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| 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 03/16/2026 |
| 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) |
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| <p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Keep residents' personal and medical records private and confidential.</p> <p>Based on interview, and record review, the facility failed to ensure one of five sampled residents (Resident 5) confidential personal information was protected by copying Resident 5's facility records onto an unencrypted (not converted into a code that would prevent unauthorized access) Universal Serial Bus drive (USB-also known as a flash drive, thumb drive, or memory stick - a small, portable, plug-and-play device used for storing and transferring files between computers) and mailing it to Family Member 1 (FM 1). The envelope that contained the unencrypted USB drive with Resident 5's PHI (Patient Health Information - any individually identifiable health information-including demographic data, medical history, test results, and insurance details-created or received by covered entities like healthcare providers) was returned to the facility with torn open and a sticker on the envelope indicating Return to Sender and no longer contained the USB drive. This deficient practice had the potential to result in the unauthorized exposure of Resident 5's confidential information. During a review of Resident 5's admission Record, the admission Record indicated the facility admitted Resident 5 on 11/6/2025 with diagnoses that included malignant neoplasm of the ribs, chronic obstructive respiratory failure, and autistic disorder. During a review of Resident 5's History and Physical, dated 11/7/2025, the History and Physical indicated Resident 5 does not have the capacity to understand and make decisions. During a review of an email sent to the facility by FM 1 dated 1/26/2026, the email indicated FM 1 was Resident 5's authorized representative and was requesting copies of the complete medical records for Resident 5 including, but not limited to: Complete medical charts All nursing notes and nursing progress notes Medication Administration Records (MAR) Physician orders and treatment plans Care plans, assessments, and reassessments Incident reports and internal reports Shift notes and daily logs Vital signs records Therapy notes (physical, occupational, respiratory, and/or speech therapy) Admission, transfer, and discharge records Any internal communications, memoranda, or documentation related to his care During a review of an email sent by the facility's Medical Records Director (MRD) to FM 1 dated 1/28/2026, the email indicated all the medical records that FM 1 requested would be put on a USB drive and mailed to the address FM 1 had provided. During a review of a facility letter sent to FM 1 dated 3/13/2026, the facility letter indicated that a thumb drive of Resident 5's medical records was sent to FM 1 as requested, but on 2/25/2026, the facility received the envelope back due to Return to Sender; Attempted - Not Known Unable to Forward. The facility letter further indicated the returned envelope had been torn open and the thumb drive was missing. According to the letter, the information contained in the thumb drive included Resident 5's medical records, medical record number, payor source/insurance provider and eligibility, residency dates at the facility, and share of cost. During an interview on 3/16/2026 at 1:50 p.m. with the MRD, the MRD stated she originally tried to send all of the requested medical records for Resident 5 via email, but the emails would not go through because the attached files were too large. The MRD stated she saved all of the requested documents on a USB flash drive and sent it to FM 1 via certified mail. The MRD stated the USB drive was not password protected. The MRD stated the following documents for Resident 5 were on the USB flash drive: Level 1 Preadmission Screening and Resident Review (PASSR - a mandatory federal pre-admission assessment for all individuals entering a Medicaid-certified nursing facility that identifies potential serious mental illness, intellectual (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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>disabilities, or related conditions, to ensure proper placement and prevent inappropriate nursing home admissions) screening. Insurance Eligibility History and Physical Medical Doctor (MD)/Nurse Practitioner (NP) Progress Notes All electronic health records which included but not limited to - admission record, MD orders, MAR, nursing progress notes, social services notes, dietary notes, change of condition (COC), IDT (Interdisciplinary Team - a group of healthcare professionals from various specialties who collaborate to manage patient care) meeting notes, care plans Rehabilitation Notes Notice of Medicare Non-Coverage (NOMNC- a mandatory form provided by Medicare providers to beneficiaries when their covered services are ending) Copies of Resident 5's physical paper chart which included consent forms and hospital records During an interview on 3/16/2026 at 2:26 p.m. with the Administrator (ADM), the ADM stated the USB drive with Resident 5's medical records was lost in the mail. The ADM stated the USB drive was not encrypted and because the flash drive was not password protected, there was an unauthorized exposure of the resident's PHI. During a review of the facility's policy and procedure titled, Privacy Notice, last revised March 2014, indicated the facility is required by law to maintain the privacy of PHI.</p> | | |

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| <p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>Based on interview and record review, the facility failed to develop a facility policy and procedure (P&P) for sending Protected Health Information (PHI) via Universal Serial Bus (USB-also known as a flash drive, thumb drive, or memory stick - a small, portable, plug-and-play device used for storing and transferring files between computers) drive. This deficient practice resulted in an unencrypted (not converted into a code that would prevent unauthorized access) USB drive with a resident's PHI to be lost in the mail, potentially exposing a resident's confidential information. During a review of an email sent to the facility by FM 1 dated 1/26/2026, the email indicated FM 1 was Resident 5's authorized representative and was requesting copies of the complete medical records for Resident 5. During a review of an email sent by the facility's Medical Records Director (MRD) to FM 1 dated 1/28/2026, the email indicated all the medical records that FM 1 requested would be put on a USB drive and mailed to the address FM 1 had provided. During a review of a facility letter sent to FM 1 dated 3/13/2026, the facility letter indicated that a thumb drive of Resident 5's medical records was sent to FM 1 as requested, but on 2/25/2026, the facility received the envelope back due to Return to Sender; Attempted - Not Known Unable to Forward. The facility letter further indicated the returned envelope had been torn open and the thumb drive was missing. According to the letter, the information contained in the thumb drive included Resident 5's medical records, medical record number, payor source/insurance provider and eligibility, residency dates at the facility, and share of cost. During an interview on 3/16/2026 at 1:50 p.m. with the MRD, the MRD stated she originally tried to send all of the requested medical records for Resident 5 via email, but the emails would not go through because the attached files were too large. The MRD stated she saved all of the requested documents on a USB flash drive and sent it to FM 1 via certified mail. The MRD stated the USB drive was not password protected. The MRD stated there was no P&P regarding medical records and PHI (Patient Health Information - any individually identifiable health information-including demographic data, medical history, test results, and insurance details-created or received by covered entities like healthcare providers) that addressed sending PHI using a USB drive. During an interview on 3/16/2026 at 2:26 p.m. with the Administrator (ADM), the ADM stated after learning about the unencrypted USB drive getting lost in the mail, he looked through all the P&Ps regarding PHI and found there was no P&P addressing the use of a USB drive to send PHI to a resident. The ADM stated the P&Ps regarding PHI are outdated and need to be updated to address the use of USB drives and more current technology. The ADM stated that if the facility was using USB drives to send PHI to residents, there should have been a P&P in place to address USB drives and the need for them to be password-protected. During a review of the facility's undated policy and procedure (P&P) titled, Governing Body: Scope of Services, the P&P indicated the facility has a governing body that is legally responsible for establishing and implementing policies regarding the management and operation of the facility. The P&P further indicated the governing body appoints an administrator who is responsible for the management on the facility.</p> | | |