

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2026
NAME OF PROVIDER OR SUPPLIER Lake Balboa Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 16955 Vanowen Street Van Nuys, CA 91406	
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 0620 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to complete the facility's admission packets including admission agreements and the facility orientation packets upon admission per its policy and procedure (P&P) for three of four sampled residents (Resident 1, Resident 3, and Resident 4). This failure had the potential to result in the residents and residents' responsible parties (RP - an individual who signs a facility's admission agreement to manage a resident's care, administrative tasks, and billing arrangements) not being able to exercise their rights including a resident's continued stay in the facility with Medi-Cal (Medicaid - a public health insurance program funded by the government that provides free or low-cost medical care to people with low incomes and limited resources, and Medi-Cal is the specific name used in California) benefits. Findings: During a record review of the facility's Medi-Cal Certificate, dated 2/1/2023, the Medi-Cal Certificate indicated, Your Medi-Cal certification is effective from the date specified above and continues as long as the provider maintain compliance with State and Federal law, rules and regulations, as determined by annual survey. During a record review of the California Department of Public Health (CDPH) letter issued 3/22/2024 that was provided by the facility, the CDPH letter indicated, This letter and your enclosed certificate verify your facility's participation in the Medi-Cal program and should be retained in your records. 1. During a review of Resident 1's Face Sheet (admission Record), the Face Sheet indicated that the facility originally admitted Resident 1 on 5/25/2026 and re-admitted the resident on 6/6/2026 with diagnoses including encephalopathy (damage or disease that affects the brain), acute (sudden, intense flare-up) respiratory failure with hypoxia (a severe deficiency of oxygen in the blood and tissues), end stage renal disease (ESRD - irreversible kidney failure), and dependence on renal dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidneys have failed). The Face Sheet further indicated that Resident 1 had a Medicaid number. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 6/9/2026, the MDS indicated that Resident 1's cognition (ability to think, understand, and make decisions) was severely impaired. The MDS also indicated Resident 1 was dependent on staff for transferring and required maximum assistance from staff for toileting/personal hygiene, showering, lower body dressing, and bed mobility (movement). During a review of Resident 1's admission packet that included the facility orientation packet and the admission agreement, the admission packet indicated that on 7/17/2026, the Admissions Assistant 1 (AA 1) wrote Refused indicating Resident 1's RP (RP 1) refused to sign the acknowledgment portion of the document. During a phone interview on 7/21/2026 at 12:02 p.m., with RP 1, RP 1 stated that the facility informed RP 1 the facility did not provide Medi-Cal custodial care (MCC - non medical help with everyday life, such as bathing, dressing, and eating, provided in a nursing home when you have low income and limited assets) so RP (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 0620 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1 needed to transfer Resident 1 to another facility that could bill to Medi-Cal, but when RP 1 checked the website (a digital location on the internet made up of a collection of connected pages), the facility was eligible to provide the services for Medicare and Medi-Cal beneficiaries. RP 1 further stated that Resident 1 was old and not easy to transfer and adjust to a new environment. During a concurrent interview and record review on 7/22/2026 at 10:29 a.m., with Admissions Assistant 1 (AA 1), AA 1 stated that tried to complete the admission packets by obtaining a resident's or family's signature upon admissions or at least on the following business day. AA 1 reviewed Resident1's admission packet and stated that the facility admitted Resident 1 initially on 5/25/2026, transferred to hospital on 5/31/2026, then readmitted on [DATE], the first contact was to complete the admission packet with RP 1 on 6/19/2026, but AA 1 did not receive the response from RP 1 until 7/17/2026, so AA 1 documented as refused as of 7/17/2026.2. During a review of Resident 3's Face Sheet, the Face Sheet indicated that the facility admitted Resident 3 on 7/6/2026 with diagnoses including acute respiratory failure with hypoxia and acute pulmonary edema (PE - fluid in the lungs).During a review of Resident 3's MDS dated [DATE], the MDS indicated that Resident 3's cognition was moderately impaired. The MDS also indicated Resident 3 required moderate assistance from staff for toileting hygiene, showering, lower body dressing, and transferring, required supervision or touching assistance for oral/personal hygiene, upper body dressing and bed mobility (movement). During a concurrent interview and record review on 7/22/2026 at 10:50 a.m., AA 1 stated the facility admitted Resident 3 on 7/6/2026, and on 7/9/26, AA 1 left the message to Resident 3's RP to complete the admission packet, but there was no response, so Resident 3's admission packet was not completed as of that day (7/22/2026). AA 1 stated there was no documented evidence the AA 1 made attempts to contact either Resident 3's RP or Resident 3. AA 1 further stated that in general if a resident or family asked AA 1 regarding Medi-Cal benefits while reviewing the admission packets, then AA 1 would refer them to the Business Office. 3. During a review of Resident 4's Face Sheet, the Face Sheet indicated that the facility admitted Resident 4 on 5/8/2026 with diagnoses including right hip fracture (broken bone), history of fall, and bilateral (both sides) primary osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) of knee. During a review of Resident 4's MDS dated [DATE], the MDS indicated that Resident 4's cognition was moderately impaired. The MDS also indicated Resident 4 required maximum assistance from staff for shower transfers and required moderate assistance from staff for toileting/personal hygiene, showers, upper/lower body dressing, and bed mobility. During a review of Resident 4's admission packet that included the facility orientation packet and the admission agreement, the admission packet indicated that on 7/15/2026 a word Refused was written. During a concurrent interview and record review on 7/22/2026 at 10:45 a.m., AA 1 reviewed Resident 4's admission packet and stated the facility admitted Resident 4 on 5/8/2026 and AA 1 approached Resident 4 on 5/11/2026 to complete the admission packet, but Resident 4 stated that the resident was going to sign it later because it was too long. AA 1 stated AA 1 documented on the acknowledgment portion of the document as refused on 7/15/2026, but AA 1 was not able to provide documented evidence the attempts to complete the admission packet with Resident 4, so AA 1 could not tell when Resident 4 was approached and why the document was not completed. During an interview on 7/22/2026 at 10:58 a.m., with the Administrator (ADM), the ADM stated that the residents' admission packets should be completed within 72 hours after admitting the residents to the facility and if anyone refused to sign the forms, the facility staff should document because if not documented, the facility could not tell the facility tried to complete the residents' admission packets in a timely manner. During a review of the facility's P&P titled, Administrative Manual for Admission, last reviewed on 4/21/2026, the P&P indicated that the admission agreement (continued on next page)		

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F 0620 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and legal papers and consents necessarily for the clinical/medical record, will be completed at the time of admission by the resident if capable of giving consent or a designated representative or based on conservatorship as authorized to action on behalf of the resident. The P&P also indicated that the resident, legal or authorized representative will give written, signed, dated consent (confirmation of consent) for (See admission Packet for details). During a review of the facility's P&P titled, Resident Rights, last reviewed on 4/21/2026, the P&P indicated, It is the policy of this facility to inform the resident both orally and in writing of their rights as a resident, as well as the rules and regulations governing the resident's conduct and responsibilities during their stay in the facility. Procedure: Prior to or upon admission, a representative of the admitting office will provide the resident with a written copy of resident rights and a copy of all rules and regulations governing the resident's conduct and responsibilities during their stay in the facility. The resident will also be provided with a State developed notice of Medicaid rights and obligations, if any.		

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify a resident's responsible party (RP - an individual who signs a facility's admission agreement to manage a resident's care, administrative tasks, and billing arrangements) for one of four sampled residents (Resident 1) that the facility had the Medi-Cal (Medicaid - a public health insurance program funded by the government that provides free or low-cost medical care to people with low incomes and limited resources, and Medi-Cal is the specific name used in California) certificate and was eligible to provide the care and services for the Medi-Cal beneficiaries when the Medicare (an official government health insurance program mainly for people age [AGE] and older, as well as some younger people with disabilities) skilled benefits end. This failure had the potential to result to Resident 1 and Resident 1's RP not being able to exercise their rights to file with Medi-Cal benefits. Findings: During a record review of the facility's Medi-Cal Certificate dated 2/1/2023, the Medi-Cal Certificate indicated, Your Medi-Cal certification is effective from the date specified above and continues as long as the provider maintain compliance with State and Federal law, rules and regulations, as determined by annual survey. During a record review of the California Department of Public Health (CDPH) letter issued 3/22/2024 that was provided by the facility, the CDPH letter indicated, This letter and your enclosed certificate verify your facility's participation in the Medi-Cal program and should be retained in your records. During a review of Resident 1's Face Sheet (admission Record), the Face Sheet indicated that the facility originally admitted Resident 1 on 5/25/2026 and re-admitted the resident on 6/6/2026 with diagnoses including encephalopathy (damage or disease that affects the brain), acute (sudden, intense flare-up) respiratory failure with hypoxia (a severe deficiency of oxygen in the blood and tissues), end stage renal disease (ESRD - irreversible kidney failure), and dependence on renal dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidneys have failed). The Face Sheet further indicated that Resident 1 had a Medicaid number. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 6/9/2026, the MDS indicated that Resident 1's cognition (ability to think, understand, and make decisions) was severely impaired. The MDS also indicated Resident 1 was dependent on staff for transferring and required maximum assistance from staff for toileting/personal hygiene, showering, lower body dressing, and bed mobility (movement). During a review of Resident 1's Interdisciplinary Team (IDT - a group of people with different types of training and skills - such as doctors, nurses, and social workers who work closely together to reach a shared goal) Care Plan Review notes dated 6/6/2026, the discharge plan summary indicated that Resident 1 was admitted for short term rehabilitation and nursing services, the Social Services Director (SSD) explained Resident 1's RP (RP 1) that the facility could not bill to Medi-Cal beyond Medicare skilled days due to facility Medi-Cal de-certifying process, RP 1 verbalized understanding, and the SSD could assist Resident 1's transfer to another facility if requested. During a phone interview on 7/21/2026 at 12:02 p.m., with RP 1, RP 1 stated that the facility informed RP 1 the facility did not provide Medi-Cal custodial care (MCC - non medical help with everyday life, such as bathing, dressing, and eating, provided in a nursing home when you have low income and limited assets) so RP 1 needed to transfer Resident 1 to another facility that could bill Medi-Cal, but when RP 1 checked the website (a digital location on the internet made up of a collection of connected pages), the facility was eligible to provide the services for Medicare and Medi-Cal beneficiaries. RP 1 further stated that Resident 1 was old and not easy to transfer and adjust to a new environment. During an interview on 7/22/2026 at 8:35 a.m., with the SSD, the SSD (continued on next page)		

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated that RP 1 informed Resident 1 had to wait for six months to one year to be admitted to another facility if approved. When the SSD was asked if the SSD provided the information to RP 1 that the facility provided Medi-Cal custodial care and could bill to Medi-Cal while waiting, the SSD stated that the SSD explained verbally but was not able to provide documented evidence that SSD provided the information to RP 1. During a concurrent interview and record review on 7/23/2026 at 10:48 a.m., with the Assistant Director of Nursing (ADON) and the SSD, Resident 1's IDT Care Plan Review notes dated 6/6/2026 were reviewed. The SSD stated that Resident 1's summary of discharge plan indicated that the SSD explained to RP 1 that the facility could not bill Medi-Cal due to facility undergoing Medi-Cal decertifying process, RP 1 verbalized understanding, and the SSD could assist lateral transfer to another facility if requested. The SSD stated that this was mistakenly documented and that she did not provide that information to RP 1 because at that time the SSD was informed that the facility could bill Medi-Cal. When the SSD was asked if the SSD provided the information to RP 1 and documented that the facility could provide the Medi-Cal custodial care under Medi-Cal benefits when Medicare skilled benefits end, the SSD stated that there was no documented evidence that it was discussed with RP 1 not until the morning of 7/23/2026 (documentation was done after it was brought to the facility's attention by the surveyor). During a review of the facility's policy and procedure (P&P) titled, Resident Rights, last reviewed on 4/21/2026, the P&P indicated that it was the policy of this facility to inform the resident both orally and in writing of their rights as a resident, as well as the rules and regulations governing the resident's conduct and responsibilities during their stay in the facility. And the P&P further indicated that prior to or upon admission, a representative of the admitting office will provide the resident with a written copy of resident rights and a copy of all rules and regulations governing the resident's conduct and responsibilities during their stay in the facility. The resident will also be provided with a State developed notice of Medicaid rights and obligations, if any.		