STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056149	A. Building B. Wing	05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
California Healthcare and Rehabilitation Center	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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1) was provided with a safe and comfortable environment when wheelchairs (a mobility device consisting of a chair mounted on wheels, designed for individuals who have difficulty or are unable to walk due to illness, injury, disability or age) and hospital beds were stored in the patio area. This deficient practice had the potential to place Resident 1 and other residents, staff, and visitors at risk for unsafe and/or uncomfortable environment. Findings: During a review of Resident 1's Face Sheet, the Face Sheet indicated the facility admitted Resident 1 on 2/3/2026 with diagnoses that included, but were not limited to cerebral infarction (stroke, loss of blood flow to a part of the brain resulting in damage to brain tissue), Guillain-Barre syndrome (a rare condition where the body's immune system attacks the nerves, causing muscle weakness and sometimes paralysis), and osteoporosis (weak and brittle bones due to lack of calcium and Vitamin D). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 4/29/2026, the MDS indicated Resident 1's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and senses) skills for daily decision making were intact. The MDS further indicated Resident 1 was dependent on eating, oral and personal hygiene, toileting and showering, lower and upper body dressing, and putting on/and taking off footwear. During an interview on 5/26/2026 at 10:12 a.m., with Family Member 1 (FM 1), FM 1 stated when looking out of Resident 1's window from their prior room, it looked like a storage unit because of all the equipment that was kept there. During an observation on 5/26/2026 at 2:15 p.m., on the patio located near the sub-acute unit (special area in a nursing facility or rehabilitation center where residents receive short term medical and rehabilitation care after a hospital stay), observed several wheelchairs and three hospital beds, with two of the hospital beds having mattresses covered with dust, dirt, and debris from a nearby tree. The patio can be accessed by anyone including staff, residents, and visitors through a double door that was not locked. During an interview on 5/26/2026 at 2:48 p.m., with Maintenance 2, Maintenance 2 stated the hospital beds should not have been kept in the patio. Maintenance 2 also stated the patio area was not locked and can be accessed by anybody including residents, which posed a potential safety concern. Maintenance 2 stated the patio should be for residents' use. During an interview on 5/26/2026 at 4:00 p.m., with the Assistant Director of Nursing (ADON), the ADON stated the hospital beds and mattresses should have been stored in an enclosed clean area for safety issues and concerns. The ADON further stated the patio should have been secured to prevent residents, staff, or visitors from accidents when wheelchairs and hospital beds were being placed in the patio. During a review of the facility's policy and procedure (P&P) titled, Hazardous Areas, Devices and Equipment, revised 11/2025, the P&P indicated, All hazardous areas, devices and equipment in the facility will be identified and addressed appropriately to ensure resident safety and mitigate accident hazards to the extent possible. A hazard is defined as anything in the environment that has the potential to cause injury or illness. Examples of environmental hazards include, but are not limited to the following:a. Equipment and devices that are left unattended or are malfunctioning.Any element of the resident environment that has the potential to cause injury and that (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	is accessible to a vulnerable resident is considered hazardous. During a review of the facility's P&P titled, Grounds, revised 11/2025, the P&P indicated, Areas around the buildings (i.e., sidewalks, patios, gardens, etc.) shall be maintained in as safe and orderly manner at all times.