

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056367	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER The Rehabilitation Center of North Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39739</p> <p>Based on interview and record review, the facility failed to develop a comprehensive person-centered care plan (a written course of action that helps a resident achieve outcomes that improve their quality of life) for one of four sampled residents (Resident 1), to address Resident 1's noncompliance with his physician ordered diet.</p> <p>This deficient practice had the potential to negatively affect the delivery of care and services to Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted on [DATE] with diagnoses that included acute kidney failure (occurs when the kidneys suddenly become unable to filter waste products from the blood), chronic kidney disease (gradual loss of kidney function) - stage 4 (severe), type 2 diabetes mellitus (a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 1/20/2025, the MDS indicated Resident 1 had intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses).</p> <p>During a review of Resident 1's Order Summary Report dated 12/3/2024, the Order Summary Report indicated Resident 1 had a physician diet order for a Controlled Carbohydrate Diet (CCHO- focuses on consuming a consistent amount of carbohydrates throughout the day to help stabilize blood sugar), Liberal Renal Diet (a more relaxed diet without the usual strict renal [relating to kidneys] diet restrictions like low sodium [a mineral needed by the body to keep body fluids in balance], protein [essential for the body to function properly], potassium [essential mineral for maintaining fluid balance, nerve function, muscle contraction and heart health], and phosphorus [a vital mineral that plays a crucial role in building strong bones and teeth, supporting cell function, and helping the body store and use energy], to allow for more food choices and improve quality of life, while still managing kidney disease), No added Salt (NAS - means no salt has been added during the preparation of the food).</p> <p>(continued on next page)</p>

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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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/2/2025 at 11:00 a.m., with the Social Services Director (SSD), the SSD stated that Resident 1 was known to order outside food or have his (Resident 1) family bring him (Resident 1) outside food and would eat the outside food rather than the facility provided food. The SSD stated Resident 1 would usually have extra outside food which he (Resident 1) would save in the refrigerator designated for residents and would have the staff reheat the food for him to eat later that day or the next day.</p> <p>During an interview on 4/2/2025 at 1:20 p.m., with Certified Nursing Assistant 2 (CNA 2), CNA 2 stated that she (CNA 2) was Resident 1's regularly assigned CNA for the 7:00 a.m. to 3:00 p.m. shift and cared for Resident 1 five to six days per week. CNA 2 stated Resident 1 would ask his family to bring him outside food from fast food restaurants almost daily and was very noncompliant with his diet. CNA 2 stated that although Resident 2 was not allowed to have a lot of salt, he was regularly eating the outside food brought in by his family, which was usually fried chicken.</p> <p>During a concurrent interview and record review on 4/2/2025 at 1:34 p.m., with the Director of Nursing (DON), Resident 1's Care Plan Report dated 3/7/2023 to 4/2/2025 was reviewed. The DON stated that she (DON) was not aware of Resident 1's noncompliance with his diet since she (DON) was only recently hired and was still getting to know the residents. The DON stated that after looking through all of Resident 1's Care Plan Report (from 3/7/2023 to 4/2/2025), there was no care plan developed to address Resident 1's noncompliance with his (Resident 1) physician ordered diet. The DON stated any noncompliance for any resident should be addressed with a care plan and added that any staff could create a care plan. The DON stated that it was important to develop a care plan to address Resident 1's noncompliance with his (Resident 1) diet so that if there are any complications such as weight gain, staff would be able to identify the cause immediately. The DON added that Resident 1 should have had a care plan to address his (Resident 1) non-compliance to his prescribed diet, especially since Resident 1 is a dialysis (a treatment that filters waste and excess fluid from your blood when your kidneys are failing) resident and sticking to his prescribed diet is an important part of managing his kidney issues.</p> <p>During a review of the facility's policy and procedure titled, Develop-Implement Comprehensive Care Plans, last revised in 1/2025 indicated it is the policy of the facility to develop a person-centered comprehensive care plan and implemented to meet each resident's preferences and goals, and address the resident's medical, physical, mental and psychosocial needs.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39739</p> <p>Based on observation, interview and record review, the facility failed to implement infection control practices to prevent the spread of Coronavirus Disease 2019 (COVID 19 - a highly contagious respiratory illness in humans capable of producing severe symptoms) by failing to ensure two of two sampled staff (Respiratory Therapist 1 [RT 1] and Licensed Vocational Nurse 1 [LVN 1]) wore an N95 (a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles) while in the facility during a COVID 19 outbreak (a sudden increase in the number of COVID 19 positive cases).</p> <p>This deficient practice had the potential to result in an increase of COVID 19 positive cases and had the potential to result in the spread of infection placing residents, staff, and visitors at risk to be infected with COVID 19.</p> <p>Findings:</p> <p>During an observation on 4/2/2025 at 12:36 p.m., observed RT 1 walking out of Room A, a room that had a red contact precautions signage near the door indicating that the room had COVID 19 positive residents. RT 1 was observed wearing a mask that looked like an N95 but had ear loop straps instead of the two elastic bands that are worn over the back of the head and neck.</p> <p>During an interview on 4/2/2025 at 12:38 p.m., with RT 1, RT 1 stated he (RT 1) was using a KN95 (a mask that is the made from a different country, similar to N95 however not National Institute for Occupational Safety and Health [NIOSH - a research agency focused on the study of worker safety and health] approved and unlike the N95, uses ear loops instead of straps, therefore unable to create as tight of a seal as the N95) from home. RT 1 stated the KN95 mask he (RT 1) was wearing was not the one he was fit-tested for. RT 1 then proceeded to take out an N95 mask out of his pocket and stated that was the mask provided by the facility and the one he fit-tested for. RT 1 stated he (RT 1) did not know there was a difference between the masks and then proceeded to change his KN95 mask (from home) to an N95 mask (fit-tested and provided by the facility).</p> <p>During an observation on 4/2/2025 at 12:45 p.m., observed LVN 1 walking down the hallway in front of Room A, wearing a mask that looked like an N95 but had ear loop straps instead of the two elastic bands that are worn over the back of the head and neck.</p> <p>During an interview on 4/2/2025 at 12:46 p.m., with LVN 1, LVN 1 stated she (LVN 1) was using a KN95 mask from home. LVN 1 stated the KN95 mask she (LVN 1) was wearing was not provided by the facility and was not the mask she (LVN 1) fit-tested for. LVN 1 stated she (LVN 1) asked the Nursing Staffing Coordinator (NSC) first if it was okay to use the KN95 from home and the NSC stated that it was okay for LVN 1 to use the KN95 in the facility.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/2/2025 at 12:56 p.m., with the NSC, the NSC stated the facility currently has a COVID 19 outbreak in the facility, and it is the policy of the facility that all staff wear an N95 mask during the COVID 19 outbreak. The NSC added that the only type of mask staff should be using at this time is the specific N95 mask that staff are fit tested for. The NSC stated she (NSC) would never okay the use of a KN95 from home as it does not provide the same protection as the N95. The NSC stated all staff have been fit-tested for a specific N95 mask and that is the N95 mask that all staff should be using while in the facility at this time.</p> <p>During an interview on 4/2/2025 at 1:10 p.m., with the Infection Preventionist (IP), the IP stated that there is currently a COVID 19 outbreak in the facility. The IP stated it is the policy of the facility for all staff to wear an N95 mask during a COVID 19 outbreak in the facility. The IP stated all staff have been fit-tested for the N95 mask provided by the facility and that is the only mask that the staff should be wearing during a COVID 19 outbreak. The IP stated all staff have been in-serviced (staff training) several times regarding the proper Personal Protective Equipment (PPE- protective items worn to protect the body or clothing from hazards that can cause injury and to protect residents from cross-transmission [the transfer of germs from one area to another]) to wear during a COVID 19 outbreak and when caring for COVID 19 positive residents. The IP stated that if staff are not wearing the facility issued N95 mask that they were fit-tested for, there is no guarantee that staff are fully protected against the COVID 19 virus which makes the staff susceptible to contracting and further spreading the virus.</p> <p>During a review of the facility's policy and procedure titled, Infection Prevention and Control Program, last revised in 10/24/2022, indicated it is the policy of the facility to establish and maintain an Infection Control Program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection in accordance with Federal and State requirements.</p>		