

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 02/27/2026
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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on interview and record review, the facility failed to notify a resident's family/representative regarding a resident missing their doctor's appointment for one of five sampled residents (Resident 4). This deficient practice had the potential for Resident 4's family not to be involved in Resident 4's plan of care. Findings: During a review of Resident 4's admission Record, the admission Record indicated the facility admitted the resident on 7/16/2025 with diagnoses that include other specified polyneuropathies (disease or dysfunction of one or more nerves, typically causing numbness or weakness in the hands and feet), moderate protein-calorie malnutrition (a condition resulting from an imbalance between the nutrients your body needs to function and the nutrients it actually gets), and myelodysplastic syndrome (a group of diseases where the bone marrow does not make enough healthy blood cells). During a review of Resident 4's Minimum Data Set (MDS- a resident assessment tool) dated 1/15/2026, the MDS indicated that Resident 4 had intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) and required maximal assistance on staff with toileting hygiene, shower or bathing, dressing, personal hygiene, and mobility (movement). During a review of Resident 4's physician's order dated 10/23/2025 at 5:25 p.m., the physician's order indicated an order for an appointment on 12/10/2025 at 2:15 p.m. -2:30 p.m. with Doctor. During a review of Resident 4's physician's order dated 12/10/2025 at 3:22 p.m., the physician's order indicated an order for an appointment on 1/8/2025 at 2:15 p.m. with Doctor. During a concurrent interview and record review on 2/27/2026 at 3:30 p.m., with the Social Service Director (SSD), reviewed Resident 4's physician's order dated 10/23/2025 and 12/10/2025 regarding Resident 4's doctor's appointment. The SSD stated that she (SSD) was responsible for informing the resident and the resident's family or representative if there are any doctor's appointment that have been cancelled or rescheduled. The SSD stated that Resident 4's doctor's appointment dated 12/10/2025 had to be rescheduled to 1/8/2026 because the transportation did not show up. The SSD stated there is no documentation indicating if she notified Resident 4's family or representative regarding the doctor's appointment that had to be cancelled and had to be rescheduled. The SSD stated she should have informed Resident 4's family or representative regarding the doctor's appointment that was cancelled and had to be rescheduled so Resident 4's family or representative can be involved in plan of care. During a review of the facility's policy and procedure (P&P) titled, Resident Rights, last reviewed on 1/21/2026, the policy indicated residents in long term care facilities have rights guaranteed to them under Federal and State law including the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.

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:	Facility ID: 056367
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