

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  12/23/2024
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 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43636</b></p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), was treated with dignity by not communicating with Resident 1 his (Resident 1's) preferred time to receive activities of daily living (ADL-routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) care.</p> <p>This deficient practiced had the potential to decrease the resident's sense of well-being, level of satisfaction with life and feelings of self-worth and self-esteem.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record dated 10/25/2024, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included sepsis (a serious condition in which the body responds improperly to an infection), heart failure (a heart condition in which the heart is unable to pump blood efficiently), pneumonia (an infection of one or both of the lungs caused by bacteria or viruses), anemia (a condition where the body does not have enough healthy red blood cells [a type of blood cell responsible for transporting fresh oxygen all over the body), and need for assistance with personal care.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 12/6/2024, the MDS indicated Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the sense) was moderately impaired. Resident 1 required supervision with eating, and was dependent on staff with oral hygiene, toileting, shower/bathing, and dressing.</p> <p>During an interview with Resident 1's responsible party (RP) 1 on 12/20/2024 at 11:10 a.m., RP 1 stated that on 12/7/2024 around 7:00 p.m. RP 1 was informed by Resident 1 that he (Resident 1) had not had a shower that day nor was offered a shower, and it was his (Resident 1) scheduled shower day. RP 1 stated that she met with Registered Nurse (RN) 1, and informed RN 1 that Resident 1 had not had a shower or been offered a shower on 12/7/2024.</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
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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Staff Development (DSD) on 12/20/2024 at 2:50 p.m., the DSD stated that when Certified Nursing Attendants (CNA) begin their shift, they (CNAs) are instructed to go and introduce themselves to the residents that they are assigned to and discuss with the residents regarding ADL care, including preferred shower times. The DSD stated that she (DSD) was informed that on 12/7/2024 CNA 1 was assigned to Resident 1 and CNA 1 did not discuss with Resident 1 at the beginning of the shift when Resident 1 would like to have a shower.</p> <p>During an interview with RN 1 on 12/20/2024 at 3:10 p.m., RN 1 stated that he was the registered nurse for Resident 1 on 12/7/2024 and RP 1 did inform him that Resident 1 had not had a shower that day or been offered a shower that day. RN 1 stated that he spoke to Resident 1's CNA (referring to CNA 1), and CNA 1 stated that she (CNA 1) was very busy that day and had not had time to provide a shower or discuss Resident 1's shower time with Resident 1. RN 1 stated that he informed CNA 1 that it was important to inform him if CNA 1 was not able to complete her job duties so he could assist.</p> <p>During an interview with the Director of Nursing (DON) on 12/20/2024 at 4:00 p.m., the DON stated that CNA 1 should have spoken with Resident 1 at the beginning of the shift to discuss Resident 1's preferred shower times.</p> <p>A review of the facility policy and procedure titled Dignity with a revision date of 12/20/2024 indicated, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life and feelings of self-worth and self-esteem .Residents are treated with dignity and respect at all times .When assisting with care, residents are supported in exercising their rights. For example, residents are groomed as they wish to be groom, encouraged to attend activities of their choice .allowed to choose when to sleep, eat and conduct activities of daily living.</p>		