

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/09/2026
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)		
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the proper use of a low air loss mattress (LALM- a specialty bed that alternates pressure to help heal and prevent pressure ulcer/injuries [PU/PI-injuries that breakdown the skin and underlying tissue when an area of skin is placed under pressure]) for two of three sampled residents (Resident 2 and Resident 3) when on 6/8/2026 a cloth bed pad and a sheet were placed over the mattress surface while Resident 2 and Resident 3 were also wearing an incontinence (loss of bowel or bladder control) brief (diaper). This deficient practice had the potential to compromise the effectiveness of the LALM by reducing airflow and pressure redistribution, thereby increasing the risk of skin breakdown, development or worsening of PU/PI, excess moisture retention and delayed wound healing. Findings: a. During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 5/1/2025 with diagnoses that included, but were not limited to, non-traumatic intracerebral hemorrhage (bleeding inside the brain that was not caused by a head injury or trauma), acute respiratory failure (a sudden, life threatening condition where the lungs cannot properly exchange oxygen and carbon dioxide), and hemiplegia (paralysis [loss of movement]) on one side of the body and hemiparesis (weakness on one side of the body) following cerebral infarction (a type of stroke caused by a blockage of blood flow to part of the brain). During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 5/13/2026, the MDS indicated Resident 2's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and senses) skills for daily decision making were severely impaired. The MDS further indicated Resident 2 was dependent on oral, toileting, and personal hygiene, showering, upper and lower body dressing, and putting on/and taking off footwear. During a review of Resident 2's Braden Scale (tool used for predicting PU/PI risk) score dated 5/11/2025, the Braden Scale indicated Resident 2's score was 9. The Braden Scale further indicated Resident 2 had a very high risk of developing PU/PI. During a review of Resident 2's Physician Order dated 1/23/2026, the Physician Order indicated a LALM mattress was ordered for skin care and management. During a concurrent observation and interview on 6/9/2026 at 8:36 a.m., with Registered Nurse (RN) 1, observed Resident 2 lying on a LALM while wearing an incontinence brief. The LALM was covered with a flat sheet and a cloth incontinence pad. When RN1 was asked what the recommended linen set up for a LALM, RN 1 stated there should only be two layers of linen between the resident and mattress. RN 1 further stated that Resident 1 should not have been wearing an incontinence brief when an incontinence pad and sheet were placed over the LALM to prevent moisture retention and skin breakdown. b. During a review of Resident 3's admission Record, the admission Record indicated the facility admitted Resident 3 on 5/4/2024 and was readmitted on [DATE] with diagnoses that included, but were not limited to, acute respiratory failure (a sudden, life threatening condition where the lungs cannot properly exchange oxygen and carbon dioxide), traumatic brain injury (TBI-a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head), and functional quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury). During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3's cognitive (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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/09/2026
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)		
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	skills for daily decision making were severely impaired. The MDS further indicated Resident 3 was dependent on eating, oral, toileting, and personal hygiene, showering, upper and lower body dressing, and putting on/and taking off footwear. During a review of Resident 3's Braden Scale (tool used for predicting PU/PI risk) score dated 5/30/2026, the Braden Scale indicated Resident 3's score was 10. The Braden Scale further indicated Resident 3 had a high risk of developing PU/PI. During an observation on 5/9/2026 at 8:35 a.m. in Resident 3's room, Resident 3 was observed lying on LALM covered with cloth incontinence pad and flat sheet while wearing incontinence brief. During an interview on 5/9/2026 at 9:10 a.m., with Certified Nursing Assistant (CNA) 4, CNA 4 stated Resident 3 should not have a cloth pad placed underneath the resident when wearing a diaper to prevent skin breakdown. CNA 4 further stated Resident 3's cloth pad was removed and only a flat sheet was used between the resident and LALM after putting a clean diaper on Resident 3. During an interview on 5/9/2026 at 2:40 p.m., with the Assistant Director of Nursing (ADON), the ADON stated that according to the facility's policy, there should be no more than two layers of linens used for a LALM. The ADON stated residents on LALM should not be wearing both diapers and cloth pads because it can interfere with the LALM from working properly to reduce moisture which may lead to skin breakdown. During a review of the facility's policy and procedure (P&P) titled, Pressure-reducing mattresses, undated, the P&P indicated, To provide mattresses that will prevent and/or minimize pressure on the skin. Place flat sheet over mattress, while ensuring that no more than two layers of linen are between resident and pressure reducing mattress (this excludes the thin mattress cover from the manufacturer).		