Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056367	A. Building B. Wing	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center of North Hills	9655 Sepulveda Boulevard North Hills, CA 91343

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39550 Based on interview and record review, the facility failed to maintain complete and accurate medical records in accordance with accepted professional standards for three of three sampled residents (Resident 1, Resident 2, and Resident 3) by failing to document residents ' name, date of birth, and admitted as indicated on the facility ' s Bedhold Information Consent form. This deficient practice has the potential to result in residents ' medical records not being identifiable due to the incomplete information on Resident 1, Resident 2, and Resident 3 ' s Bedhold Information Consent form. Findings: a. During a review of Resident 1 ' s Admission Record, the Admission Record indicated the facility admitted Resident 1 on 2/7/2025 with diagnoses that included sepsis (blood infection), injury at C5 level of cervical spinal cord (the upper portion of the spinal cord, located in the neck region), paraplegia (loss of movement and/or sensation, to some degree, of the legs), and pressure ulcer localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence) of unspecified site. During a review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and screening tool) dated 2/14/2025, the MDS indicated Resident 1 ' s cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the sense) was intact. The MDS indicated Resident 1 was dependent with eating, oral hygiene, toileting, and personal hygiene. During a concurrent interview and record review with the Admission Coordinator (AC) on 3/6/2025 at 11:46 p. m., reviewed Resident 1 ' s Bedhold Information Consent dated 2/12/2025. The AC stated that the X is Resident 1 ' s signature because Resident 1 ' s hands were contracted (occurs when your muscles, tendons, joints, or other tissues tighten or shorten causing a deformity). During a concurrent interview and record review with the Medical Records Director (MRD) on 3/6/2025 at 2:50 p.m., reviewed Resident 1 ' s Bedhold Information Consent. The MRD stated that the form is not completed because Resident 1 ' s Bedhold Information Consent is missing resident information. The MRD stated Resident 1 ' s name, date of birth, and admitted is not documented on Resident 1 ' s Bedhold Information Consent dated, 2/12/2025. (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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	056367	A. Building B. Wing	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center of North Hills	9655 Sepulveda Boulevard North Hills, CA 91343

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. During a review of Resident 2 ' s Admission Record, the Admission Record indicated the facility originally admitted Resident 2 on 5/7/2023 and readmitted on [DATE] with diagnoses that included dislocation of internal left hip prosthesis, unspecified injury of lower back, and difficulty in walking. During a review of Resident 2 ' s MDS dated [DATE], the MDS indicated Resident 2 ' s cognition was intact. The MDS indicated Resident 2 required set up or clean up assistance with eating and oral hygiene, required supervision or touching assistance with personal hygiene, and was dependent with toileting hygiene. During a concurrent interview and record review with the Assistant Director of Nursing (ADON) on 3/6/2025 at 3:21 p.m., the ADON reviewed Resident 2 ' s Bedhold Information Consent. The ADON stated that the consent is not completed because Resident 2 ' s name, date of birth, and admitted is not documented on Resident 2 ' s Bedhold Information Consent dated, 2/6/2025. c. During a review of Resident 3 ' s Admission Record, the Admission Record indicated the facility originally admitted Resident 3 on 7/10/2024 and readmitted on [DATE] with diagnoses that included cerebral palsy (A congenital disorder [an often-inherited medical condition that occurs at or before birth] of movement, muscle tone, or posture). During a review of Resident 3 ' s MDS dated [DATE], the MDS indicated Resident 3 ' s cognition was severely impaired. The MDS indicated Resident 3 was dependent with oral hygiene, toileting hygiene, and personal hygiene. During a concurrent interview and record review with the ADON on 3/6/2025 at 3:22 p.m., reviewed Resident 3 ' s Bedhold Information Consent. The ADON stated that the consent is not completed because Resident 3 ' s name, date of birth, and admitted is not documented on Resident 3 ' s Bedhold Information Consent dated, 2/2/2025. During a review of the facility ' s policy and procedure titled Completion & Correction, revised 5/1/2019, the policy and procedure indicated the purpose of the policy is to ensure that medical records are complete and accurate. The facility will work to complete and correct medical records in a standardized manner to provide the highest quality and accuracy in documentation.