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	06/04/2026

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. Based on interview and record review, the facility failed to ensure one of three sampled resident's (Resident 1) request for authorization form (form used by the facility to request specialized treatment from the insurance company) for continued physical therapy (PT- treatment designed to restore, maintain, and improve your body's physical function and mobility) as ordered by the physician order was submitted in a timely manner to Resident 1's insurance company. This deficient practice had the potential for Resident 1 to have a decline in range of motion (ROM-the extent or limit to which a part of the body can by moved around a joint or fixed point) and placed Resident 1 at risk for decline in overall health status.Findings: During a review of Resident 1's admission Record, the admission Record indicated that the facility admitted Resident 1 on 2/26/2021 with diagnoses that included quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury), hypotension (low blood pressure), and anxiety disorder (a feeling of fear, dread and uneasiness). During a review of Resident 1's History and Physical (H&P- a comprehensive assessment of a resident's medical condition) dated 10/2/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 3/4/2026, the MDS indicated Resident 1's cognition (ability to think and make decisions) was intact. The MDS further indicated that Resident 1 was dependent on staff for activities of daily living (ADL-routine tasks/activities such as bathing, dressing and toileting a person performs a daily to care for themselves). During a review of Resident 1's Physician Orders dated 3/31/2026, the Physician Orders indicated PT one time per week for two (2) weeks. During an interview on 6/3/2026 at 11:45 a.m., with Resident 1, Resident 1 stated that Resident 1 needed more PT to improve the ROM of his left knee. Resident 1 stated that the case manager did not follow through with the request for more PT from Resident 1's insurance company. During a review of Resident 1's Physical Therapy Discharge Summary (a facility form that is completed by the Director of Rehab [DOR] to provide a summary and further recommendations upon completion of PT) dated 3/31/2026, the Physical Therapy Discharge Summary indicated pending authorization for continuation (of PT), (Resident 1) may benefit from three (3) times a week for two (2) weeks then will reassess. During an interview on 6/4/2026 at 3:00 p.m., with the DOR, the DOR stated that Resident 1's last PT session was on 3/31/2026. The DOR stated that the DOR did recommend Resident 1 to continue with physical therapy for three (3) times a week for two (2) weeks. The DOR stated that the DOR informed the facility case manager on 4/8/2026 regarding the request for authorization. The DOR stated that the request for authorization was submitted to Resident 1's insurance company on 5/19/2026. During an interview on 6/4/2026 at 3:20 p.m., with Case Manager 1 (CM 1), CM 1 stated that when case management receives a request for authorization for a specific service, CM 1 will submit the request as soon as possible. CM 1 stated regarding Resident 1, there was a delay in submitting the request for authorization for more PT as requested by the DOR. CM 1 stated that the request for authorization for Resident 1 should have been submitted in a timely manner. During an interview on 6/4/2026 at 4:25 p.m., with the Administrator (ADM), the ADM stated that Resident 1's request for authorization for more PT should have been submitted in a timely manner. The ADM stated the request for authorization should not have taken from 4/8/2026 to 5/19/2026 to be submitted to Resident 1's (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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	insurance company. During a review of the facility's policy and procedure (P&P) titled, Specialized Rehabilitative Services, with a last review date of 1/21/2026, the P&P indicated, Our facility will provide Rehabilitative Services to residents as indicated by the MDS.Specialized Rehabilitative Service include the following: Physical Therapy. During a review of the facility's P&P titled, Physician Orders, with a last review date of 1/21/2026, the P&P indicated, This will ensure that all physician orders are complete and accurate. The Medical Records Department will verify that physician orders are complete, accurate and clarified as necessary.