

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/18/2024
NAME OF PROVIDER OR SUPPLIER  California Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  6700 Sepulveda Blvd. Van Nuys, CA 91411	

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>48678</p> <p>Based on observation, interview, and record review, the facility failed to ensure that facility staff (Certified Nurse Assistant 2 [CNA2]) documented blisters (small bubble-like raised bumps [raised area of the skin] on the skin) on the left posterior hand for one of three sampled residents (Resident 2) on the resident's Daily Body Check Report form.</p> <p>This deficient practice had the potential for Resident 2 to not to receive the care and services needed to treat Resident 2's worsening bump on the left posterior hand.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record, the document indicated the facility readmitted the resident on 9/5/2024 with diagnosis of hemiplegia (paralysis of one side of the body), head injury, and brain damage.</p> <p>During a review of Resident 2's History and Physical dated 3/15/2024, the document indicated Resident 2 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 2's Minimum Data Set (MDS- a care screening tool) dated 9/20/2024, the document indicated Resident 2 was dependent (helper does all of the effort, resident does none of the effort to complete the activity) on staff for activities of daily living (ADL- tasks residents perform every day to care for themselves and maintain their independence).</p> <p>During record review of the facility's Daily Body Check Report dated 9/17/2024, the log indicated CNA2 marked OK, skin good for R2 on 9/17/2024 after providing Resident 2 with a shower.</p> <p>During a concurrent observation and interview on 9/18/2024 at 11:14 a.m., with Registered Nurse (RN) in Resident 2's room, observed Resident 2 in bed. RN examined Resident 2's hand and stated there were multiple fluid filled bumps that looked like blisters on Resident 2's left posterior hand. RN stated he (RN) was not sure how long R2 has had these blister.</p> <p>During an interview on 9/18/2024 at 11:59 a.m., with CNA 2, CNA2 stated that the bump on R2 posterior left hand has gotten progressively worse over the last month. When CNA2 was asked when the last time CNA 2 gave R2 a shower, CNA2 stated that CNA 2 last gave R2 a shower on 9/17/2024. When asked if the CNA2 documented R2's progressively worsening bump on the left posterior hand on R2's Daily Body Check Report dated 9/17/24, CNA2 stated no.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056149
		If continuation sheet Page 1 of 2

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/18/2024 at 1:24 PM with the Assistant Director of Nursing (ADON), the ADON stated that when a facility Certified Nurse Assistants (CNA) notes any skin integrity issues on a resident during ADL care, the CNA is to report the findings on the resident's Daily Body Check Report.</p> <p>During a review of the facility's policy and procedure titled, Change of Condition, dated 9/18/2024, the policy indicated a change of condition is a sudden or marked difference in resident's complaints, open or red areas (new), bruises, blisters, rashes, or skin tears, and new or marked skin conditions. All changes of condition in a resident shall be handled promptly. Documentation of change in condition shall be performed by the licensed nurse for at least 72 hours, reassess resident condition as needed .</p> <p>During a review of the facility's policy and procedure titled, Quality of Care, dated 9/18/2024, the policy indicated the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, to promote healing and prevent infection.</p>