

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 05/21/2025
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49135</p> <p>Based on observation, and interview, the facility failed to ensure the call light above the resident ' s door is functioning for one out of four sampled residents (Resident 3) to alert staff the call light is on.</p> <p>This deficient practice had the potential to result in a delay in care, and Resident 3 ' s inability to ask for assistance.</p> <p>Findings:</p> <p>During a review of Resident 3 ' s Admission Record, the Admission Record indicated that Resident 3 was admitted to the facility on [DATE], with diagnoses including Parkinson ' s Disease (brain disorder that causes unintended or uncontrollable movements such as shaking, stiffness, and difficulty with balance and coordination), spinal stenosis (a condition where the spaces in the spine become narrower, putting pressure on the nerves and spinal cord), and elevated white blood cell (responsible for protecting your body from infection).</p> <p>During a review of Resident 3 ' s Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 4/8/2025, the MDS indicated that Resident 3 was cognitively impaired (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) and was dependent (helper does all the effort) on staff for toileting, showering, bathing, personal hygiene, and putting on/talking off footwear.</p> <p>During a concurrent observation and interview on 5/21/2025, at 10:30 a.m., with CNA 1, observed the call light above Resident 3's door was not turning on when Resident 3 pressed the call button. CNA 1 stated the call light above Resident 3's door should have been repaired to ensure the resident can request assistance without any delay in care.</p> <p>During an interview on 5/21/2025, at 3:45 p.m., with the Director of Nursing (DON), the DON stated the call light above Resident 3's door was not functioning and it should have been repaired to properly alert staff when activated. The DON stated without a functioning call light, there is a risk of delayed response to Resident 3's requests or needs.</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: 056149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
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 0919</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 Maintenance Interior General Maintenance dated 7/16/2024, the facility policy indicated to check daily a proportionate number of nurses ' call system buttons, buzzers, cords, and lights so that each part of the system is checked at least once a week. Press button. Check to see that signal lights up over the resident ' s door, that signal sounds a nurse ' s station, and nurses ' call enunciator lights up.</p>