STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056337	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Panorama Gardens Nursing and Rehabilitation Center	9541 Van Nuys Blvd. Panorama City, CA 91402

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide care in a manner that promoted and maintained residents' rights for two of four sampled residents (Resident 1 and Resident 4) by: Failing to ensure Certified Nursing Assistant 1 (CNA 1) acknowledged and communicated with Resident 1 and informed Resident 1 before lowering Resident 1's head of the bed. Failing to ensure Housekeeping Staff (HK) knocked on Resident 4's door prior to entering Resident 4's room. These deficient practices had the potential to compromise Resident 1 and Resident 4's dignity, privacy, autonomy (resident's right to make their own choices), self-esteem and sense of self-worth. During a review of Resident 1's Face Sheet, the Face Sheet indicated the facility originally admitted Resident 1 on 2/15/2026 with diagnoses including encephalopathy (a broad term for any disease, damage, or malfunction that affects the brain's structure or function), morbid (severe) obesity (a complex medical disease characterized by an excessive amount of body fat that increases the risk of health problems) due to excess calories, and other reduced mobility. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 5/12/2026, the MDS indicated Resident 1's cognitive (the mental process involved in knowing, learning, and understanding things) skills for daily decision making was severely impaired. The MDS further indicated Resident 1 was dependent on staff for oral hygiene, toileting hygiene, showering or bathing, dressing, personal hygiene and mobility (movement). During a review of Resident 1's care plan for Activities of Daily Living (ADL- fundamental, routine tasks individuals perform to care for themselves and live independently) Self-Care Performance, last updated on 5/12/2026, the care plan indicated staff to converse with the resident while providing care. During an observation on 5/28/2026 at 10:35 a.m., in Resident 1's room, with CNA 1 and the Infection Preventionist (IP) present for translation, observed Resident 1 lying in bed. Observed CNA 1 lowered the head of Resident 1's bed using the bed remote without first informing or explaining the action to Resident 1. CNA 1 was also observed providing care at the bedside (direct, hand-on resident care and the physical location where it takes place [space or area immediately next to a bed]) without conversing with Resident 1. During an interview on 5/28/2026 at 10:38 a.m., with the IP, the IP stated that CNA 1 did not explain to Resident 1 that she (CNA 1) was going to lower Resident 1's head of bed and did not communicate with the resident (Resident 1) while at Resident 1's bedside. During an interview on 5/28/2026 at 10:30 a.m., with the Administrator (ADM), the ADM stated that all staff should explain procedures and communicate with residents prior to performing care interventions in order to uphold residents' rights. During an interview on 5/28/2026 at 10:46 a.m., with CNA 1 in the presence of the IP for translation, CNA 1 stated that she does not speak much English. CNA 1 stated that she did not inform Resident 1 that she (CNA 1) was going to lower Resident 1's head of bed. When asked why, CNA 1 stated that she (CNA 1) did not know how to explain the procedure in English. CNA 1 further stated that she understood the importance of informing residents about procedures and conversing with them; however, she (CNA 1) does not explain certain procedures or engage in conversation because she does not speak English. CNA 1 also stated that residents often attempt to speak with her (CNA 1), but when they speak in English, she has to stop (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	them and tell them, No English. During an interview on 5/28/2026 at 11:07 a.m., with the Director of Staff Development (DSD), the DSD stated that it is important that all staff should explain procedures to all residents before providing care in order to inform residents about what is occurring and to obtain permission to perform a procedure, such as lowering residents' head of bed. The DSD continued to state that it is important for residents to be aware of their surroundings and the care being provided. The DSD further stated that staff should engage residents in conversation to demonstrate respect and should not perform tasks without acknowledging the resident. b. During a review of Resident 4's Face Sheet, the Face Sheet indicated the facility originally admitted Resident 4 on 6/30/2021 with diagnoses including epileptic seizures (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness) related to external causes, need for assistance with personal care, and blindness (the complete or nearly complete loss of sight that cannot be corrected with glasses, contact lenses, medicine, or surgery). During a review of Resident 4's MDS dated [DATE], the MDS indicated Resident 4's cognitive skills for daily decision making was severely impaired. The MDS indicated Resident 4 required supervision or touching assistance from staff with eating, required substantial/maximal assistance from staff with oral hygiene and personal hygiene, and was dependent on staff for toileting. During an observation on 5/29/2026 at 10:52 a.m., in Resident 4's room, observed HK enter Resident 4's room without knocking or introducing herself prior to entering Resident 4's room. During an interview with HK on 5/29/2026 at 10:53 a.m., HK stated that she did not knock prior to entering Resident 4's room. HK stated that she should have knocked and should have informed the resident of her presence before entering. HK stated that she did not knock prior to entering Resident 4's room because the Resident (Resident 4) was sleeping and further stated that she was confused, which contributed to her failure to knock prior to entering the room. During an interview on 5/29/2026 at 12:44 p.m., with the DSD, the DSD stated that all staff should knock on residents' door, introduce themselves, and wait for permission before entering a resident's room. The DSD stated that knocking before entering a residents' room without first obtaining permission. The DSD further stated that knocking before entering is important to maintain resident's dignity and demonstrate respect to residents. During a review of the facility's policy and procedure (P&P) titled Resident Rights, reviewed on 3/9/2026, the P&P indicated it is a policy of this facility that all resident rights be followed per state and federal guidelines as well as other regulative agencies. The P&P further indicated to be treated with consideration, respect, and full recognition of his or her dignity and individuality.

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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. 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 break down the skin and underlying tissue when an area of skin is placed under pressure]) by placing multiple layers of linen on top of the LALM for one of four sampled residents (Resident 1). This deficient practice had the potential to reduce the effectiveness of the LALM, increase pressure on Resident 1's skin, and place Resident 1 at risk for skin breakdown and the development of PU/PI.During a review of Resident 1's Face Sheet, the Face Sheet indicated the facility originally admitted Resident 1 on 2/15/2026 with diagnoses including encephalopathy (a broad term for any disease, damage, or malfunction that affects the brain's structure or function), morbid (severe) obesity (a complex medical disease characterized by an excessive amount of body fat that increases the risk of health problems) due to excess calories, and other reduced mobility. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 5/12/2026, the MDS indicated Resident 1's cognitive (the mental process involved in knowing, learning, and understanding things) skills for daily decision making was severely impaired. The MDS further indicated Resident 1 was dependent on staff for oral hygiene, toileting hygiene, showering or bathing, dressing, personal hygiene and mobility (movement). The MDS indicated resident is at risk for developing pressure ulcers/injuries. The MDS indicated the use of a pressure-reducing device for the bed as part of the resident's skin and ulcer (a small open sore or wound generally found in the stomach or on the skin)/injury treatment. During a review of Resident 1's Order Summary Report dated 2/26/2026, the Order Summary Report indicated the resident (Resident 1) was to use a Low Air Loss Mattress. During an observation on 5/28/2026 at 9:45 a.m., in Resident 1's room, observed Resident 1 lying in bed, on a LALM. Observed Resident 1 wearing an adult brief and was positioned on multiple layers of linen. During an observation and concurrent interview with Certified Nursing Assistant 1 (CNA 1) on 5/28/2026 at 10:36 a.m., in Resident 1's room, in the presence of the Infection Preventionist (IP) for translation, observed CNA 1 providing care to Resident 1 in Resident 1's room. Observed Resident 1 laying on a LALM with multiple layers of linen between the resident and the mattress. CNA 1 stated that Resident 1 was lying on one fitted sheet, one folded draw sheet, and an adult brief. When asked how many layers were between the resident (Resident 1) and the LALM, CNA 1 stated there were six layers. During an observation and concurrent interview with the MDS Nurse (MDSN) on 5/29/2026 at 9:34 a.m., in Resident 1's room, observed Resident 1 lying on the LALM with multiple layers of linen. The MDSN stated that Resident 1 was lying on one fitted sheet, one folded draw sheet, and an adult brief, creating a total of six layers between the resident and the LALM. The MDSN further stated that residents on a LALM should have only one layer between the resident and the LALM to function properly and help prevent PU/PI. During an interview with Treatment Nurse 1 (TN 1) on 5/29/2026 at 10:29 a.m., TN 1 stated that residents on LALM should have only one layer between the resident and the LALM. During an interview on 5/29/2026 at 2:02 p.m., with the Director of Nursing (DON), the DON stated that the purpose of a LALM is to help prevent and/or promote healing of PU/PI by providing pressure redistribution through alternating air pressure on the LALM. The DON further stated that a LALM is also used for residents who are unable to turn and reposition themselves. The DON stated that residents on a LALM should have only two layers between the resident and the LALM surface, an adult brief and a sheet. The DON stated that excessive layers between the resident and the mattress could interfere with the effectiveness of the LALM, increase the risk of PU/PI development, delay wound healing, and defeat the purpose of the LALM. During a review of the facility's policy and procedure (P&P) titled, Low Air Loss, Alternating Pressure Pad or Mattress, reviewed on 3/9/2026, the P&P indicated it is the policy of this facility to prevent and treat pressure ulcers, alternate pressure under bony prominences and provide resident comfort.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on interview and record review the facility failed to implement its policy regarding nursing staff competency by failing to ensure that Certified Nursing Assistants (CNA) received comprehensive clinical competency skills review prior to the CNA's annual performance evaluation for one of three sampled CNAs (CNA 3). This deficient practice had the potential to result in unrecognized competency deficits and place residents at risk of not receiving necessary care and services in accordance with professional standards and their identified needs.During a concurrent interview and record review on 5/29/2026 at 12:18 p.m., with the Director of Staff Development (DSD), the DSD reviewed CNA 3's personnel file and CNA 3's C.N.A. Comprehensive Clinical Competency Review- Skills Checklist form and stated that CNA 3's clinical competency review was conducted on 1/22/2026. The DSD also reviewed CNA 3's Annual Performance Review form and stated that CNA 3's annual performance evaluation was conducted on 12/24/2025. The DSD stated that CNA 3's annual performance evaluation was conducted prior to completion of the required clinical competency review. During a concurrent interview and record review on 5/29/2026, at 12:26 p.m. with the DSD, the DSD reviewed the facility's policy titled, Nursing Staffing Competency. The DSD stated that she (DSD) was unaware of the facility's requirement that the annual skills competency evaluation be completed prior to a CNA's annual performance evaluation. During a review of the facility's policy and procedure (P&P) titled Nursing Staff Competency, reviewed on 3/9/2026, the P&P indicated It is the policy of this facility to have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnosis of the facilities resident population in accordance with the facility assessment. The policy further indicated that the facility will identify annual skills competencies needed for each role and establish a schedule or process to facilitate completion of skills and competency evaluations. The P&P further indicated that successfully completed orientation and skills check are required prior to the employee's annual evaluation.