| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056149 | A. Building<br>B. Wing | 04/16/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| California Healthcare and Rehabilitation Center | 6700 Sepulveda Blvd.<br>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) |
|---|---|
| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>Based on observation, interview and record review, the facility failed to ensure a resident specific care plan was developed for one of two sampled residents (Resident 1), when Resident 1 intermittently refused a physician order for Restorative Nursing Assistant (RNA - are Certified Nursing Assistants [CNAs] with specialized training in rehabilitation techniques, focusing on helping residents regain independence in daily activities) sit-to-stand treatment requiring a two-person assist, scheduled five times per week.This deficient practice had the potential to result in a decline in Resident 1's functional status, including reduced mobility, diminished strength and decreased ability to perform Activities of Daily Living (ADL - essential, routine self-care tasks such as bathing, dressing, eating, transferring, and toileting that residents perform daily). During a review of Resident 1's Face Sheet, the Face Sheet indicated the facility admitted Resident 1 on 3/12/2026, with diagnoses that included but not limited to acute kidney failure with tubular necrosis (when the kidneys suddenly stop working well because the tiny tubes inside them are damaged), diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing), and hypertension (high blood pressure [the force of the blood pushing on the blood vessel walls is too high]). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 3/24/2026, the MDS indicated that Resident 1's cognition (ability to think, reason, and function) was moderately impaired. The MDS further indicated that Resident 1 was dependent on staff for oral hygiene, toileting, showering, upper and lower body dressing, and personal hygiene. During a review of Resident 1's Order Summary Report, the Order Summary Report indicated a physician order dated 3/26/2026 for RNA sit-to-stand treatment using a platform walker (PFW- walker with arm supports where the resident rests their forearms instead of holding hand grips) with a two-person assist, to be provided five times per week (Monday, Tuesday, Wednesday, Friday and Saturday) as tolerated. During a review of Resident 1's Restorative Nursing Orders record, dated 3/27/2026 through 4/16/2026, the Restorative Nursing Orders record indicated that Resident 1 refused the RNA sit-to-stand treatment using PFW with two-person assist on the following dates: 3/28/2026, 3/30/2026, 3/31/2026, 4/3/2026, 4/4/2026, 4/6/2026, 4/7/2026, and 4/8/2026. During a review of Resident 1's Care Plan (CP), titled At risk for further unavoidable decline in range of motion (ROM - the measurement of the distance and direction a joint can move), initiated on 3/26/2026, the CP indicated Resident 1 had altered joint mobility as evidenced by limitations noted to left and right hand and left and right shoulder, with a goal to minimize the risk for further loss of ROM daily. The CP indicated Resident 1's intervention included RNA sit to stand using PFW, with a two-person assist, to be provided five times per week as tolerated and therapy intervention as indicated. During a telephone interview on 4/16/2026 at 1:34 p.m., with RNA 2, RNA 2 stated Resident 1 intermittently refused the RNA order for sit to stand using PFW with a two-person assist. RNA 2 stated that when a resident refuses to participate in RNA exercises, the refusal is to be reported to the charge nurse (CN). During a concurrent interview and record review on 4/16/2026 at 10:30 a.m., with Licensed Vocational Nurse 2 (LVN 2), Resident 1's Restorative Nursing Orders records, dated 3/27/2026 to 4/16/2026 were reviewed. LVN 2 stated the Restorative Nursing Orders records indicated Resident 1 refused the order<br>(continued on next page) |

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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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | for RNA sit to stand using a PFW with a two-person assist on 3/28/2026, 3/30/2026, 3/31/2026, 4/3/2026, 4/4/2026, 4/6/2026, 4/7/2026, and 4/8/2026. LVN 2 further stated that when a resident refuses an order for RNA treatment, the LVN is responsible for explaining to the resident the importance of the treatment. LVN 2 stated that a CP should have been initiated in response to Resident 1's RNA treatment refusals. LVN 2 stated it is important to develop a CP in achieving specific resident goals. During a concurrent interview and record review on 4/16/2026 at 4:22 p.m., with the Director of Nursing (DON), Resident 1's CPs from 3/12/2026 to 4/16/2026 were reviewed. The DON stated that no CP was initiated related to Resident 1's refusal of RNA treatment. The DON further stated that a CP is essential for developing an individualized plan of care for the residents and identifying appropriate interventions as needed. During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, last revised on 3/2023, the P&P indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional need is developed and implemented for each resident. The comprehensive, person-centered care plan describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being including services that would otherwise be provided for the above but are not provided due to the resident exercising his or her rights, including the right to refuse treatment. During a review of the facility's P&P titled, Refusal of Treatment Services, undated, the P&P indicated, An interdisciplinary team (IDT- a collaborative group of healthcare professionals who work together to manage a resident's comprehensive medical, functional and psychosocial needs) shall document the resident's refusal and interventions tried prior to discharge. An alternative program is to be developed and added to the care plan. |