STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555738	A. Building B. Wing	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Terrace Post Acute	7447 Sepulveda Blvd Van Nuys, CA 91405

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect residents' personal privacy for three of eight sampled residents (Resident 1, 3, and 4) when an entertainer for the facility posted on her social media the video and pictures of the facility activity that the residents took part of, without obtaining explicit written consent from the residents or representatives. This deficient practice had the potential to result in the resident's privacy being violated and could result in unauthorized exposure of confidential information.Based on interview and record review, the facility failed to protect residents' personal privacy for three of eight sampled residents (Resident 1, 3, and 4) when an entertainer for the facility posted on her social media the video and pictures of the facility activity that the residents took part of, without obtaining explicit written consent from the residents or representatives. This deficient practice had the potential to result in the resident's privacy being violated and could result in unauthorized exposure of confidential information. Findings: a. During a review of Resident 1's admission Record, the admission Record indicated that the facility admitted the resident on 11/6/2025 with diagnoses that include type two (2) diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) with diabetic peripheral angiopathy (the narrowing of blood vessels outside the heart) with gangrene (death of body tissue due to a lack of blood flow) and type 2 diabetes mellitus with diabetic neuropathy (disease or dysfunction of one or more nerves, typically causing numbness or weakness in the hands and feet). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 2/13/2026, the MDS indicated that Resident 1 had intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) and required moderate assistance on staff with toileting hygiene, shower or bathing, dressing, personal hygiene, and mobility (movement). b. During a review of Resident 3's admission Record, the admission Record indicated that the facility originally admitted the resident on 7/15/2022 and readmitted the resident on 5/22/2025 with diagnoses that include type 2 diabetes mellitus with unspecified diabetic retinopathy (high blood sugar levels cause damage to the small blood vessels of the retina) without macular edema (swelling of the center of the retina), pneumonia (an infection/inflammation in the lungs), and type 2 diabetes mellitus with hypoglycemia (when blood sugar drops too low) without coma (a state of prolonged loss of consciousness). During a review of Resident 3's MDS dated [DATE], the MDS indicated that Resident 3 had intact cognition and required moderate assistance on staff with toileting hygiene, shower or bathing, dressing, personal hygiene, and mobility. c. During a review of Resident 4's admission Record, the admission Record indicated that the facility admitted the resident on 1/14/2025 with diagnoses that include chronic kidney disease (long term kidney damage that slowly lose the ability to filter waste and extra fluid in the blood), hyperlipidemia (excess of lipids or fats in the blood), and acute kidney failure (sudden and temporary loss of kidney function). During a review of Resident 4's MDS dated [DATE], the MDS indicated that Resident 4 had intact cognition and requires supervision or touching assistance on staff with toileting hygiene, shower or bathing, dressing, personal hygiene, and mobility. During a concurrent interview and record review on 4/2/2026 at 10:30 a.m., with the Administrator (ADM), reviewed the Facility's Breach Risk (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assessment Tool dated 3/13/2026. The ADM stated that she (ADM) was made aware via email that the Entertainer (ENT) who was hired by the facility on 12/31/2025, took a video of residents who attended the entertainment and posted the video to her social media account. The ADM stated there were 20 residents, including Resident 1, 3 and 4, who were identified in the video. The ADM stated the ENT was never used prior to or after 12/31/2025 as an entertainer at the facility. The ADM stated on 3/13/2026 she (ADM) spoke to the ENT who said she will take down the social media post once she gets paid and she was paid on 3/16/2026. The ADMN stated there was no identifiable information and no name of the facility and no resident names on any of the posts. The ADM stated the only post that identifies the facility's name was a picture of the ENT saying she had not been paid. The ADM stated on 3/13/2026 the facility reported to five social media accounts as best they could, that the ENT did not have permission to video or post the residents. During a concurrent interview and record review on 4/2/2026 at 10:45 a.m., with the ADM, reviewed the facility's policy and procedure (P&P) titled, Videotaping, Photographing, and Other Imaging of Residents, last reviewed 1/21/2026. The ADM stated the ENT who was hired by the facility on 12/31/2025, took a video of the residents who attended the entertainment and posted to her (ENT) social media account without the resident's written consent and did not inform the facility. The ADM stated the ENT should have informed the facility and obtained written consents from the residents or resident representatives prior to obtaining images or recordings and posting them on her (ENT) social media account. The ADM stated the facility failed in protecting residents' privacy and could result in unauthorized exposure of resident's confidential information. During a review of the facility's P&P titled, Videotaping, Photographing, and Other Imaging of Residents, last reviewed on 1/21/2026, the policy indicated residents will be protected from the invasion of privacy and/or abuse that might occur from photographs, videotapes, digital images, and recordings during resident care or other facility activities. Staff may not take or release images or recordings of any residents without explicit written consent. Written consent must be obtained from the resident or representative prior to obtaining images or recordings of the resident for any purposes other than investigation of abuse, neglect or emergencies, and photography obtained for personal/family use at the verbal request of the resident or family.