

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

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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 07/24/2026
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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on interview and record review, the facility failed to respect personal privacy for one of three sampled residents (Residents 2) when a staff member entered the resident's room without permission. This deficient practice had the potential to result in negatively affecting the safety and security for this resident. Findings: During a review of Resident 2's admission Record, the admission Record indicated the facility admitted the resident on 5/9/2017 and readmitted the resident on 9/17/2025 with diagnoses that include myocardial infarction (MI-heart attack), chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing), and type two (2) diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 2's Minimum Data Set (MDS- a resident assessment tool) dated 5/28/2026, the MDS indicated that Resident 2 has intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) and requires maximal assistance on staff with toileting hygiene, shower or bathing, dressing, and toilet transfer. During an interview on 7/20/2026 at 4:00 p.m., with Resident 2, Resident 2 stated that on 7/10/2026 before 7 a.m., she asked Certified Nursing Assistant 9 (CNA 9) to change her incontinence brief (disposable absorbent garment used to manage moderate to heavy bladder or bowel leakage) when CNA 7 walked into Resident 2's room without knocking. Resident 2 stated that she told CNA 7 to leave the room because CNA 7 was not assigned to her and did not feel comfortable to have CNA 7 in the room while being changed by CNA 9. During an interview on 7/23/2026 at 3:13 p.m., with CNA 7, CNA 7 stated CNA 7 entered Resident 2's room without Resident 2's permission. CNA 7 stated that she followed CNA 9 to help since it was already the end of their 11pm to 7am shift. CNA 7 stated that she should have asked Resident 2 permission to enter her room because it is the resident's right to have their personal privacy and space be respected. During an interview on 7/24/2026 at 3:45 p.m., with the Assistant Director of Nursing (ADON), the ADON stated CNA 7 should have asked Resident 2's permission to enter her room because it is the resident's right to have their personal privacy and space be respected. The ADON stated by violating the resident's personal space and privacy, there's a potential for the resident to feel insecure and not feel safe in the facility. During a review of the facility's policy and procedure (P&P) titled, Resident Rights, last reviewed on 10/20/2025, the policy indicated the resident has the right to personal privacy and confidentiality of his or her personal clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 056149	Facility ID: 056149
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