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	06/16/2026

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure proper use of a low air loss mattress (LALM - a specialty bed that alternates pressure to help heal and prevent pressure ulcer/injuries [PU/PIs - injuries that breakdown the skin and underlying tissue when an area of skin is placed under pressure]), for one of four sampled residents (Resident 2) by failing to set the LALM to the correct mode while the resident was lying in bed, and by placing multiple layers of linens on top of the LALM. These deficient practices had the potential to increase the resident's risk for skin breakdown and/or delay the healing of existing PU/PI.During a review of Resident 2's admission Record, the admission Record indicated that the facility originally admitted the resident (Resident 2) on 1/2/2026 and readmitted on [DATE] with diagnoses that included hemiplegia (total paralysis [complete or partial loss of muscle function in a part of the body, often accompanied by a loss of sensation] of the arm, leg, and trunk on the same side of the body) and hemiparesis (paralysis or weakness on one side of the body) following cerebral infarction (CI - a serious medical condition that occurs when blood flow to the brain is blocked, leading to brain cell death), and Stage IV (Full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone) PU of the sacral region (the flat, triangular bone located at the very base of the spine, between the lower back and the tailbone), diabetes mellitus (disorder characterized by difficulty in blood sugar control and poor wound healing), and anemia (a condition where the body does not have enough healthy red blood cells). During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 5/4/2026, the MDS indicated Resident 2's cognition (ability to think and make decisions) was severely impaired. The MDS further indicated that Resident 2 was dependent on staff for Activities of Daily Living (ADLs- activities such as bathing, dressing and toileting a person performs daily). The MDS indicated that Resident 2 was at risk for developing PUs/PIs. During a review of Resident 2's Order Summary Report dated 3/3/2026, the Order Summary Report indicated that Resident 2's physician ordered a LALM for wound healing and prevention every shift. During a review of Resident 2's Care Plan (CP- a document that summarizes a resident's needs, goals, and care/treatment) report created on 6/4/2026, the CP indicated Resident 2 required the use of a LALM to relieve pressure, maintain skin integrity and promote healing of an existing wound. The CP further identified Resident 2 as being at risk for developing PU/PI and included interventions to ensure the LALM was properly inflated and set according to the manufacturer's guidelines. During a review of Resident 2's Wound Physician's Progress Notes dated 6/9/2026, the Wound Physician's Progress Notes indicated the following pre-procedure measurement: Location - Sacrococcyx (the tailbone area at the bottom of the spine, right between the buttocks), sacral region. Measurements - the length was 2.7 centimeter (cm - a unit of measurement), the width was 1.0 cm, and the depth was 0.2 cm. During a review of Resident 2's Progress Notes dated 6/10/2026, timed at 11:51 a.m., the Progress Notes indicated that Resident 2 remained at high risk for further skin breakdown and had higher risk/potential for PU development due to generalized muscle weakness, poor mobility, thin and fragile skin, anemia, hypertension (high blood pressure), hyperlipidemia (excessive fat in the blood), acute (sudden, intense flare-up) kidney failure (AKF - kidneys stop working suddenly), DM, and history of osteomyelitis (inflammation of bone (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	or bone marrow, usually due to infection) on sacral wound. During a concurrent observation and interview on 6/16/2026 at 12:52 p.m., in Resident 2's room, with Treatment Nurse 1 (TN 1), Certified Nursing Assistant 2 (CNA 2), and Director Staff Development (DSD), Resident 2 was observed lying in bed on a LALM that was set to static mode (function that stops the mattress from alternating pressure [a feature of some devices that inflate and deflate in sections, such as air mattresses, redistributes pressure across the body, which can help prevent PU and improve circulation]) with the seat inflate function activated. Resident 2 was observed lying on an incontinence (loss of bowel or bladder control), a cloth incontinence linen pad consisting of two different textures with white color top and blue color bottom and a spread sheet. TN 1 stated there were a total of four layers of linen between Resident 2 and the LALM surface. CNA 2 stated staff should place only one layer of linen between the resident's skin and the LALM to promote wound healing. During the observation, the DSD entered the room and stated that the LALM was incorrectly set to static mode with seat inflate activated while the resident (Resident 2) was lying in bed. The DSD stated that the LALM should have been set to the Alternate Mode. The DSD then immediately changed the setting to the alternate mode. During a follow-up interview on 6/12/2026 at 3:15 p.m., with the DSD, the DSD stated that staff should not place more than two layers of linen between the resident and the LALM because excessive layers interfere with the mattress's ability to promote airflow and reduce heat and moisture buildup, reducing the therapeutic effectiveness of the support surface. The DSD further stated that the LALM should be set to the alternating pressure mode while a resident is lying in bed because use of the static mode results in constant pressure, increasing the risk for delayed wound healing and the development of additional PUs. During a concurrent interview and record review on 6/12/2026 at 4:10 p.m., with the Director of Nursing (DON), the DON reviewed Resident 2's Physician Order for the use of LALM. The DON stated that staff should set the LALM to the alternating pressure mode while a resident is lying in bed. The DON further stated staff should not place more than two layers of linen between the resident and the LALM because excessive layers interfere with the therapeutic function of the mattress and do not promote the wound healing process. During a review of the facility's policy and procedure (P&P) titled, Treatment Services to Prevent/Heal Pressure Ulcers last revised on 1/21/2026, the P&P indicated, Support Surfaces and Pressure Redistribution. These products are more likely to reduce pressure effectively if they are used in accord with the manufacturer's instructions. The effectiveness of each product used needs to be evaluated on an ongoing basis, During a review of the undated LAL's instruction manual provided by the facility, the LAL instruction manual indicated the following instructions: Alternate - In Alternate therapy mode, the mattress system will alternate every 10 minutes. User can select for best comfort. Static - Press THERAPY button to suspend alternating function. If needed. The pressure inside of air tubes will be adjusted to the same softness. Press the THERAPY button again; it will switch back to alternating mode. Under the static mode, cell pressure level will be lowered compare to the same pressure level from alternating mode. This special feature is to protect high-risk pressure sore patient from receiving additional pressure, which could lead to pressure sore risks. Seat Inflation - The seat inflation features additional supports to the patient during upright position without bottoming out. User can select this additional feature under either static or alternate mode. During a review of the facility's P&P titled, Low Air Loss Mattress last revised on 1/21/2026, the P&P indicated, Low air loss mattresses provide airflow to help keep skin dry, as well as to relieve pressure. Low air loss mattress covers are specially designed to allow air flow to pass through and prevent moisture buildup. This creates a microclimate between the skin and mattress to keep the user comfortable and prevent skin breakdown. Standard linens will not impede air flow of the low air loss mattress and should be placed in a single layer (flat sheet) loosely over the mattress surface. Fitted sheets should not be used,