

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2026
NAME OF PROVIDER OR SUPPLIER Canyon Oaks Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22029 Satcoy Street Canoga Park, CA 91303	
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a safe and appropriate discharge for one of three sampled residents (Resident 1) by failing to ensure that only medications ordered by the physician for continued use after discharge were provided to Resident 1 upon discharge when on 6/16/2026 Resident 1 was discharged with a vial of Humulin Regular Insulin (medication used to assist with controlling blood sugars) that was not included on the physician-ordered discharge medication list. This deficient practice had the potential for Resident 1 or the responsible party (RP 1) to administer a medication that was not intended for continued use following discharge, placing Resident 1 at risk for hypoglycemia (a medical condition where your blood sugar drops to abnormally low levels, typically below 70 milligrams per deciliter [mg/dl - unit of measure]) resulting in dizziness, confusion, seizures (a sudden, uncontrolled burst of abnormal electrical activity in the brain), loss of consciousness (happens when a person is neither awake nor aware of their environment, and cannot respond to external stimuli) or death. During a review of Resident 1's admission Record, the admission Record indicated that the facility admitted Resident 1 on 6/7/2026 with diagnoses that include type 2 diabetes (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing), hypertension (HTN- high blood pressure), and osteoarthritis (a progressive disorder of the joint, caused by a gradual loss of cartilage) of the right knee. During a review of Resident 1's History and Physical (H&P- a comprehensive assessment of a resident's medical condition) dated 6/8/2026, the H&P indicated Resident 1 had limited decision-making capacity. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 6/16/2026, the MDS indicated Resident 1's cognition (ability to think and make decisions) was moderately impaired. The MDS further indicated Resident 1 required supervision with eating and oral hygiene, and moderate assistance with toileting and showering. During a review of Resident 1's Discharge Medication List (a form used by the facility to list a resident's medications upon discharge) dated 6/15/2026, the Discharge Medication List did not include Humulin Regular Insulin as a medication to be continued following discharge. During a concurrent interview and record review on 7/6/2026 at 10:53 a.m., with RP 1, a photograph of a vial of Humulin Regular Insulin provided by RP 1 to the State Agency (SA) was reviewed. The vial of Humulin Regular Insulin was labeled with a prescription dated 6/7/2026 from the facility Medical Director. RP 1 stated that Resident 1 was discharged from the facility on 6/16/2026. RP 1 further stated that upon arriving at Resident 1's residence, RP 1 found the vial of Humulin Regular Insulin among the medications sent home with Resident 1 upon discharge. RP 1 stated Humulin Regular Insulin was not included on Resident 1's discharge medication regimen and expressed concern that the medication could have been inadvertently administered because it was sent home with the resident. During a concurrent interview (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555822	Facility ID: 555822 If continuation sheet Page 1 of 2

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2026
NAME OF PROVIDER OR SUPPLIER Canyon Oaks Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22029 Saticoy Street Canoga Park, CA 91303	
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and record review on 7/7/2026 at 12:15 p.m., with Registered Nursing Supervisor 1 (RNS 1), Resident 1's Discharge Medication List dated 6/15/2026 was reviewed. RNS 1 confirmed that Humulin Regular Insulin was not listed as a discharge medication on the Discharge Medication List. RNS 1 stated that RNS 1 reviewed the Discharge Medication List with RP 1 prior to discharge. RNS 1 further stated it was possible that RNS 1 provided Resident 1 with the vial of Humulin Regular Insulin upon discharge but was unable to confirm whether the medication had been provided to Resident 1. During a concurrent interview and record review on 7/7/2026 at 12:30 p.m., with the Director of Nursing (DON), Resident 1's Discharge Medication List dated 6/15/2026 was reviewed. The DON confirmed Humulin Regular Insulin was not listed on the Discharge Medication List. The DON reviewed a photograph of a vial of Humulin Regular Insulin prescribed by the facility Medical Director to Resident 1. The DON stated Resident 1 should not have been given the vial of Humulin Regular Insulin upon discharge on [DATE] because it was not included on the physician-ordered discharge medication regimen. The DON further stated this failure had the potential to compromise a safe transition of care and could have resulted in a significant medication error following discharge. During a review of the facility policy and procedures (P&P) titled Discharge Medications last reviewed on 1/21/2026, the P&P indicated that unless otherwise specified by facility policy, or contrary to current laws, medications shall be sent with the resident upon discharge. Controlled substances may not be released to the resident upon discharge. The charge nurse shall verify that the medications are labeled consistent with the current physician orders. The nurse reconcile pre-discharge medications with the resident's post discharge medications. The medication reconciliation will be documented. The nurses shall review medication instructions with the resident, family member or representative before the resident leaves the facility.		