember, reason, express thoughts, and make decisions) for daily decision making was intact (decisions consistent/reasonable). The MDS indicated that Resident 164 required staff substantial/maximal assistance (helper does more than half the effort) for toileting hygiene, showering/bathing, upper and lower body dressing, and putting on/taking off footwear. The MDS further indicated that Resident 164 had an indwelling catheter.</p> <p>During a review of Resident 164's physician Order Summary Report dated 5/20/2025, the Order Summary Report indicated an order for indwelling catheter due to a urinary retention.</p> <p>During a review of Resident 164's care plan for indwelling catheter initiated on 3/13/2025, and last revised on 4/29/2025, the care plan indicated a goal that the resident will be/remain free from catheter-related trauma through review date. The care plan interventions were to position catheter bag and tubing below the level of the bladder and away from entrance room door and to monitor for signs and symptoms of pain and discomfort due to catheter.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 6/4/2025 at 8:07 a.m., Resident 164 was observed sitting on his wheelchair inside the facility's dining room. Resident 164's indwelling catheter collection bag was placed next to the resident at the same level of his bladder. Resident 164 stated that he is ready to go to a doctor's appointment.</p> <p>During a concurrent observation and interview on 6/4/2025 at 8:09 a.m., with Registered Nurse 1 (RN1), inside dining room, RN1 stated that Resident 164's indwelling catheter collection bag was placed next to the resident on his wheelchair. RN 1 stated that the urinary collection bag and tubing are required to be positioned below the level of the bladder to prevent the backflow of urine and allow the bladder to fully empty. RN 1 stated that the potential outcome of not positioning residents' urinary collection bag on a lower position than the bladder is urine backflow and increased risk of infection.</p> <p>During review of the facility's Policy and Procedure (P&P) titled Catheter Care, last reviewed on 4/24/2025, the P&P indicated that ensure that the indwelling catheter drainage bag is located below the level of the bladder to discourage backflow of urine.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>Based on interview and record review, the facility failed to ensure nurses documented nonpharmacological interventions (healthcare strategies that aim to improve health and well-being without using medications) prior to administering as needed (PRN) hydromorphone (an opioid medication used to treat moderate to severe pain) to one (Resident 129) out of two sampled residents investigated under the care area of pain management.</p> <p>This deficient practice had the potential to place the resident at increased risk of experiencing adverse side effects such as drowsiness, constipation, and decrease in respiration.</p> <p>Findings:</p> <p>During a review of Resident 129's admission Record, the admission Record indicated the facility admitted the resident on 2/21/2025 with diagnoses including a fracture of the left rib.</p> <p>During a review of Resident 129's Minimum Data Set (MDS - a resident assessment tool), dated 4/25/2025, the MDS indicated the resident had intact cognition (thought processes) and required maximal assistance from staff for most activities of daily living (ADLs - activities such as bathing, dressing, and toileting a person performs daily).</p> <p>During a review of Resident 129's physician's order, dated 4/21/2025, the order indicated to administer hydromorphone 2 milligrams (mg - unit of measurement) by mouth every 4 hours as needed for severe pain 7-10/10 not to exceed 3 grams (g - unit of measurement) per day from all sources. Treat trying nonpharmacologic interventions prior to medicating if appropriate.</p> <p>On 6/5/2025 at 10:10 a.m., during a concurrent interview and record review, reviewed Resident 129's 5/2025 Medication Administration Record (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) with the MDS Coordinator (MDSC). The MDSC stated that the resident received hydromorphone 2 mg on 5/1/2025, 5/7/2025, 5/9/2025, and 5/10/2025. When asked what nonpharmacological interventions were attempted prior to administering the medication, MDSC stated she could not find any documentation indicating that nonpharmacological interventions were attempted prior to administering the medication.</p> <p>On 6/5/2025 at 10:46 a.m., during an interview, the Director of Nursing (DON) stated it was important to attempt nonpharmacological interventions prior to administering PRN opioid medications because it was important not to over-medicate the resident unnecessarily.</p> <p>During a review of the facility's policy and procedure titled, Pain Management, last reviewed and revised on 4/24/2025, the policy indicated that nonpharmacological interventions will include but are not limited to:</p> <ol style="list-style-type: none"> 1. Environmental comfort measures (e.g., adjusting room temperature, smoothing linens, comfortable seating, assistive devices or pressure redistributing mattress and positioning) 2. Loosening any constrictive bandage, clothing, or device 3. Applying splinting (e.g., pillow or folded blanket) <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. Physical modalities (e.g., cold compress, warm shower/bath, massage, turning and repositioning)</p> <p>5. Exercises to address stiffness and prevent contractures as well as restorative nursing programs to maintain joint mobility</p> <p>6. Cognitive/behavioral interventions (e.g., music, relaxation techniques, activities, diversions, spiritual and comfort support, teaching the resident coping techniques and education about pain)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to document in the resident's clinical record the physician's order to discontinue hemodialysis treatment (HD- the removing of waste and excess fluid to prevent build up in the body for residents who have loss of kidney [organs that remove waste products from the blood and produce urine] function) and send the resident to vascular surgery for permcath (a specialized central venous catheter [CVC- used for long-term hemodialysis treatment]) removal for one of four residents (Resident 122) investigated under the care area of dialysis.</p> <p>This deficient practice had the potential to result in health complications, including the risk of infection at the permcath site.</p> <p>Findings:</p> <p>During a review of Resident 122's admission Record, the admission Record indicated that the resident was admitted on [DATE], with diagnoses that included but not limited to, dysphagia (difficulty swallowing) and end stage renal disease (a severe medical condition where the kidneys have permanently lost their ability to function adequately).</p> <p>During a review of Resident 122's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 4/25/2025, indicated the resident's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) skills for daily decision making was impaired and was dependent on staff for toileting hygiene, shower, dressing and personal hygiene.</p> <p>During a review of Resident 122's physician's order dated 4/19/2025, it indicated an order for hemodialysis treatment every Monday-Wednesday-Friday at 12:45 p.m.</p> <p>During an interview and record review on 6/05/2025 at 10:58 a.m., with Registered Nurse 3 (RN 3), reviewed Resident 122's Dialysis Visit Note (DVN) dated 5/14/2025. The DVN indicated an order to discontinue hemodialysis treatment and send the resident for permcath removal with vascular surgery (refers to open surgeries and minimally invasive procedures that treat a range of blood vessel problems). RN 3 stated that on 5/14/2025 he received a call from the dialysis center and documented in the nurse's progress notes that Resident 122 does not need to go for hemodialysis treatment and dialysis center will call to schedule labs. RN 3 stated he had a conversation with the nurse practitioner (NP) regarding discontinuance of the hemodialysis treatment and to send Resident 122 for permcath removal but does not recall when this conversation happened. RN 3 also stated that he forgot to document his conversation with the NP and obtain an order for permcath removal from the resident's primary provider. RN 3 stated Resident 122 was sent out on 6/4/2025 for right upper chest permcath removal. RN 3 stated that the delay in permcath removal placed the resident at risk of acquiring infection to the permcath site.</p> <p>During a review of the facility's policy and procedures titled Hemodialysis, last reviewed on 4/24/2025, the policy indicated that This facility will provide the necessary care and treatment, consistent with professional standards of practice, physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences, to meet the special medical, nursing, mental, and psychosocial needs of residents receiving hemodialysis.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 2.a. During a review of Resident 89's admission Record, the admission Record indicated the facility admitted the resident on 5/02/2025 with diagnoses that included depression (feelings of sadness) and cerebrovascular accident (CVA, stroke, loss of blood flow to a part of the brain).</p> <p>During a review of Resident 89' s Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 5/08/2025, the MDS indicated Resident 89 was moderately impaired in cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses) with skills required for daily decision making. The MDS indicated Resident 89 required supervision or touching assistance (helper provides verbal cues and/or touching as resident completes activity) with eating, oral hygiene, and personal hygiene.</p> <p>During a review of Resident 89's Physician's Orders, the Physician's Orders indicated the following:</p> <p>-Paxil 40 milligrams (mg, metric unit of measurement, used for medication dosage and/or amount), give 40 mg by mouth one time a day for depression, dated 5/02/2025 and discontinued 5/05/2025.</p> <p>-Paxil (brand name for paroxetine, an antidepressant medication) 40 milligrams (mg, metric unit of measurement, used for medication dosage and/or amount), give 40 mg by mouth one time a day for depression manifested by verbalization of sadness, dated 5/05/2025.</p> <p>During a review of Resident 89's Pharmacy Delivery Records, it indicated the pharmacy sent the following medications:</p> <p>Paxil 40 mg</p> <p>14 count</p> <p>5/03/2025</p> <p>Paxil 40 mg</p> <p>14 count</p> <p>5/14/2025</p> <p>Paxil 40 mg</p> <p>10 count</p> <p>6/05/2025</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 89's 5/2025 Medication Administration Record (MAR, a daily documentation record used by a licensed nurse to document medications and treatments given to a resident), the MAR indicated Resident 89 received the medication, Paxil from 5/03/2025 until 5/31/2025.</p> <p>During a review of Resident 89's 6/2025 MAR, which covered the dates 6/01/2025 until 6/04/2025, the MAR indicated Resident 89 received the medication, Paxil from 6/01/2025 until 6/04/2025, when the MAR was printed for the survey team.</p> <p>During an interview with Resident 89 on 6/03/2025 at 9:30 a.m., she stated there was a time in 5/2025 when the facility ran out of the medication, Paxil.</p> <p>During a concurrent interview and record review with the DON on 6/05/2025 at 7:30 a.m., reviewed Resident 89's pharmacy delivery records for Paxil which indicated 14 tablets of Paxil was delivered to the facility on 5/03/2025. There were no other delivery records for Paxil. The DON stated she would have to call the facility's pharmacy to send the rest of Resident 89's Paxil Delivery Records. The DON stated it is important for Resident 89 to receive this medication to treat depression.</p> <p>During an interview with LVN 4 on 6/05/2025 at 10:59 a.m., asked to see the Paxil bubble pack. LVN 4 stated licensed nursing staff gave the day before but must have run out yesterday. LVN 4 stated he did not work on 6/04/2025 but worked on 6/03/2025 and he gave the Paxil to Resident 89 then. LVN 4 stated he was unable to give the 6/05/2025 Paxil with the other medications due at 9 a.m. LVN 4 stated he called the pharmacy to request the Paxil and is awaiting delivery.</p> <p>During an interview with the DON on 06/05/2025 at 2:30 p.m., confirmed with the DON that the resident received the Paxil at approximately 2 p.m. on 6/05/2025. The DON stated the medication, which was due at 9 a.m., had not yet been delivered at the facility at the time it was due.</p> <p>During a review of Resident 89's Pharmacy Delivery Records, received 6/09/2025, the record indicated the facility received 14 tablets of Paxil on 5/14/2025.</p> <p>During a concurrent phone interview and record review with the facility's Pharmacy's Pharmacist (Pharm 2) on 6/10/2025 at 10:47 a.m., reviewed Resident 89's Pharmacy Delivery records that indicated the following:</p> <p>Paxil 40 mg</p> <p>14 count</p> <p>5/03/2025</p> <p>Paxil 40 mg</p> <p>14 count</p> <p>5/14/2025</p> <p>Paxil 40 mg</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>10 count</p> <p>6/05/2025</p> <p>Pharm 2 stated, according to the records there was enough medication to cover the dates 5/03/2025 until 5/30/2025. Pharm 2 stated there was no Paxil delivery after that until 6/05/2025. Pharm 2 confirmed there was no Paxil delivered that would cover the medication administration dates: 5/31/2025 until 6/04/2025.</p> <p>b. During a review of Resident 89's Physician's Orders, the Physician's Orders indicated the following:</p> <p>-Sumatriptan Succinate tablet 100 mg, give 100 by mouth in the morning for migraine control, dated 5/02/2025 and discontinued on 5/31/2025.</p> <p>-Sumatriptan Succinate tablet 100 mg, give 100 by mouth as needed for headache, give every day as needed, dated 5/31/2025.</p> <p>During a review of Resident 89's Pharmacy Delivery Records, it indicated the pharmacy sent the following medications:</p> <p>-Sumatriptan 100 mg</p> <p>14 count</p> <p>5/03/2025</p> <p>-Sumatriptan 100 mg</p> <p>9 count</p> <p>5/29/2025</p> <p>During a review of Resident 89's 5/2025 MAR, which covered the dates 5/03/2025 until 5/31/2025. The MAR indicated Resident 89 received the medication, Sumatriptan daily from 5/03/2025 until 5/28/2025.</p> <p>During a review of Resident 89's 6/2025 MAR, which covered the dates 6/01/2025 until 6/04/2025. The MAR indicated Resident 89 received the medication, Sumatriptan as needed for one time only, on 6/04/2025 at 12:27 a.m.</p> <p>During an interview with Resident 89 on 6/03/2025 at 9:30 a.m., she stated there was a time in 5/2025 in which the facility did not have the medication, Sumatriptan. Resident 89 stated she needed the Sumatriptan because she was having migraine headaches for three days before she received the Sumatriptan.</p> <p>During a second interview with Resident 89 on 6/04/2025 at 3:44 p.m., she stated the Director of Nurses (DON) wanted her to call FM 2 to bring in the Sumatriptan which was brought in on 5/26/2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and concurrent interview with Licensed Vocational Nurse 4 (LVN 4) on 6/03/2025 at 3:47 p.m., observed the Sumatriptan bottle that was brought in by FM 2. LVN 4 stated Resident 89 was receiving Sumatriptan regularly and the facility ran out of the medication. LVN 4 stated he was not sure how long the medication was not available. LVN 4 stated Resident 89's Family Member 2 (FM 2) brought the Sumatriptan from home. LVN 4 stated he was not sure how long the facility did not have the Sumatriptan before it was brought in by FM 2.</p> <p>During a concurrent interview and record review with the DON on 6/05/2025 at 7:25 a.m., reviewed Resident 89's pharmacy delivery records for Sumatriptan. The DON stated LVN 4 called the pharmacy on 5/13/2025 and pharmacy said the medication, Sumatriptan was not covered by insurance and will send an authorization for the facility to send back to get the medication. The DON stated LVN 4 called FM 2 and asked him to bring the Sumatriptan. The DON stated FM 2 brought the medication and it was stored in the medication cart but was not sure the date the medication was brought in. The DON reviewed the 5/2025 MAR against the shipment of Sumatriptan from 5/03/2025, and stated the medication would have been available from 5/03/2025 until 5/17/2025. After that the DON could not account for the medication availability from 5/18/2025 until 5/28/2025 because she was not sure when FM 2 brought in the Sumatriptan. The DON stated the new order was for 5/29/2025 in which the medication was changed to PRN daily only. The DON stated the facility should not have run out of the medication. The DON stated Resident 89 could be at risk for increased migraines.</p> <p>During a concurrent interview and record review with the Assistant Director of Nurses (ADON) on 6/05/2025 at 11:45 a.m., reviewed Resident 89's Nursing Progress Note, dated 5/29/25, indicating Resident 89 requested to have the Sumatriptan changed to one time a day as needed for migraines. The progress note indicated Resident 89's Sumatriptan was changed to as needed instead of once daily.</p> <p>During a review the facility's policy and procedure titled, Medication Reordering, last reviewed 4/24/2025, indicated the following:</p> <ul style="list-style-type: none"> -The facility will utilize a systemic approach to provide or obtain routine and emergency medications in order to meet the needs of each resident. -Acquisition of medications should be completed in a timely manner to ensure medications are administered in a timely manner. -Each time a nurse is administering medications, the nurse will observe how many doses are left, that nurse will reorder the medication, time permitting. <p>During a review the facility's policy and procedure titled, Unavailable Medications, last reviewed 4/24/2025, indicated the following:</p> <ul style="list-style-type: none"> -Medications may be unavailable for a number of reasons. Staff shall take immediate action when it is known that the medication is unavailable: <p>a. Determine reason for unavailability, length of time medication is unavailable, and what efforts have been attempted by the facility or pharmacy provider to obtain the medication.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. Notify physician of inability to obtain medication upon notification or awareness that medication is not available. Obtain alternative treatment orders and/or specific orders for monitoring resident while medication is on hold.</p> <p>c. If facility allows: Determine whether resident has home supply. Obtain orders to use home supply. Administer first dose after pharmacist has verified that the medication is correct with respect to name, dose, and form of medication.</p> <p>-If a resident misses a scheduled dose of the medication, staff shall follow procedures for medication errors, including physician/family notification, completion of a medication error report, and monitoring the resident for adverse reactions to omission of the medication.</p> <p>3. During a review of Resident 11's admission Record, the admission Record indicated that the facility originally admitted the resident on 3/06/2025 and readmitted on [DATE] with diagnoses including, muscle weakness and hypertensive heart and chronic kidney disease with heart failure (hypertension and chronic kidney disease (CKD) are closely linked and can both contribute to heart failure. High blood pressure can damage blood vessels and the heart, while kidney damage can affect the heart's ability to pump blood efficiently, leading to heart failure).</p> <p>During a review of Resident 11's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 4/18/2025, indicated the resident had impaired cognition (thought processes) and dependent on staff for most activities of daily living (ADLs - activities related to personal care).</p> <p>During a review of Resident 11's Physician's Orders dated 4/11/2025, the Physician's Orders indicated an order for Hydralazine HCL Oral Tablet 50 milligram by mouth three times a day for hypertension and hold if systolic blood pressure (SBP-the maximum pressure in the arteries when the heart contracts and pushes blood out) is less than 120 millimeters of mercury (mmHg- unit of measurement).</p> <p>During a concurrent interview and record review on 6/04/2025 at 1:50 p.m., with Licensed Vocational 5 (LVN5), reviewed Resident 11's Medication Administration Record (MAR-a legal document used in healthcare facilities to track all medications administered to a patient). The MAR indicated the administration of Hydralazine and the SBP on the following dates:</p> <ul style="list-style-type: none"> - On 4/15/2025 at 9:00 p.m., Resident 11's BP was 119/68 mmHg. Hydralazine was administered. - On 4/19/2025 at 1:00 p.m., Resident 11's BP was 104/73 mmHg. Hydralazine was administered. - On 4/19/2025 at 9:00 p.m., Resident 11's BP was 110/68 mmHg. Hydralazine was administered. - On 4/27/2025 at 9:00 p.m., Resident 11's BP was 110/67 mmHg. Hydralazine was administered. - On 4/29/2025 at 9:00 p.m., Resident 11's BP was 119/70 mmHg. Hydralazine was administered. <p>LVN 5 stated that blood pressure medications should be held or administered according to the physician's order. LVN 5 stated that if the physician's orders are not followed and medications are given outside of parameters, then the resident can experience adverse side effects such as hypotension which could result to dizziness, light headedness and increased the risk for fall.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedure titled, Medication Administration, last reviewed on 4/24/2025, the policy indicated that 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 a manner to prevent contamination or infection .obtain and record vital signs, when applicable or per physician orders. Ehen applicable, hold medication for those vital signs outside the physician's prescribed parameters .</p> <p>Based on observation, interview, and record review, the facility:</p> <ol style="list-style-type: none"> Failed to have an available supply of ergocalciferol (a supplement used to treat vitamin D deficiency in patient with chronic kidney disease (CKD - a condition where the kidneys [organ that filters waste] are damaged) in the facility affecting 1 (one) of four (four) observed residents (Resident 23) for medication administration. As a result, Resident 23 did not receive ergocalciferol on 6/2/2025 at 9 a.m. <p>This failure had the potential to cause Resident 23 to experience health complication such as vitamin deficiency, fragile bones, bone breakage and the health and well-being of Resident 23 being negatively impacted.</p> <ol style="list-style-type: none"> Failed to ensure Resident 89 received the medication Paxil (brand name and most used name for paroxetine, an antidepressant medication) from 5/31/2025 until 6/04/2025. <ol style="list-style-type: none"> Failed to ensure Resident 89's Sumatriptan (a medication given to treat migraine headaches) was available when needed and had to be brought in by Resident 89's family member (FM 2). Failed to ensure licensed nurses administered blood pressure (the force of blood pushing against the walls of the arteries) medications within prescribed parameters (a set of defined limits) for one of 2 sampled residents (Resident 11). <p>This deficient practice had the potential to place the resident at increased risk of experiencing adverse side effects (undesired harmful effect resulting from a medication or other intervention) from the medication.</p> <ol style="list-style-type: none"> Failed to ensure that one of one sampled resident (Resident 156) received medication as prescribed by her physician by failing to hold the administration of senna (medication to treat constipation [a problem with passing stool]) when the resident had loose stools. <p>This deficient practice had the potential to cause increased fluid loss in Resident 156 and dehydration (a condition when the body uses or loses more fluid than it takes in).</p> <p>Findings:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. During an observation on 6/2/2025 at 10:18 a.m. in Medication Cart 2, Licensed Vocational Nurse (LVN) 2 was observed administering carvedilol (a medication used for high blood pressure,) amlodipine (a medication used for high blood pressure,) clopidogrel (a medication used for Coronary artery disease [CAD - is a condition with narrowed path of blood supply to the heart]), aspirin (a medication used for cerebrovascular accidents ([CVA - an interruption in the flow of blood to cells in the brain] by thinning the blood) prophylaxis ([PPX - - action taken to prevent disease.]) sodium bicarbonate (a medication used for CKD,) multivitamin (a supplement,) vitamin C (a supplement,) and artificial tears (an eye drop used for dry eyes) to Resident 23, and was observed not administering ergocalciferol to Resident 23.</p> <p>During an interview on 6/2/2025 at 10:48 a.m. with LVN 2, LVN 2 stated that LVN 2 did not administer ergocalciferol that day (6/2/2025) at 10:18 a.m. to Resident 23, as prescribed by Resident 23's physician, since ergocalciferol capsule was not available in Medication Cart 2 or in the facility. LVN 2 stated this was considered a medication error. LVN 2 stated that medications should be ordered five (5) days in advance and be readily available to ensure timely administration at the scheduled times. LVN 2 stated ergocalciferol was a supplement used to maintain strong bones and not administering and missing a dose can harm Resident 23 by causing worsening of vitamin D deficiency possibly leading to fragile bones and potential breakage of bones. LVN 2 stated LVN 2 will reorder ergocalciferol from pharmacy and notify Resident 23's physician for not administering ergocalciferol to Resident 23 and obtain additional orders as necessary.</p> <p>During an interview on 6/2/2025 at 12:28 p.m., with the Director of Nursing (DON), the DON stated that medications should be readily available for administration at the scheduled times and as ordered by the physician. The DON stated per facility policy medications should be administered within a 60-minute window from the time scheduled. The DON stated LVN 2 failed to administer ergocalciferol to Resident 23 that day (6/2/2025) at 10:18 a.m. since ergocalciferol was not available in the facility. The DON stated ergocalciferol was prescribed by Resident 23's physician as a supplement for bone support and missing a dose can potentially harm Resident 23 by worsening the vitamin D deficiency needed for bone support potentially increasing the risk of having fragile bones and bone breakage.</p> <p>During a review of Resident 23's admission Record (a document containing demographic and diagnostic information,) dated 6/2/2025 the admission Record indicated Resident 23 was originally admitted to the facility on [DATE] with diagnosis including kidney failure, CKD, heart disease.</p> <p>on.</p> <p>During a review of Resident 23's Order Summary Report (a report listing the physician order for the resident,) dated 6/2/2025, the report indicated Resident 23 was prescribed ergocalciferol 1.25 milligram ([mg] - a unit of measure of mass) one (1) capsule orally once a day every Monday for supplement, starting 4/28/2025.</p> <p>During a review of Resident 23's ([MAR] - a document of the medications administered to a resident that is part of the resident's permanent medical record), for June 2025, the MAR indicated Resident 23 was prescribed ergocalciferol 1.25 mg to give one (1) capsule orally once a day every Monday for supplement, at 9 a.m. The MAR indicated the 9 a.m. dose for ergocalciferol was not administered on 6/2/2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's Policy and Procedures (P&P) titled Medication Administration-General Guidelines, last reviewed 4/24/2025, the P&P indicated that Medications are administered as prescribed in accordance with good nursing principles and practices .</p> <p>Administration</p> <p>2. Medications are administered in accordance with written orders of the attending physician.</p> <p>10. Medications are administered within 60 minutes of scheduled time (1 hour before and 1 hour after), except before or after meals, which are administered based on mealtimes.</p> <p>During a review of the facility's P&P titled Medication Errors, last reviewed 4/24/2025, the P&P indicated The facility shall ensure medications will be administered as follows:</p> <p>a. According to physician's orders.</p> <p>4. The facility will consider factors indicating errors in medication administration, including, but not limited to, the following:</p> <p>a. Medication administered not in accordance with the prescriber's order. Examples include, but not limited to:</p> <p>i. Incorrect dose, route of administration, dosage form, time of administration;</p> <p>ii. Medication omission</p> <p>During a review of facility's P&P titled Medication Ordering and Receiving from Pharmacy, last reviewed 4/24/2025, the P&P indicated Medications and related products are received from the dispensing pharmacy on a timely basis.</p> <p>2.a. Reorder medication five days in advance of need to assure an adequate supply is on hand.</p> <p>4. During a review of Resident 156's admission Record (face sheet), the admission Record indicated that the facility admitted the resident on 11/30/2024, with diagnoses including chronic pain syndrome (pain that lasts longer than three months), lack of coordination (inability to move different parts of the body together effectively), and polyneuropathy (a condition where multiple peripheral nerves are damaged).</p> <p>During a review of Resident 156's Minimum Data Set (MDS - a resident assessment tool) dated 3/6/2025, the MDS indicated that the resident's cognitive skills (brain's ability to think, read, learn, remember, reason, express thoughts, and make decisions) for daily decision making was moderately impaired (decisions poor, cues/supervision required). The MDS indicated that Resident 156 was dependent on staff (helper does all of the effort) for toileting hygiene, showering/bathing, and lower body dressing. The MDS further indicated that Resident 156 was incontinent of bowel (the inability to control bowel movements, leading to the accidental passage of liquid or solid stool) occasionally (sometimes but not often).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 156's physician Order Summary Report (physician order) dated 5/12/2025, the order summary report indicated to administer senna oral tablet 8.6 milligrams (mg-a unit of measure of mass), give one tablet by mouth in the morning for bowel management. The order summary report further indicated to hold the administration of the medication if the resident had loose stools.</p> <p>During a review of Resident 156's care plan for risk for constipation initiated on 12/6/2024, the care plan indicated a goal that the resident will pass soft, formed stool through the review date. The care plan interventions were to monitor medications for side effects of constipation, record the bowel movement pattern each day, describe size and consistency and to provide/encourage/assist with adequate hydration.</p> <p>During a review of Resident 156's Medication Administration Record (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) for 5/1/2025-5/31/2025, the MAR indicated that Resident 156 received 8.6 mg of senna every day for the entire month of May 2025.</p> <p>During a review of Resident 156's MAR for 6/1/2025-6/3/2025, the MAR indicated that Resident 156 received 8.6 mg of every day from 6/1/2025 through 6/3/2025.</p> <p>During an interview on 6/3/2025 at 8:50 a.m., inside Resident 156's room, Resident 156 stated that she has been having loose stool for the past three days. However, she (Resident 156) just today asked the charge nurse about the name and indication of the medications she is currently receiving. Resident 156 stated that she (Resident 156) learned today that she has been receiving senna which is a stool softener without her knowledge. Resident 156 stated that she did tell the charge nurse that she has been having loose stool for the past three days. However, the charge nurse continued to administer her senna. Resident 156 stated that she did not ingest the medication but instead threw it away.</p> <p>During a review of Resident 156's Bowel Elimination chart from 5/7/2025-6/5/2025, the chart indicated that Resident 156 had loose stool on 5/30/2025, 6/2/2025 and 6/3/2025.</p> <p>During an interview on 6/3/2025 at 3:09 p.m., with Licensed Vocational Nurse 3 (LVN 3), LVN 3 stated that she did not administer senna to Resident 137 today because the resident reported that she has loose stool. During a concurrent interview and record review on 6/3/2025 at 3:11 p.m., with LVN 3, Resident 156's physician orders and MAR for June 2025 were reviewed. LVN 3 stated Resident 156's physician ordered to hold the administration of senna if the resident has loose stool. LVN 3 stated that she (LVN 3) she administered senna to Resident 156 today. LVN 3 stated that Resident 156 reported to her that she has been having loose stool today, however, she accidentally administered senna to the resident. LVN 3 stated the potential outcome of administering stool softener to a resident who is having loose stools is the increased risk of fluid loss which can lead to dehydration.</p> <p>During a concurrent interview and record review on 6/4/2025 at 1:40 p.m. with the Assistant Director of Nursing (ADON), Resident 156's physician orders and Bowel Elimination chart for June 2025 were reviewed. The ADON stated that Resident 156's physician ordered to hold the administration of senna is the resident has loose stool. The ADON stated that the nurses documented that Resident 156 had loose stool on 5/30/2025, 6/2/2025, and 6/3/2025, however, LVN 3 administered senna to the resident on 6/3/2025. The ADON stated that licensed nurses are required to follow the physician orders and hold the stool softener if the resident is reporting loose stool. The ADON stated administering senna to a resident who is having loose stool could cause dehydration and electrolyte imbalance.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During review of the facility's Policy and Procedure (P&P) titled Provision of Quality Care, last reviewed on 4/24/2025, the P&P indicated that the facility would ensure that residents receive treatment and care by qualified persons in accordance with professional standards of practice, the comprehensive person-centered care plans, and the resident's choices. Each resident will be provided care and services to attain or maintain his/her highest practicable physical, mental, and psychosocial well-being.</p> <p>During review of the facility's Policy and Procedure (P&P) titled Medication Administration, last reviewed on 4/24/2025, the P&P indicated that 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 a manner to prevent contamination and infection.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>Based on observation, interview, and record review, the facility failed to act upon recommendations from the Consultant Pharmacist (CP -a healthcare specialist who provides expert advice on medications and pharmaceutical services, including patient safety) for one of two sampled residents (Resident 144) investigated for unnecessary medications by failing to review all of Resident 144's PRN (as needed) medications for constipation (a problem with passing stool) and to ensure that the physician's orders state the sequence in which the medication should be administered.</p> <p>This deficient practice had the potential for Resident 144 to receive an unnecessary medication that can lead to adverse side effects (any unwanted or harmful effect of a drug or treatment).</p> <p>Findings:</p> <p>During a review of Resident 144's admission Record, the admission Record indicated that the facility admitted the resident on 4/28/2025, with diagnoses including type two (2) diabetes mellitus (DM2-a disorder characterized by difficulty in blood sugar control and poor wound healing), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and insomnia (trouble falling asleep or staying asleep).</p> <p>During a review of Resident 144's Minimum Data Set (MDS- a resident assessment tool) dated 5/3/2025, the MDS indicated the resident's cognitive skills (the brain's ability to think, read, learn, remember, reason, express thoughts, and make decisions) for daily decision making was moderately impaired (decisions poor, cues/supervision required). The MDS indicated that Resident 144 was dependent on staff (helper does all of the effort) for toileting hygiene, lower body dressing and putting on /taking off footwear. The MDS indicated that Resident 144 required staff substantial/maximal assistance (helper does more than half of the effort) for upper body dressing, and personal hygiene.</p> <p>During a review of Resident 144's physician Order Summary Report dated 4/28/2025, the order summary report indicated to administer bisacodyl (a medication to treat constipation) rectal suppository (a form of medication that is inserted into the rectum)10 milligrams (mg-a unit of measure of mass), insert one suppository rectally every 24 hours as needed for constipation.</p> <p>During a review of Resident 144's physician Order Summary Report dated 4/28/2025, the order summary report indicated to administer 30 milliliters (ml-a measure of volume in the metric system) of lactulose (medication to treat constipation) oral solution by mouth every six hours as needed for constipation.</p> <p>During a review of Resident 144's physician Order Summary Report dated 4/28/2025, the order summary report indicated to administer 150 ml of magnesium citrate (medication to treat constipation) oral solution, by mouth every 24 hours as needed for constipation.</p> <p>During a review of Resident 144's physician Order Summary Report dated 4/28/2025, the order summary report indicated to administer 30 ml of magnesium hydroxide (medication to treat constipation) oral solution by mouth every 12 hours as needed for constipation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 144's physician Order Summary Report dated 4/28/2025, the order summary report indicated to administer 17 grams (a metric unit of mass) of polyethylene glycol 3350 powder (medication to treat constipation) by mouth every 24 hours as needed for constipation.</p> <p>During a review of Resident 144's physician Order Summary Report dated 4/28/2025, the order summary report indicated to administer senna (medication to treat constipation) oral tablet 8.6 mg, give two tablets by mouth two times a day for bowel management. The order summary report further indicated to hold the medication for loose stool.</p> <p>During a review of Resident 144's Consultant Pharmacist's Medication Regimen Review (MRR- a review of a resident's drug therapy to assure appropriateness of medication usage completed each month by the consultant pharmacist) notes from 5/1/2025-5/22/2025, the MRR notes indicated to review all of Resident 144's PRN orders for constipation and to ensure that the physician's orders state the sequence in which the medication should be administered.</p> <p>During a concurrent interview and record review on 6/5/2025 at 11:52 a.m., with the Assistant Director of Nursing (ADON), Resident 144's physician orders and Consultant Pharmacist's MRR notes from 5/1/2025-5/22/2025 were reviewed. The ADON stated that the facility's Consultant Pharmacist reviews residents' medication lists and sends out recommendations to the Director of Nursing (DON) or ADON. The ADON stated that she (ADON) checks the recommendation, contacts the physician as needed, and acts upon the recommendations. The ADON stated that the Consultant Pharmacist recommended to check Resident 144's physician orders for all PRN medications for constipation and obtain sequence in which the medications should be administered. However, licensed staff did not act upon the Consultant Pharmacist recommendation. The ADON stated that the potential outcome of not following up with the CP's recommendation is the inability to resolve medication-related problems and medication errors.</p> <p>During a review of the facility's Policies & Procedures (P&P) titled, Medication Regimen Review, last reviewed on 4/24/2025, the P&P indicated that the drug regimen of each resident is reviewed at least once a month by a licensed pharmacist and includes a review of the resident's medical chart. The pharmacist shall communicate any recommendations and identified irregularities via written communication within 10 working days of the review. Facility staff shall act upon all recommendations according to procedures for addressing medication regimen review irregularities.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that its medication error rate was less than five (5) percent (%). Two (2) medication errors out of 27 total opportunities contributed to an overall medication error rate of 7.41% affecting two (2) of four (4) residents observed for medication administration (Resident 23 and 100). The medication errors were as follows:</p> <ol style="list-style-type: none"> 1. Resident 23 did not receive ergocalciferol (a supplement used to treat vitamin D deficiency in patient with chronic kidney disease (CKD - a condition where the kidneys [organ that filters waste] are damaged) as ordered by Resident 23's physician. 2. Resident 100 received calcium with vitamin D3 (a combination medication used as a dietary supplement to provide support to bones) at a different time than ordered by Resident 100's physician. <p>These failures had the potential for Residents 23 and 100 to experience medication adverse effects (unwanted, uncomfortable, or dangerous effects that a medication may have,) and health complication such as vitamin deficiency, fragile bones, bone breakage resulting in Resident 23's and 100's health and well-being to be negatively impacted.</p> <p>Cross reference with F755</p> <p>Findings:</p> <p>During an observation on 6/2/2025 at 09:21 a.m., in Medication Cart 4B, Licensed Vocational Nurse (LVN) 1 was observed administering calcium 600 milligram ([mg] - a unit of measure of mass) with vitamin D3 400-unit (a unit of measure of mass) tablet orally to Resident 100. Resident 100 was observed swallowing calcium with vitamin D3 with a carton of ensure (a nutritional supplement drink.)</p> <p>During an observation on 6/2/2025 at 10:18 a.m. in Medication Cart 2, Licensed Vocational Nurse (LVN) 2 was observed administering carvedilol (a medication used for high blood pressure,) amlodipine (a medication used for high blood pressure,) clopidogrel (a medication used for Coronary artery disease [CAD - is a condition with narrowed path of blood supply to the heart]), aspirin (a medication used for cerebrovascular accidents ([CVA - an interruption in the flow of blood to cells in the brain] by thinning the blood) prophylaxis ([PPX - - action taken to prevent disease.]) sodium bicarbonate (a medication used for CKD,) multivitamin (a supplement,) vitamin C (a supplement,) and artificial tears (an eye drop used for dry eyes) to Resident 23, and was observed not administering ergocalciferol to Resident 23.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/2/2025 at 10:48 a.m. with LVN 2, LVN 2 stated that LVN 2 did not administer ergocalciferol that day (6/2/2025) at 10:18 a.m. to Resident 23, as prescribed by Resident 23's physician, since ergocalciferol capsule was not available in Medication Cart 2 or in the facility. LVN 2 stated this was considered a medication error. LVN 2 stated that medications should be ordered five (5) days in advance and be readily available to ensure timely administration at the scheduled times. LVN 2 stated ergocalciferol was a supplement used to maintain strong bones and not administering and missing a dose can harm Resident 23 by causing worsening of vitamin D deficiency possibly leading to fragile bones and potential breakage of bones. LVN 2 stated LVN 2 will reorder ergocalciferol from pharmacy and notify Resident 23's physician for not administering ergocalciferol to Resident 23 and obtain additional orders as necessary.</p> <p>During an interview on 6/2/2025 at 12 p.m., with LVN 1, LVN 1 stated that LVN 1 administered calcium with vitamin D tablet that day (6/2/2025) at 9:21 a.m. to Resident 100 in error. LVN 1 acknowledged the physician's order specified to administer calcium with vitamin D at 8 a.m. LVN 1 stated, per facility policy, there was a 60-minute window before and after the scheduled time for medication administration and LVN 1 administered the calcium with vitamin D later than that timeframe. LVN 1 stated that LVN 1 failed to follow 5 rights of medication administration and failed to administer calcium with vitamin D to Resident 100 at the correct time of administration. LVN 1 stated this was considered a medication error.</p> <p>During an interview on 6/2/2025 at 12:28 p.m., with the Director of Nursing (DON), the DON stated that medications should be readily available for administration at the scheduled times and as ordered by the physician. The DON stated per facility policy medications should be administered within a 60-minute window from the time scheduled. The DON stated this was considered a medication error. The DON stated LVN 2 failed to administer ergocalciferol to Resident 23 that day (6/2/2025) at 10:18 a.m. since ergocalciferol was not available in the facility. The DON stated ergocalciferol was prescribed by Resident 23's physician as a supplement for bone support and missing a dose can potentially harm Resident 23 by worsening the vitamin D deficiency needed for bone support potentially increasing the risk of having fragile bones and bone breakage.</p> <p>During the same interview the DON stated that LVN 1 failed to administer calcium with vitamin D to Resident 100, at the time scheduled by Resident 100's physician. The DON stated this was considered a medication error. The DON stated LVN 1 failed to follow facility medication administration guidelines and 5 rights of medication administration to ensure physician medication orders were administered at the right times to Resident 100. The DON stated that it was very important to administer medications as ordered by the physician, since medications are ordered specific to treat a condition and by deviating from that schedule will not help treat the resident's condition and possibly worsen it.</p> <p>During a review of Resident 23's admission Record (a document containing demographic and diagnostic information,) dated 6/2/2025 the admission Record indicated Resident 23 was originally admitted to the facility on [DATE] with diagnosis including kidney failure, CKD, heart disease.</p> <p>During a review of Resident 23's Order Summary Report (a report listing the physician order for the resident,) dated 6/2/2025, the report indicated Resident 23 was prescribed ergocalciferol 1.25 milligram ([mg] - a unit of measure of mass) one (1) capsule orally once a day every Monday for supplement, starting 4/28/2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 23's ([MAR] - a document of the medications administered to a resident that is part of the resident's permanent medical record], for June 2025, the MAR indicated Resident 23 was prescribed ergocalciferol 1.25 mg to give one (1) capsule orally once a day every Monday for supplement, at 9 a.m. The MAR indicated the 9 a.m. dose for ergocalciferol was not administered on 6/2/2025.</p> <p>During a review of Resident 100's admission Record, dated 6/2/2025, the record indicated Resident 100 was originally admitted to the facility on [DATE] and re-admitted on [DATE] with a diagnosis including anemia.</p> <p>During a review of Resident 100's Order Summary Report, dated 6/2/2025, the report indicated Resident 100 was prescribed calcium 600 mg with vitamin D 400-unit tablet to be given twice a day for supplement, starting 9/28/2022.</p> <p>During a review of Resident 100's MAR, for June 2025, the MAR indicated Resident 10 was prescribed calcium 600 mg with vitamin D 400-unit tablet to be given twice a day for supplement, at 8 a.m. and 5:30 p.m.</p> <p>During a review of the facility's Policy and Procedures (P&P) titled Medication Administration-General Guidelines, last reviewed 4/24/2025, the P&P indicated that Medications are administered as prescribed in accordance with good nursing principles and practices . Personnel authorized to administer medications do so only after they have familiarized themselves with the medication.</p> <p>Preparation</p> <p>1. Prior to administration, the medication ad dosage schedule on the resident's MAR is compared with the medication label. If the label and MAR are different .the physician's orders are checked for the correct dosage schedule.</p> <p>Administration</p> <p>2. Medications are administered in accordance with written orders of the attending physician.</p> <p>10. Medications are administered within 60 minutes of scheduled time (1 hour before and 1 hour after), except before or after meals, which are administered based on mealtimes.</p> <p>During a review of the facility's P&P, titled Medication Errors, last reviewed 4/24/2025, the P&P indicated: It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by ensuring residents receive care and services safely in an environment free of significant medication errors.</p> <p>Medication error means the observed or identified preparation or administration of medications or biologicals which is not in accordance with the prescriber's order .</p> <p>Medication error rate is determined by calculating the percentage of errors observed during a medication administration observation. The numerator is the total number of errors that is observed . The denominator consists of the total number of observations or opportunities of error and includes all the doses observed being administered plus the doses ordered but not administered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>.</p> <p>1.The facility shall ensure medications will be administered as follows:</p> <p>a. According to physician's orders.</p> <p>2.The facility must ensure that it is free of medication error rates of 5% or greater .</p> <p>4.The facility will consider factors indicating errors in medication administration, including, but not limited to, the following:</p> <p>a. Medication administered not in accordance with the prescriber's order. Examples include, but not limited to:</p> <p>i. Incorrect dose, route of administration, dosage form, time of administration;</p> <p>ii. Medication omission;</p> <p>5.Medications timing errors will be determined by utilizing the facility's policy relating to dosing schedules.</p> <p>7.To prevent medication errors and ensure safe medication administration, nurses should verify the following information:</p> <p>a. Right medication, dose, route, and time of administration.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>Based on observation, interview, and record review, the facility failed to ensure Resident 89 received the medication Paxil (brand name and most used name for paroxetine, an antidepressant medication) from 5/31/2025 until 6/04/2025. Paxil is considered a significant medication.</p> <p>This deficient practice placed the resident at risk for experiencing side effects, including symptoms of depression.</p> <p>Findings:</p> <p>During a review of Resident 89's admission Record (front page of the chart that contains a summary of basic information about the resident), the admission Record indicated the facility admitted the resident on 5/02/2025 with diagnoses that included depression (feelings of sadness) and cerebrovascular accident (CVA, stroke, loss of blood flow to a part of the brain).</p> <p>During a review of Resident 89' s Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 5/08/2025, the MDS indicated Resident 89 was moderately impaired in cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses) with skills required for daily decision making. The MDS indicated Resident 89 required supervision or touching assistance (helper provides verbal cues and/or touching as resident completes activity) with eating, oral hygiene, and personal hygiene.</p> <p>During a review of Resident 89's Physician's Orders indicated the following:</p> <p>-Paxil 40 milligrams (mg, metric unit of measurement, used for medication dosage and/or amount), give 40 mg by mouth one time a day for depression, dated 5/02/2025 and discontinued 5/05/2025.</p> <p>-Paxil 40 mg, give 40 mg by mouth one time a day for depression manifested by verbalization of sadness, dated 5/05/2025.</p> <p>During a review of Resident 89's Pharmacy Delivery Records indicated the pharmacy sent the following medications to the facility on these dates:</p> <p>Paxil 40 mg 14 count 5/03/2025</p> <p>Paxil 40 mg 14 count 5/14/2025</p> <p>Paxil 40 mg (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>10 count</p> <p>6/05/2025</p> <p>During a review of Resident 89's 5/2025 medication administration record (MAR, a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) indicated Resident 89 received the medication, Paxil from 5/03/2025 until 5/31/2025.</p> <p>During a review of Resident 89's 6/2025 MAR, which covered the dates 6/01/2025 until 6/04/2025 indicated Resident 89 received the medication, Paxil from 6/01/2025 until 6/04/2025, when the MAR was printed for the survey team.</p> <p>During an interview with Resident 89 on 6/03/2025 at 9:30 a.m., she stated there was a time in 5/2025 when the facility ran out of the medication, Paxil.</p> <p>During a concurrent interview and record review with the DON on 6/05/2025 at 7:30 a.m., reviewed Resident 89's pharmacy delivery records for Paxil which indicated 14 tablets of Paxil was delivered to the facility on 5/03/2025. There were no other delivery records for Paxil. The DON stated she would have to call the facility's pharmacy to send the rest of Resident 89's Paxil Delivery Records. The DON stated it is important for Resident 89 to receive this medication to treat depression.</p> <p>During an interview with LVN 4 on 6/05/2025 at 10:59 a.m., survey team asked to see the Paxil bubble pack. LVN 4 stated licensed nursing staff gave the day before by another licensed nurse but the bubble pack must have been completed on 6/04/2025. LVN 4 stated he did not work on 6/04/2025 but worked on 6/03/2025 and he gave the Paxil to Resident 89 then. LVN 4 stated he was unable to give the 6/05/2025 Paxil with the other medications due at 9 a.m. LVN 4 stated he called the pharmacy to request the Paxil and is awaiting delivery.</p> <p>During an interview with the DON on 06/05/2025 at 2:30 p.m., confirmed with the DON that the resident received the Paxil at approximately 2 p.m. on 6/05/2025. The DON stated the medication, which was due at 9 a.m., had not yet been delivered at the facility at the time it was due.</p> <p>During a review of Resident 89's Pharmacy Delivery Records, received 6/09/2025, the record indicated the facility received 14 tablets of Paxil on 5/14/2025.</p> <p>During a concurrent phone interview and record review with the facility's Pharmacy's Pharmacist (Pharm 2) on 6/10/2025 at 10:47 a.m., reviewed Resident 89's Pharmacy Delivery records that indicated the following:</p> <p>Paxil 40 mg</p> <p>14 count</p> <p>5/03/2025</p> <p>Paxil 40 mg</p> <p>14 count</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5/14/2025</p> <p>Paxil 40 mg</p> <p>10 count</p> <p>6/05/2025</p> <p>Pharm 2 stated, according to the records there was enough medication to cover the dates 5/03/2025 until 5/30/2025. Pharm 2 stated there was no Paxil delivery after that until 6/05/2025. Pharm 2 confirmed there was no Paxil delivered that would cover the medication administration dates: 5/31/2025 until 6/04/2025.</p> <p>During a review the facility's policy and procedure titled, Medication Reordering, last reviewed 4/24/2025, indicated the following:</p> <ul style="list-style-type: none"> -The facility will utilize a systemic approach to provide or obtain routine and emergency medications in order to meet the needs of each resident. -Acquisition of medications should be completed in a timely manner to ensure medications are administered in a timely manner. -Each time a nurse is administering medications, the nurse will observe how many doses are left, that nurse will reorder the medication, time permitting. <p>During a review the facility's policy and procedure titled, Unavailable Medications, last reviewed 4/24/2025, indicated the following:</p> <ul style="list-style-type: none"> -Medications may be unavailable for a number of reasons. Staff shall take immediate action when it is known that the medication is unavailable: <ul style="list-style-type: none"> a. Determine reason for unavailability, length of time medication is unavailable, and what efforts have been attempted by the facility or pharmacy provider to obtain the medication. b. Notify physician of inability to obtain medication upon notification or awareness that medication is not available. Obtain alternative treatment orders and/or specific orders for monitoring resident while medication is on hold. c. If facility allows: Determine whether resident has home supply. Obtain orders to use home supply. Administer first dose after pharmacist has verified that the medication is correct with respect to name, dose, and form of medication. -If a resident misses a scheduled dose of the medication, staff shall follow procedures for medication errors, including physician/family notification, completion of a medication error report, and monitoring the resident for adverse reactions to omission of the medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview, and record review the facility failed to not leave six (6) medications on medication cart unattended, for one (1) of four (4) residents observed for medication administration (Resident 100).</p> <p>As a result, the facility failed to maintain safe and secure medication storage limited to authorized personnel. This deficient practice increased the risk that residents in the facility could have access to medications due to improper storage, possibly resulting in residents experiencing medication adverse effects (unwanted, uncomfortable, or dangerous effects that a medication may have) affecting their health and well-being negatively.</p> <p>Findings:</p> <p>During an observation on 6/2/2025 at 9:19 a.m., in Medication Cart 4B, Licensed Vocational Nurse (LVN) 1 was observed preparing the following medications: calcium with vitamin D (a combination medication used as a dietary supplement to provide support to bones), aspirin (a medication used for Coronary artery disease [CAD] is a condition with narrowed path of blood supply to the heart), atenolol (a medication used to for hypertension [HTN - a condition in which the blood vessels have persistently raised pressure]), losartan (a medication used to for HTN), sennosides (a medication used for constipation), and vitamin B12 (a medication used as dietary supplement), in six (6) medication cups and placing the cups on top of Medication Cart 4B. LVN 1 was observed leaving the six (6) medication cups unattended on top of Medication Cart 4B and entering Resident 100's room. LVN 1 was observed taking Resident 100's vital signs (measurements of basic body functions like temperature, heart rate, and blood pressure) while LVN 1's back faced Medication Cart 4B. LVN 1 was observed returning to Medication Cart 4B taking three (3) medication cups and entering Resident 100's room and administering the three (3) medications. LVN 1 was observed returning to Medication Cart 4B taking the remaining three (3) medication cups and entering Resident 100's room and administering the remaining three (3) medications.</p> <p>During an interview on 6/2/2025 at 9:24 a.m., with LVN 1, LVN 1 stated that LVN 1 left six (6) medication cups containing calcium with vitamin D, aspirin, atenolol, losartan, and vitamin B12 tablets for Resident 100 unattended on top of Medication Cart 4B, while LVN 1 stepped inside Resident 100's room to take Resident 100's vitals. LVN 1 stated that LVN 1 then took three (3) medication cups from top of Medication Cart 4B, leaving behind three (3) medication cups on top of Medication Cart 4B, entered Resident 100's room and administered the three (3) medications, and returned to Medication Cart 4B taking the remaining medication cups and administering to Resident 100. LVN 1 stated that medications should always be supervised and stored safely and securely to ensure safe medication administration. LVN 1 stated without safe storage and supervision of medications there was a risk to all residents in the facility gaining unauthorized access to harmful medications from top of Medication Cart 4B, and there was a potential of unintended administration of those harmful medications leading to resident harm and adverse effects.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/2/2025 at 12:28 p.m., with Director of Nursing (DON), the DON stated that LVN 1 failed to safely store and supervise six (6) medications prepared for Resident 100. The DON stated without supervision of medications, other residents may gain unauthorized access to the medications, ingest (swallow) them, leading to harm and adverse effects. The DON stated medication storage should be supervised and all administrations monitored to prevent harm to residents.</p> <p>Review of the facility's policy and procedures (P&P), titled Storage of Medications, last reviewed 4/24/2025, the P&P indicated that Medications and biologicals are stored safely, securely, and properly . The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized.</p> <p>B. Only licensed nurses, pharmacy personnel, and those lawfully authorized are allowed access to medications. Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide Physical Therapy ([PT] profession aimed in the restoration, maintenance, and promotion of optimal physical function) intervention to one of five sampled residents (Resident 119) with range of motion ([ROM] full movement potential of a joint [where two bones meet]) and mobility (ability to move) concerns who improved with sit-to-stand transfers and ambulation (the act of walking) using new prosthetic (device designed to replace a missing part of the body or to make a part of the body work better) legs in accordance with the facility's policies titled, Purpose and Objectives of Inpatient Rehabilitation Services and Provision of Quality Care. This failure resulted in Resident 119's discharge from PT services on 3/28/2025 after six treatment sessions with new prosthetic legs prior to potentially reaching the resident's highest level of function and goal of walking.</p> <p>Findings:</p> <p>During a review of Resident 119's admission Record, the admission Record indicated the facility originally admitted Resident 119 on 4/7/2023 and re-admitted on [DATE] with diagnoses including Type 1 diabetes mellitus ([Type 1 DM] autoimmune disease where the body's immune system mistakenly attacks and destroys the insulin-producing cells in the pancreas leading to difficulty in blood sugar control and poor wound healing), acquired absence of the right leg above the knee, and acquired absence of the left leg below the knee.</p> <p>During a review of Resident 119's PT Evaluation and Plan of Treatment, dated 3/17/2025, the PT Evaluation indicated Resident 119 was referred to PT to assess function, determine if Resident 119 had any change in condition, train for sit-to-stand transfers and ambulation, and ambulation with new prosthetics legs. The PT Evaluation indicated Resident 119 was modified independent (resident completes the activity by themselves with no assistance from a helper) for bed mobility, required partial/moderate assistance (helper does less than half the effort) for chair/bed-to-chair transfers, required substantial/maximal assistance (helper does more than half the effort) of two-persons for sit-to-stand transfers, and ambulation was not attempted due to medical or safety concerns. The PT Plan of Treatment included therapeutic exercises (movement prescribed to correct impairments and restore muscle function), neuromuscular reeducation (technique used to restore movement patterns through repetitive motion to retrain the brain), therapeutic activity (tasks that improve the ability to perform activities of daily living [ADLs, tasks related to personal care including bathing, dressing, hygiene, eating, and mobility]), orthotic management and training (assessing, fitting, and training a patient on the proper use of a prosthetic device), and gait training therapy, three times per week for two weeks.</p> <p>During a review of Resident 119's PT Treatment Encounter Note, dated 3/19/2025 the PT Treatment Encounter Note indicated Resident 119 was modified independent for bed mobility, required minimal assistance (required less than 25 percent [%] physical assistance to perform the task) for bed to wheelchair transfers while wearing the left prosthetic leg, and required maximal assistance of two-persons for sit-to-stand transfers using both prosthetic legs in the parallel bars (pair of bars placed a short distance apart to provide support and stability during exercises and gait [manner of walking] training). The PT Treatment Encounter Note indicated Resident 119 participated in weight shifting forward and backward while standing in the parallel bars to improve standing balance. The PT Treatment Encounter Note indicated Resident 119 did not perform gait training.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 119's PT Treatment Encounter Note, dated 3/21/2025, the PT Treatment Encounter Note indicated Resident 119 was modified independent for bed mobility, required minimal assistance for bed to wheelchair transfers while wearing the left prosthetic leg, required maximal assistance of two-persons for sit-to-stand transfers using both prosthetic legs in the parallel bars, and required maximal assistance for gait training five feet (unit of measure), four times (20 feet total) in the parallel bars.</p> <p>During a review of Resident 119's PT Treatment Encounter Note, dated 3/24/2025, the PT Treatment Encounter Note indicated Resident 119 was modified independent for bed mobility, required minimal assistance for bed to wheelchair transfers while wearing the left prosthetic leg, and required moderate assistance (required between 26 to 50% physical assistance to perform the task) of two-persons for sit-to-stand transfers using both prosthetic legs to perform four repetitions in the sit-to-stand trainer (therapy device designed to help individuals regain the ability to stand up from a sitting position).</p> <p>During a review of Resident 119's PT Treatment Encounter Note, dated 3/26/2025, the PT Treatment Encounter Note indicated Resident 119 was modified independent for bed mobility, required minimal assistance for bed to wheelchair transfers while wearing the left prosthetic leg, required moderate assistance for sit-to-stand transfers using both prosthetic legs in the parallel bars, and required moderate assistance for gait training five feet, four times (20 feet total) in the parallel bars.</p> <p>During a review of the PT Discharge summary, dated [DATE], the PT Discharge Summary indicated the reason for Resident 119's discharge was in accordance with the physician or case manager. The PT Discharge Summary indicated Resident 119 was independent (resident completes the activity by themselves with no assistance from a helper) for maneuvering a wheelchair and required minimal assistance for bed-to-chair transfers while wearing the prosthetics, moderate assistance for sit-to-stand transfers with prosthetics in the parallel bars, and moderate assistance for walking 20 feet using parallel bars. The PT Discharge Summary included recommendations for the Restorative Nursing Aide ([RNA] nursing aide program that helps residents to maintain their function and joint mobility) to provide sit-to-stand transfers in parallel bars as tolerated, five times per week.</p> <p>During an interview on 6/3/2025 at 9:57 a.m. with the Interim Director of Rehabilitation (IDOR), the IDOR stated the purpose of PT included to improve mobility, strength, ROM, and balance.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 6/3/2025 at 11:16 a.m. in Resident 119's room, Resident 119 was sitting up in a wheelchair, had normal, fluent speech, and moved both arms normally. Resident 119 had a right above knee amputation ([AKA] surgical removal of the portion of the leg above the knee joint) and a left below knee amputation ([BKA] surgical removal of the portion of the leg below the knee). Resident 119 stated a prosthetic company provided temporary prosthetics for both legs but could not provide permanent prosthetics until Resident 119 started walking. Resident 119 stated the PTs (unidentified) provided approximately four days of treatment after receiving both prosthetic legs and then transitioned Resident 119 to RNA for sit-to-stand transfers. Resident 119 stated health insurance issues was the reason the previous Director of Rehabilitation (PDOR) provided for Resident 119's inability to continue receiving therapy to walk. Resident 119 stated the facility knew Resident 119 was alert with normal cognition, had both prosthetic legs, and was motivated to walk. Resident 119 stated feeling frustrated with the facility since the RNA sessions were limited to 15 minutes per weekday for sit-to-stand transfers instead of progressing to walk. Resident 119 stated he transferred to the wheelchair without assistance but required assistance to transfer to the toilet commode and the shower chair. Resident 119 stated walking would improve his independence with using the restroom. Resident 119 stated he was eager to walk to discharge out of the facility and retire elsewhere.</p> <p>During an interview on 6/3/2025 at 12:25 p.m. with Resident 119, Resident 119 stated the PDOR and the therapists knew about Resident 119's request for more therapy walk but was told Resident 119's health insurance prevented additional therapy.</p> <p>During an observation on 6/3/2025 at 2:28 p.m. in the therapy gym with Physical Therapist 1 (PT 1), Resident 119's RNA session with Restorative Nursing Aide 1 (RNA 1) and RNA 2 was observed. Resident 119 sat in the wheelchair in-between the parallel bars with the prostheses attached to both legs. RNA 2 stood behind the wheelchair while RNA 1 stood in front of Resident 119, who was wearing a gait belt (assistive device placed around a person's waist to assist with safe transferring between surfaces or while walking) around the waist. RNA 1 physically assisted Resident 119 with the sit-to-stand transfer while Resident 119 used both arms to pull onto to the parallel bars. Resident 119 stood holding onto each parallel bar without assistance while RNA 1 counted out loud. RNA 1 physically assisted Resident 119 with transferring from standing to sitting in the wheelchair. Resident 119 performed four additional repetitions of sit-to-stand transfers using the parallel bars and remained standing without any physical assistance from RNA 1. Resident 119 continued to require RNA 1's assistance with transferring from standing to sitting back into the wheelchair. Resident 119 independently maneuvered the wheelchair to leave the therapy gym after the RNA session.</p> <p>During an interview on 6/3/2025 at 2:57 p.m. with PT 1, PT 1 stated Resident 119 would be referred to PT once Resident 119 could perform sit-to-stand transfers with contact guard assistance (steadying assistance) in the parallel bars. PT 1 stated Resident 119 had asked for more therapy and was motivated to walk.</p> <p>During a concurrent interview and record review on 6/3/2025 at 3:05 p.m. with PT 1, Resident 119's PT Treatment Encounter Notes, dated 3/21/2025 and 3/26/2025, and PT Discharge summary, dated [DATE], were reviewed. PT 1 stated Resident 119 improved from walking five feet, four times with maximal assistance on 3/21/2025 to walking five feet, four times with moderate assistance on 3/26/2025 in the parallel bars using both prosthetic legs. PT 1 stated the case manager (unidentified) provided Resident 119's discharge date . PT 1 stated Resident 119 could have benefitted from additional therapy to improve standing and walking with both prosthetic legs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/4/2025 at 9:44 a.m. with RNA 1, RNA 1 stated Resident 119 usually transferred to the wheelchair without any assistance. RNA 1 stated Resident 119 required physical assistance to perform sit-to-stand only one time during the RNA session on 6/3/2025 but did not want assistance for the additional sit-to-stand transfers because Resident 119 was motivated to walk.</p> <p>During a concurrent interview and record review on 6/4/2025 at 11:02 a.m. with the IDOR, Resident 119's PT Evaluation, dated 3/17/2025, and PT Discharge summary, dated [DATE], were reviewed. The IDOR stated the PT Evaluation indicated Resident 119 was referred to PT after receiving new prosthetic legs. The IDOR stated the PT Evaluation indicated Resident 119 required maximal assistance of two-persons for sit-to-stand transfers with both prosthetics and walking was not attempted. The IDOR stated the PT Discharge Summary indicated Resident 119 required moderate assistance for sit-to-stand transfers and moderate assistance for walking 20 feet with both prosthetic legs in the parallel bars. The IDOR stated the PT Discharge Summary indicated Resident 119 was discharged per physician or case manager. The IDOR stated Resident 119 improved with PT and could have been discharged due to receiving a last covered date (last date the person's health insurance policy covered specific services) for PT services. The IDOR stated the therapists could have discuss Resident 119's case with the physician for additional services if necessary.</p> <p>During an interview on 6/5/2025 at 10:49 a.m. with Resident 119, Resident 119 stated the reason for discharge from PT was insurance related. Resident 119 stated the physician (MD 1) came last weekend (unspecified date) for a quick visit and did not have time to discuss Resident 119's desire for therapy services.</p> <p>During a concurrent interview and record review on 6/5/2025 at 12:10 p.m. with PT 1, Resident 119's PT Discharge summary, dated [DATE], was reviewed. PT 1 stated Resident 119 was discharged from PT due to Resident 119's health insurance.</p> <p>During a telephone interview on 6/5/2025 at 2:30 p.m. with MD 1, MD 1 stated he visited Resident 119 last weekend (unspecified date). MD 1 stated Resident 119 was alert with intact cognition and both leg amputations. MD 1 stated he could not recall if the therapists discussed Resident 119's therapy services in 3/2025. MD 1 stated he would have advocated for Resident 119, provided written or telephone orders for therapy, and requested additional therapy services from Resident 119's health insurance if the therapist felt Resident 119 could benefit from additional therapy services.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Purpose and Objectives of Inpatient Rehabilitation Services, implemented on 12/19/2022 and revised on 4/24/2025, the P&P indicated it was the objective of the rehabilitation department to provide comprehensive and integrated therapy services to restore patients to their highest level of function.</p> <p>During a concurrent interview and policy review on 6/5/2025 at 3:36 p.m. with the IDOR, the IDOR reviewed the facility's P&P titled, Purpose and Objectives of Inpatient Rehabilitation Services. The IDOR stated the facility's P&P indicated the facility provided therapy services to restore residents to the highest level of function. The IDOR stated Resident 119's health insurance provided a last covered date which limited Resident 119's progress with PT. The IDOR stated the therapy department could have had a conversation with Resident 119's physician prior to discharge to extend therapy services if Resident 119 would benefit from more therapy. The IDOR stated Resident 119's medical record did not include any documentation the therapy department discussed Resident 119's progress with MD 1 to attempt to extend therapy services.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's P&P titled, Provision of Quality Care, implemented 12/19/2022 and revised 4/24/2024, the P&P indicated Each resident will be provided care and services to attain or maintain his/her highest practicable physical, mental, and psychosocial well-being.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 2. During a review of Resident 89's admission Record, the admission Record indicated the facility admitted Resident 89 on 5/2/2025 with diagnoses including sepsis (a life-threatening blood infection), history of falling, difficulty in walking, hemiparesis (weakness of the arm, leg, and trunk on the same side of the body) following a cerebral infarction (brain damage due to a loss of oxygen to the area) affecting the left non-dominant side, left eye visual field loss (reduction or loss of vision in the area an eye can see when it is focused on a central point), and major depressive disorder (mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a review of Resident 89's History and Physical (H&P), dated 5/3/2025, the H&P indicated Resident 89 had left knee pain due to deep lacerations (type of wound cause by a tear or break in skin and underlying tissues) with concerns for a septic joint (serious infection in a joint caused by bacteria, fungi, or viruses entering the joint through the bloodstream, surgery, or injury) and underwent surgical irrigation and debridement (surgery to treat the infection and remove dead or unhealthy tissue). The H&P indicated to continue monitoring the left knee for signs of infection and maintain the current wound care routine.</p> <p>During a review of Resident 89's MDS, dated [DATE], the MDS indicated Resident 89 had clear speech, expressed ideas and wants, understood verbal content, and was moderately impaired for cognition.</p> <p>During a review of Resident 89's physician's order, dated 6/2/2025, the physician's order indicated the apply Betadine (topical chemical substance used to prevent and treat skin infections) to the left knee scab (dry, rough protective crust that forms over a cut or wound during healing) and cover with dry dressing daily for 14 days.</p> <p>During a review of Resident 89's Treatment Administration Record (TAR) for 6/2025, the TAR indicated Treatment Nurse 1 (TN 1) applied Betadine to the left knee scab and covered it with a dry dressing on 6/2/2025, 6/3/2025, and 6/4/2025.</p> <p>During a concurrent observation and interview on 6/4/2025 at 8:37 a.m., in Resident 89's room, Resident 89 was lying in bed with the head-of-bed elevated, had clear, fluent speech, and had active movement in both arms. Resident 89 stated a fall caused a left knee injury which required surgery.</p> <p>During a concurrent observation and interview on 6/4/2025 at 8:46 a.m., in Resident 89's room, Resident 89's left leg had a white bandage over the knee. Resident 89 stated TN 1 had not come to change the dressing.</p> <p>During an interview on 6/5/2025 at 12:40 p.m., with TN 1, TN 1 stated Betadine was applied to Resident 89's left knee scab daily and covered with a surgical dressing.</p> <p>During an interview on 6/5/2025 at 1:13 p.m., with Resident 89, Resident 89 stated TN 1 was supposed to but did not come to apply Betadine and change the dressing on the left knee. Resident 89 could not remember the last time TN 1 came to provide the treatment to the left knee.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 6/5/2025 at 1:24 p.m., with TN 1, reviewed Resident 89's TAR for 6/2025. TN 1 stated Resident 89's Betadine was applied to the left knee and the dressing was changed on 6/2/2025 at approximately 1:30 or 1:45 p.m. prior to leaving the facility early at 2:00 p.m. TN 1 stated Resident 89's Betadine was applied to the left knee and the dressing was changed on 6/3/2025 and 6/4/2025 at the end of the day at approximately 5:00 p.m.</p> <p>During a concurrent interview and record review on 6/5/2025 at 1:33 p.m., with the Medical Records Assistant (MRA), reviewed Resident 89's TAR documentation history. The MRA stated Resident 89's TAR documentation history indicated TN 1 documented the application of Betadine to Resident 89's left knee scab and application of dry dressing on 6/2/2025 at 7:25 a.m., 6/3/2025 at 10:46 a.m., and 6/4/2025 at 11:49 a.m.</p> <p>During a concurrent interview and record review on 6/5/2025 at 1:52 p.m., with TN 1, reviewed Resident 89's TAR documentation history. TN 1 stated the nursing professional standard for medication administration included to administer the medication and then document the administered medication in the medical record. TN 1 stated the nursing professional standard for treatment administration was the same as medication administration in which the treatment should be provided prior to documentation in the medical record. TN 1 again stated Resident 89's Betadine was applied to the left knee and the dressing was changed on 6/2/2025 at approximately 1:30 or 1:45 p.m. prior to leaving the facility early at 2:00 p.m. TN 1 again stated Resident 89's Betadine was applied to the left knee and the dressing was changed on 6/3/2025 and 6/4/2025 at approximately 5:00 p.m. TN 1 reviewed Resident 89's TAR documentation history and stated TN 1 documented Resident 89's left knee treatment as administered prior to providing the treatment to avoid a medical record audit (systemic review of a resident's medical record to assess the quality, accuracy, and completeness of documentation). TN 1 stated documenting the treatment as completed prior to providing the treatment was not consistent with the nursing professional standard and could result in missed treatments since the treatment documentation was marked as completed without providing the treatment.</p> <p>During a concurrent interview and record review on 6/5/2025 at 4:03 p.m., with the Director of Nursing (DON), reviewed Resident 89's TAR documentation history. The DON stated the treatment administration documentation (in general) should be completed after providing the treatment. The DON stated Resident 89's TAR was not accurate and the treatment to the left knee could have been missed if TN 1 documented prior to providing the treatment.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Documentation in the Medical Record, implemented 12/19/2022 and revised on 4/24/2025, the P&P indicated licensed staff shall document all services provided in the resident's medical record in accordance with State law and facility policy. The P&P indicated documentation could be completed at the time of service but no later than the shift in which the care occurred. The P&P also indicated documentation shall be factual and false information shall not be documented.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the journal article, Applying Airline Safety Practices to Medication Administration, published in Medsurg Nursing (Volume 12, Number 2) on 4/2003, the journal article indicated standard nursing procedures included the seven rights (correct procedures) of medication administration, namely right drug, right patient, right dose, right time, right route, right reason and right documentation. The journal article indicated the standard procedure for medication administration taught to nursing students included administering the medication to the correct resident and then documenting the administration. The journal article indicated any breach of the seven rights, including the right documentation, could potentially result in a patient's injury.</p> <p>Based on interview and record review, the facility failed to maintain complete and accurate medical records in accordance with accepted professional standards for two of 48 sampled residents (Resident 137 and Resident 89) by failing to:</p> <ol style="list-style-type: none"> 1. Develop a complete Change in Condition (COC- a sudden clinically important deviation from a resident's baseline in physical, cognitive, behavioral, or functional domains) Evaluation form after Resident 137's fall on 5/24/2025. <p>This deficient practice placed Resident 137 at risk of not receiving appropriate care due to inaccurate medical care information and the potential to result in confusion in Resident 137's care and services.</p> <ol style="list-style-type: none"> 2. Ensure a nursing wound treatment to Resident 89's left knee was not documented prior to the resident receiving the treatment. <p>This deficient practice had the potential to result in missed wound care treatments.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 137's admission Record, the admission Record indicated that the facility admitted the resident on 12/2/2023, with diagnoses including history of falling, major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and type two diabetes mellitus (a chronic condition that affects the way the body processes blood glucose [sugar]). <p>During a review of Resident 137's Minimum Data Set (MDS - a resident assessment tool) dated 5/11/2025, the MDS indicated that the resident's cognitive skills (brain's ability to think, read, learn, remember, reason, express thoughts, and make decisions) for daily decision making was moderately impaired (decisions poor, cues/supervision required). The MDS indicated that Resident 137 required staff substantial/maximal assistance (helper does more than half the effort) for toileting hygiene. The MDS indicated that Resident 137 required staff partial/moderate assistance (helper does less than half the effort) for oral hygiene, lower body dressing, and personal hygiene.</p> <p>During a review of Resident 137's Change of Condition (COC) Evaluation form dated 5/24/2025, the COC evaluation form indicated it was marked incomplete and the surveyor was unable to open the form for review.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 137's Nursing Progress Notes dated 5/24/2025, the Nursing Progress Notes indicated that the resident fell at around 8:00 a.m., from her bed while she was trying to push her breakfast tray away.</p> <p>During a concurrent interview and record review on 6/4/2025 at 2:15 p.m., with the Assistant Director of Nursing (ADON), reviewed Resident 137's COC evaluation form dated 5/24/2025. The ADON stated on 5/24/2025, Resident 137 fell in the facility and Resident 137's COC evaluation form initiated after Resident 137's fall on 5/24/2025 is not complete. The ADON stated that the charge nurse who developed Resident 137's COC evaluation form did not sign and complete the form. The ADON stated that licensed staff are required to develop a complete and accurate evaluation after residents' change of condition. The ADON stated residents' medical record forms and assessments are required to be complete and assessable. The ADON stated Resident 137's COC evaluation form dated 5/24/2025 is not a valid document and the potential outcome is that the resident may not receive the appropriate care due to inaccurate medical care information.</p> <p>During review of facility's Policy and Procedure (P&P) titled, Maintenance of Clinical Records, last reviewed on 4/24/2025, the P&P indicated that the facility will maintain clinical records for each resident in accordance with acceptable standards of practice that reflects the current plan of care and services provided as well as in a manageable size for use by the care providers. In accordance with acceptable standards of practice. The facility must maintain medical records on each resident that are complete, accurately documented, readily assessable and systemically organized.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 3. During a review of Resident 142's admission Record (front page of the chart that contains a summary of basic information about the resident), the admission Record indicated the facility admitted the resident on 5/01/2025 and re-admitted on [DATE] with diagnoses that included dysphagia (difficulty swallowing) and presence of gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).</p> <p>During a review of Resident 142' s Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 5/12/2025, the MDS indicated Resident 142 was severely impaired in cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses) with skills required for daily decision making. The MDS indicated Resident 142 required substantial/maximal assistance (helper does more than half the effort) with dressing and dependent on staff for personal hygiene.</p> <p>During a review of Resident 142's Resident Census (report indicating when resident was admitted to the facility, discharge to hospital, and any room changes) indicated Resident 142 was originally admitted to the facility on [DATE], transferred to a general acute care hospital (GACH, or simply hospital) on 5/26/2025 and readmitted back to the facility on 5/30/2025.</p> <p>During the initial tour observation on 6/02/2025 at 9:10 a.m. with Registered Nurse 3 (RN 3), observed Resident 142 in his room who was receiving gastrostomy tube (GT, a resident with a gastrostomy who receives medications and nutrition through a plastic tube that rests in the stomach) feeding. The door and surrounding area of Resident 142's room did not have any enhanced barrier precaution sign or PPE supply cart by the room.</p> <p>During a concurrent interview and record review with the Infection Prevention Nurse (IPN) on 6/05/2025 at 8:54 a.m., he stated he ran a computer report that indicated the enhanced barrier signs and PPE supply cart should be placed in Resident 142's room. The IPN stated he was not sure why an EBP sign was not placed before. The IPN stated it is important to have the enhanced barrier precautions signs to reduce the risk of bacterial transmission to others.</p> <p>During a review of the facility's policy and procedure titled, Enhanced Barrier Precautions, last reviewed 4/24/2025, indicated enhanced barrier precautions refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown, and gloves use during high contact resident care activities. The policy and procedure indicated EBP are indicated for residents with residents with indwelling medical devices such as feeding tubes (i.e., GT).</p> <p>4. During a review of Resident 11's admission Record (AR), the admission Record indicated the facility originally admitted the resident on 3/06/2025 and readmitted the resident on 4/11/2025, with diagnoses including type two (2) diabetes mellitus (a chronic condition that affects the way the body processes blood glucose [sugar]) and chronic obstructive pulmonary disease (COPD-a progressive lung disease that makes it hard to breathe).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 11's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 4/18/2025, the MDS indicated that the resident's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) skills for daily decision making was moderately impaired and was dependent on staff for toileting, shower, dressing and moderate assistance for personal hygiene.</p> <p>During a review of the Resident 11's physician's orders, the physician's orders indicated an order for oxygen via nasal cannula at 2 liters per minute (LPM), may titrate to maintain oxygen saturation (the percentage of red blood cells that are carrying oxygen in the blood) greater than or equal to 90% every shift for COPD.</p> <p>During an observation and concurrent interview on 6/02/25 at 10:51 a.m., with Registered Nurse 3 observed Resident 11's nasal cannula oxygen tubing bag with a sticker indicating a date of 5/4/2025. RN 3 stated oxygen tubing are replaced weekly and as needed if soiled. RN 3 stated that changing the oxygen tubing weekly is a facility protocol to for infection control and prevention. RN 3 stated that the oxygen tubing can get contaminated and may increase the risk of the resident to acquire infection if the tubing becomes dirty due to prolonged use. RN 3 stated that Resident 11's tubing should have been replaced since it has been more than three weeks since it was last changed, to protect the resident from acquiring infection.</p> <p>During a review of the facility's policy and procedure titled, Infection Prevention and Control Program, last reviewed and revised on 4/24/2025, the policy indicated that the facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines .All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services.</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure a resident's oxygen tubing (a flexible tube used to connect an oxygen source, like a concentrator or tank, to a delivery device, such as a nasal cannula [a small plastic tube, which fits into the person's nostrils for providing supplemental oxygen] or mask) was labeled with the date of when it was last changed for one (Resident 98) out of five sampled residents investigated under the care area of infection control. <p>This deficient practice had the potential to place the residents at increased risk of contracting an infection.</p> <ol style="list-style-type: none"> 2. Ensure a resident's urinal (a container designed for collecting urine) was labeled with a resident identifier for one (Resident 138) out of five sampled residents investigated under the care area of infection control. <p>This deficient practice had the potential to place the residents at increased risk of contracting an infection.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Ensure one (Resident 142) of 7 sampled residents was placed on enhance barrier precaution (EBP, a method of using personal protective equipment [PPE, equipment designed to protect the wearer from injury or the spread of illness or infection such as gloves and gowns] to reduce the spread of pathogens between residents in skilled nursing facilities).</p> <p>This deficient practice had the potential to increase the risk of spreading infection to other residents.</p> <p>4. Ensure a resident's nasal cannula (a medical device that delivers supplemental oxygen therapy to people with low oxygen levels) oxygen tubing was replaced weekly for one of one sampled resident (Resident 11) investigated for Respiratory Care.</p> <p>This deficient practice had the potential to result in contamination of the resident's care equipment and risk of transmission of bacteria that can lead to infection.</p> <p>Findings:</p> <p>1. During a review of Resident 98's admission Record, the admission Record indicated the facility originally admitted the resident on 2/1/2024 and readmitted the resident on 4/30/2024 with diagnoses including acute respiratory failure with hypoxia (a condition where tissues and cells in the body do not receive enough oxygen to function properly).</p> <p>During a review of Resident 98's Minimum Data Set (MDS - a resident assessment tool), dated 6/2/2025, the MDS indicated the resident had moderately impaired cognition (thought processes) and was dependent on staff for most activities of daily living (ADLs - activities such as bathing, dressing, and toileting a person performs daily).</p> <p>During a review of Resident 98's physician's orders, the following orders were noted:</p> <p>1. Provide oxygen (O2) at 2 liters per minute (LPM - unit of measurement) via nasal cannula as needed (PRN), may titrate (adjusting the oxygen flow rate to maintain a patient's oxygen saturation [O2 sat - a measurement of how much oxygen the blood is carrying as a percentage] within a specific target range) to keep oxygen saturation above 92% every shift, ordered on 6/1/2025.</p> <p>2. Change and label O2 tubing every night shift on Sunday and as needed, ordered on 6/1/2025.</p> <p>On 6/2/2025 at 9:58 a.m., during a concurrent observation and interview, observed Resident 98 in bed. Observed the resident receiving oxygen via nasal cannula. When asked when the oxygen tubing was last changed, Licensed Vocational Nurse 6 (LVN 6) stated she could not find any label on the oxygen tubing indicating when it was last changed.</p> <p>On 6/5/2025 at 10:36 a.m., during an interview, the Director of Nursing (DON) stated that oxygen tubing should be labeled with the date of when it was last changed because it should be changed at least weekly. The DON stated the purpose of changing it weekly was for infection control. The DON stated that if oxygen tubing was not changed regularly, then there can be cross contamination, and the resident may develop an infection.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Tarzana Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedure titled, Infection Prevention and Control Program, last reviewed and revised on 4/24/2025, the policy indicated that the facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines .All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services.</p> <p>2. During a review of Resident 138's admission Record, the admission Record indicated the facility admitted the resident on 1/17/2024 with diagnoses including malignant neoplasm of the prostate (a disease where cells in the prostate gland grow out of control, potentially spreading to other parts of the body).</p> <p>During a review of Resident 138's MDS, dated [DATE], the MDS indicated the resident had severely impaired cognition and required maximal assistance from staff for most ADLs.</p> <p>On 6/2/2025 at 9:05 a.m., during a concurrent observation and interview, observed Resident 138 asleep in bed. Observed an unlabeled urinal at the resident's bedside. Certified Nursing Assistant 6 (CNA 6) confirmed that the resident's urinal was not labeled with a resident identifier.</p> <p>On 6/5/2025 at 10:38 a.m., during an interview, the DON stated that urinals should be labeled with a resident identifier for infection control, to prevent cross contamination between residents.</p> <p>On 6/5/2025 at 2 p.m., during an interview, the Director of Medical Records (DMR) stated the facility had no specific policy addressing the labeling of urinals.</p> <p>During a review of the facility's policy and procedure titled, Infection Prevention and Control Program, last reviewed and revised on 4/24/2025, the policy indicated that the facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines .All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services.</p>		