California State Department of Health

POC Accepted on 11/12/2025

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0000 | Initial Comments<br><br>The following reflects the findings of the California Department of Public Health during the Relicensing Survey and investigation of one Facility-Reported Incident. The Relicensing Survey was conducted on 10/9/2025.<br><br>Incident Number: 2637081<br><br>The resident census at the time of survey was 91.<br><br>One deficiency was issued for Incident Number 2637081 at 72311. | C0000 | **C 0850 – NURSING SERVICES - GENERAL**<br><br>**A) IMMEDIATE CORRECTIVE ACTION:**<br><br>On 10/7/2025 the RN supervisor assessed Patient 4 for any signs of adverse outcome regarding refusals to showers/bed bath. Upon explanation and discussing the importance of showers, Patient 4 was still not convinced to allow the CNA to continue with the hygienic and care procedure. CNA was relieved from her care and another CNA was assigned immediately with no further issues. Change of Condition was initiated and completed by the Charge Nurse to reflect Patient 4's behavior. MD and responsible party (RP) were made aware of patient 4's refusals. Patient 4's care plan was updated by the MDS nurse to signify her behavior change. Patient 4 will be monitored for 72-hours for any other changes.<br><br>On 10/7/2025 Director of Nursing Services (DON) and Director of Staff Development (DSD) completed an in-service to nursing staff on how to handle patient refusals of showers and notification requirements and processes for changes of condition. A policy and procedure titled, "CHANGE of CONDITION" was reviewed and discussed followed by question-and-answer evaluation. | |
| C0850 | Nursing Service--General<br><br>CFR(s): T22 DIV5 CH3 ART3-72311(a)(3)(B)<br><br>(a) Nursing service shall include, but not be limited to, the following:<br><br>(3) Notifying the attending licensed healthcare practitioner acting within the scope of his or her professional licensure promptly of:<br><br>(B) Any sudden and/or marked adverse change in signs, symptoms or behavior exhibited by a patient.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on interview and record review, the facility failed to report a change of condition to the physician for one of three sampled patients (Patient 4) by failing to report Patient 4's refusal to shower and change in behavior.<br><br>This deficient practice had the potential to result in lack of possible necessary medical assessment and delay of treatment and services.<br><br>Findings:<br><br>During a review of Patient 4's Admission Record, the | C0850 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0850 | Continued from page 1<br>Admission Record indicated the facility initially admitted Patient 4 on 2/25/2023 and readmitted the patient on 12/30/2023 with a diagnosis including essential primary hypertension (HTN-high blood pressure) and congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling).<br><br>During a review of Patient 4's Minimum Data Set (MDS-a resident assessment tool) dated 9/10/2025, the MDS indicated Patient 4 had intact cognition (the mental process of knowing, thinking, and learning). The MDS further indicated Patient 4 required supervision or touching assistance from staff for most activities of daily living (ADL's-routine tasks/activities such as bathing, dressing, toileting, eating a person performs daily to care for themselves).<br><br>During a record review of Patient 4's History and Physical (H&P) dated 4/25/25, the H&P indicated that Patient 4 has the capacity to understand and make decisions.<br><br>During an interview on 10/7/2025 at 10:49 a.m. with Certified Nursing Assistant (CNA 1), CNA 1 stated Patient 4 refused shower last week. CNA 1 stated Patient 4 refused her shower, she tried to change Patient's 4 soiled incontinence briefs, but Patient 4 started screaming. CNA 1 stated the Administrator (ADM), and the Director of Social Services (DSS) heard Patient 4's yelling and came into Patient's 4 room and talked to Patient 4 who started laughing for no reason. CNA 1 stated the ADM told CNA 1 that she would send the Director of Staff Development (DSD) to assist in caring for Patient 4. CNA 1stated while she was waiting for DSD she stayed outside Patient's 4 room until the DSD came to help CNA 1.<br><br>During an interview on 10/7/2025 at 1:44 p.m. with the Administrator (ADM), stated, "I was present during the situation". ADM stated she must have heard something down the hallway and when she got to Patient's 4 room CNA 1 told her Patient 4 was refusing shower and did not like bed baths. ADM stated she tried to explain to Patient 4 why they needed to provide care, but Patient 4 started laughing. ADM stated she told CNA 1 to hold on and asked DSD to assist CNA 1 with Patient's 4 care. ADM stated Patient's 4 condition should have been notified to physician since this was a change of condition.<br><br>During an interview with the DSD) on 10/8/2025 at 11:17 a.m., the DSD stated she was asked by the administrator to assist CNA 1 with the care of Patient 4 because she | C0850 | **B) HOW FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRRACTICE:**<br><br>On 10/7/2025 DSD interviewed all CNAs on shift to identify additional patients with episodes of care needs refusals included them on a "Special Care Needs" list to ensure proper monitoring and appropriate interventions as individualized as possible.<br><br>**C) MEASURES PUT IN PLACE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT OCCUR:**<br><br>On 10/28/2025 DON held an in-service with all licensed nurses on P/P: Change of Condition, with an emphasis on MD/RP notification.<br><br>On 10/29/2025. two additional systematic changes were implemented:<br><br>1. "Resident Special Care Needs" worksheet was modified to include patients with episodes of refusals of care needs. The list will be generally updated weekly and as changes occur by the Desk Nurse, to be shared on both nursing units.<br><br>2. "Huddle" every shift to review patients with special needs such as giving detailed attention to the patients who would tend to refuse care. Discussed with the team huddle the importance of reporting any incident of refusals to immediately implement interventions as needed. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0850 | Continued from page 2<br>(Patient 4) had kicked CNA 1 in the stomach.<br><br>During an interview on 10/8/2025 at 9:05 a.m. with Licensed Vocational Nurse (LVN 5), LVN 5 stated that when there is a change in condition on a patient, the Registered Nurse Supervisor is made aware as well as the physician and the patient's family.<br><br>During an interview on 10/9/2025 at 2:40 p.m. with the Director of Nursing (DON), the DON stated that Patient's 4 physician should have been made aware of the change in the patient's behavior.<br><br>During a review of the facility's policy and procedure titled, change in resident's condition or status, dated February 2021, indicated, "our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status". | C0850 | **D) HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TOO MAKE SURE THAT SOLUTIONS ARE SUSTAINED:**<br><br>Weekly audits on refusals based on Change of Condition reports will be reviewed by the DON/Designee. The DON/Designee will present any findings to the QAPI/QAA Committee monthly for three months for recommendations, if any.<br><br>E) COMPLETION DATE: 10/31/2025 | |
| C0875 | Nursing Service--General<br><br>CFR(s): T22 DIV5 CH3 ART3-72311(a)(3)(G)<br><br>(a) Nursing service shall include, but not be limited to, the following:<br><br>(3) Notifying the attending licensed healthcare practitioner acting within the scope of his or her professional licensure promptly of:<br><br>(G) The facility's inability to obtain or administer, on a prompt and timely basis, drugs, equipment, supplies or services as prescribed under conditions which present a risk to the health, safety or security of the patient.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on interview, and record review the facility failed to notify the physician when medications were not administered on a timely basis as prescribed for two (2) of three (3) sampled patients (Patient 10, Patient 5)<br><br>As a result, Patient 10 and Patient 5 did not receive medication in accordance with the physician's orders and physician was not notified prior to administering Patient 10's and Patient 5's medications late which had the potential for the patients to experience adverse effects (unwanted effects from medication) and negative impact to their health and well-being.<br><br>Findings: | C0875 | C 0875 – NURSING SERVICE – GENERAL<br>Medication Administration<br><br>IMMEDIATE CORRECTIVE ACTION:<br><br>1. The RN supervisor assessed Patient 10 on any signs of adverse outcome regarding medications that were not administered on time per MD orders. Vital signs were taken and recorded as follows: BP =124/74, P = 76, R = 19, O2 Sat = 96% and Pain level = 2/10. Patient 10 was deemed stable with no issues and remained verbally responsive, alert and oriented x 4 with no apparent complaint at this time.<br>2. The RN supervisor assessed Patient 5 for any abnormality of vital signs: BP = | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0875 | Continued from page 3<br><br>a. A review of Patient 10's Admission Record (a document containing demographic and diagnostic information), dated 10/7/2025, indicated the facility originally admitted Patient 10 to the facility on 1/15/2025 and readmitted on 6/25/2025 with diagnoses including muscle weakness, gastroesophageal reflux disease (GERD, a condition where stomach acid frequently flows back into the tube connecting your mouth and stomach), depression (a mood disorder causing persistent feelings of sadness and loss of interest), and cerebral infarction (a type of stroke caused by a blockage in the blood vessels that supply blood to the brain).<br><br>A review of Patient 10's History and Physical dated 6/26/2025 indicated that Patient 10 does have the capacity to understand and make decisions.<br><br>During a concurrent medication area inspection, interview, and record review conducted on October 7, 2025, at 11:33 a.m. at Medication Cart 1, Nursing Station 1 with Licensed Vocational Nurse (LVN) 2, it was observed that Patient 10's Pregabalin (an anticonvulsant medication used to treat seizures and nerve pain) scheduled for administration at 9:00 a.m. was not documented on the patient's Antibiotic and Controlled Drug Record (CDR). LVN 2 confirmed that the pregabalin medication was not administered to Patient 10 as ordered at 9:00 a.m. on 10/7/2025.<br><br>During a concurrent interview and record review on 10/7/2025 at 11:52 a.m., with LVN 2, the Medication Administration Record (MAR, a daily documentation record used by a licensed nurse to document medications and treatments given to a resident)) and Order Summary Report for Patient 10 dated 10/7/2025 were reviewed. LVN 2 confirmed that Patient 10 had not received any of her scheduled 9 a.m. morning medications on 10/7/2025. The following medications, scheduled for 9 a.m. administration on 10/7/2025, were not documented as administered on Patient 10's MAR within one hour of the scheduled time:<br><br>Pregabalin (treat seizures) Oral Capsule 150 mg, order to give one capsule by mouth twice daily (9 a.m. and 5 p.m.), order date 6/25/2025<br><br>Duloxetine (treat depression) Oral Capsule Delayed | C0875 | 131/74 P = 80, R = 18, O2 Sat = 96% & Pain level = 0/10. Patient 5 was stable with no signs of distress and remained alert/oriented x 4, able to verbalize needs with no problem.<br>3. A one-on-one in-service was initiated and completed with LVN 2 and LVN 4 respectively to discuss the P/P on timely medication administration. The emphasis was to be very careful in following the guidelines for patients' health and well-being under their care. Discussed also the potential of unwanted effects from medications being administered too close of the time of the next ordered dose to be given. Reiterated in the discussion on the importance for the patients' MD be notified of circumstances that may lead to the delayed medication administration. Any MD orders will be written and carried out; a 72-hour monitoring would be done to ensure patient safety, followed by accurate timely documentation.<br><br>An in-service was done by the DON on 10/28/2025 on all nursing staff on how to handle patients with medications that are delayed in administration. A policy and procedure titled, "Medication Administration" was reviewed and discussed. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0875 | Continued from page 4<br>Release Sprinkles 60 mg, order to give one capsule by mouth once daily (9 a.m.), order date 6/25/2025<br><br>Famotidine (reduce stomach acid) Oral Tablet 20 mg, order to give one tablet by mouth once daily (9 a.m.), order date 6/25/2025<br><br>Fenofibrate (lower cholesterol) Oral Tablet 160 mg, order to give one tablet by mouth once daily (9 a.m.), order date 6/25/2025<br><br>Lubiprostone (treat constipation) Oral Capsule 24 mcg, order to give one capsule by mouth twice daily (9 a.m. and 5 p.m.), order date 7/18/2025<br><br>Docusate Sodium (treat constipation) Oral Tablet 100 mg, order to give one tablet by mouth twice daily (9 a.m. and 5 p.m.), order date 6/25/2025<br><br>MiraLAX (treat constipation) Oral Powder 17 gm, order to give 17 grams by mouth twice daily (9 a.m. and 5 p.m.), order date 6/25/2025<br><br>Senna (treat constipation) Oral Tablet 8.6 mg, order to give one tablet by mouth twice daily (9 a.m. and 5 p.m.), order date 6/25/2025<br><br>Sorbitol (treat constipation) Oral Solution 30 ml, order to give 30 ml by mouth twice daily (9 a.m. and 5 p.m.), order date 6/25/2025<br><br>Magnesium (supplement) Oral Tablet 400 mg, order to give one tablet by mouth once daily (9 a.m.), order date 6/25/2025<br><br>Multivitamin-Minerals (supplement) Oral Tablet, order to give one tablet by mouth once daily (9 a.m.), order date 6/25/2025<br><br>Vitamin C (supplement) Oral Tablet 500 mg, order to give one tablet by mouth once daily (9 a.m.), order date 6/25/2025<br><br>Vitamin D3 (supplement) Oral Tablet 125 mcg, order to give one tablet by mouth once daily (9 a.m.), order date 6/25/2025<br><br>Cyanocobalamin (supplement) Tablet 1000 mcg, order to give one tablet by mouth once daily (9 a.m.), order date 6/25/2025<br><br>Prostat (protein supplement) 30 ml, order to give 30 ml by mouth twice daily (9 a.m. and 5 p.m.), order date 6/25/2025 | C0875 | **B) HOW FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRACTICE:**<br><br>All alert/oriented patients are with the potential to have set ways of taking their medications, these identified patients must be properly assessed by the RN supervisor as to the need of time adjustments on their medications to be administered. Patients with special requests or needs must be communicated to their respective MDs for proper orders to ensure ultimate safety, health and well-being of identified patients.<br><br>The Medical Records Department will continue to do daily audits on both eMARs and eTARs to ensure proper charting and documentation as required. Any deviations must be reported to the DON/Designee for immediate resolutions/corrections.<br><br>**C) MEASURES PUT IN PLACE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT OCCUR:**<br><br>The facility had implemented a Weekly Medication Pass Audit by the DON, ADON and DSD to monitor improved performance of Charge Nurses on proper and accurate medication administration. Any noted deviations must be corrected immediately, and continued mentoring with performance improvement must be done with the specific charge nurses. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0875 | Continued from page 5<br><br>Asperflex Lidocaine (topical pain relief) 4.0% Patch, order to apply to both shoulders topically once daily for pain management. Apply patch at 9 a.m. and remove at 9 p.m. daily, order date 7/27/2025<br><br>During an interview on 10/7/2025 at 12:06 p.m. inside Patient 10's room, in the presence of LVN 2, Patient 10 confirmed she had not received her morning medications on 10/7/2025. Patient 10 mentioned that the timing of her morning medication depends on the nurse and stated she does not refuse medication when woken up. LVN 2 confirmed that Patient 10's physician was not notified of the missed morning medications, and no reason was documented for this omission.<br><br>During a concurrent interview and record review on 10/8/2025 at 9:48 a.m. with Minimum Data Set Coordinator (MDSC) 1, it was noted that LVN 2 documented administering Patient 10's scheduled 9 a.m. medications on 10/7/2025 at 12:29 p.m., three and a half hours after the scheduled time. MDSC 1 indicated that the licensed nurse should have notified the physician about the late administration and followed their instructions regarding the missed or late medications. MDSC 1 stated the process includes contacting the physician, documenting their recommendations and actions taken, monitoring the patient for adverse reactions, and reporting any adverse reactions back to the physician.<br><br>During an interview on 10/8/2025 at 10:34 a.m., MDSC 1 stated the importance of spacing out medication doses to prevent overmedicating the patient, which could lead to adverse reactions.<br><br>During an interview on 10/8/2025 at 11:05 a.m., with the Director of Nursing (DON), the DON stated that the physician must be called if a patient does not accept medication within the scheduled time frame. The DON stated the nurse must document all attempts to administer the medication and the physician's instructions.<br><br>The DON reviewed Patient 10's Administration History Report on 10/8/2025 at 11:47 a.m. and confirmed that Patient 10 on 10/7/2025 was administered her scheduled 9 a.m. medications at 12:29 p.m. and the scheduled 5 p.m. doses at 4:10 p.m., which was three and one-half | C0875 | **D) HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TOO MAKE SURE THAT SOLUTIONS ARE SUSTAINED:**<br><br>The DON/Designee will report and discuss with the QAPI/QAA committee the outcomes of Weekly Medication Administration audits including issues observed during medication pass and immediate actions done to prevent deficient practice to occur. This will be indicated for 3 months review.<br><br>**E) COMPLETION DATE: 10/31/2025** | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0875 | Continued from page 6<br>hours apart.<br><br>During an interview on 10/8/2025 at 3:19 p.m. with LVN 3, LVN 3 stated that Patient 10's 5 p.m. medications were administered as scheduled. LVN 3 stated, "I am expecting an endorsement to indicate if we are to hold the medication or give the medication. No endorsement instructions were given so I gave the medications as schedule." LVN 3 stated potential side effects of administering pregabalin close together, includes sleepiness, dizziness, blurred vision, swelling in hands and feet, and difficulty concentrating.<br><br>The following medications were documented as administered to Patient 10 twice on 10/7/2025 at 12:29 p.m. (scheduled for 9 a.m.) and 4:10 p.m. (scheduled for 5 p.m.):<br><br>Pregabalin (treat seizures) Oral Capsule 150 mg<br><br>Docusate Sodium (treat constipation) Oral Tablet 100 mg<br><br>Lubiprostone (treat constipation) Oral Capsule 24 micrograms<br><br>MiraLAX (treat constipation) Oral Powder 17 grams<br><br>Senna (treat constipation) Oral Tablet 8.6 mg<br><br>Sorbitol (treat constipation) Oral Solution 30 ml<br><br>During an interview on 10/8/2025 at 3:31 p.m., with the DON, the DON stated the next nurse should have called the physician to ensure it was safe to give the next dose close to the previous administered dose of medications. The DON stated Patient 10 should have been assessed for adverse reactions due to the closeness of the administered doses of medications and documented in the nursing progress notes.<br><br>A review of the facility's P&P titled, "Medication Administration – General Guidelines," revised 4/2008, indicated,<br><br>If a dose seems excessive considering the resident's age and condition…the nurse calls the provider pharmacy for clarification prior lo administration of the medication or if necessary, contacts the prescriber for clarification. This interaction with the pharmacy | C0875 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0875 | Continued from page 7<br>and/or prescriber and the resulting order clarification are documented in the nursing notes and elsewhere in the medical record as appropriate.<br><br>b. During a review of Patient 5's Admission Record, the Admission Record indicated the facility admitted the patient on 7/15/2025 with diagnoses including paraplegia (loss of movement and/or sensation, to some degree, of the legs).<br><br>During a review of Patient 5's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 7/22/2025, the MDS indicated Patient 5 was cognitively (the process of acquiring knowledge and understanding through thought, experience, and the senses) intact with skills required for daily decision making. The MDS indicated Patient 5 required setup or clean-up assistance (helper sets up or cleans up; patient completes activity with eating. The MDS indicated Patient 5 required supervision (helper provides verbal cues as patient completes activity) with oral hygiene.<br><br>During a review of Patient 5's Nursing Progress Notes, a late entry created on 10/07/2025 at 2:31 p.m., the notes indicated the following: Patient 5 is refusing to take medication in the morning. Patient 5 states he wants all his medications right now. Licensed Vocational Nurse 4 (LVN 4) got all medication ready to administer, including pain medication. As LVN 4 was handing medications to resident, Patient 5 states "I don't want all my meds, I only want my pain meds." LVN 4 asked Patient 5 when he wants his medication, Patient 5 responded "I will let you know when I want my meds, or I'll ask my CNA to notify you." LVN 4 agreed and left Patient 5's room."<br><br>During a review of Patient 5's Physician's Orders, the orders indicated the following:<br><br>Cholecalciferol tablet (vitamin D, crucial for building and maintaining healthy bones and teeth), give 5000 international units (IU, a unit of measure for medications/dosing) by mouth one time a day for Vitamin D deficiency, dated 7/16/2025.<br><br>Multivitamin/Minerals Tablet (a supplement), give one capsule by mouth one time a day for supplement, dated 7/22/2025. | C0875 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0875 | Continued from page 8<br>Zinc (a mineral important for wound healing), 50 milligrams (mg, metric unit of measurement, used for medication dosage and/or amount), give one tablet my mouth one time a day, dated 8/23/2025.<br><br>Apixaban tablet (an anticoagulant or blood thinner), 5 mg, give one tablet my mouth every 12 hours for deep vein thrombosis prophylaxis (DVT PPX, a medication to prevent a condition where a blood clot forms in a deep vein, typically in the lower legs), dated, 7/15/2025.<br><br>Ascorbic Acid tablet (vitamin C, supplement essential for wound healing) 500 mg, give one tablet by mouth two times a day for wound healing/supplement), dated 7/22/2025.<br><br>Docusate Sodium tablet (a stool softener), 100 mg, give one tablet by mouth two times a day for constipation/bowel management, dated 7/15/2025.<br><br>Duloxetine capsules delayed release particles (a timed-release medication given to treat depression) 60 mg, give one capsule by mouth two times a day for depression manifested by verbalization of sadness, dated 7/15/2025.<br><br>Keppra tablet (a medication given to prevent seizures [a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness]), give two tablets by mouth two times a day for seizure, dated 7/15/2025.<br><br>Methocarbamol tablet (medication to treat muscle spasms), 750 mg, give two tablets by mouth three times a day for muscle spasms, dated 9/10/2025.<br><br>During a review of Patient 5's Nursing Progress Notes, dated 10/07/2025 at 3:31 p.m., the notes indicated that at approximately 1:50 p.m., the morning (due at 9 a.m.) medications were administered to Patient 5 due to patient refusing to take his medications in the morning. LVN 4 got in contact with Patient 5's physician, MD 1 and mentioned to him about the late administration. MD 1 stated ok to give 5 p.m. medications at 9 p.m. LVN 4 endorsed to oncoming nurse.<br><br>During a review of Patient 5's Care Plan for Depression, initiated on 7/17/2025, the care plan indicated a goal that Patient 5 will show decreased episodes of signs or symptoms of depression through the next review date. The care plan indicated to administer medications as ordered. | C0875 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0875 | Continued from page 9<br><br>During a review of Patient 5's Care Plan for Seizure Disorder, initiated on 7/24/2025, the care plan indicated a goal that Patient 5 will remain free of seizure activity through the next review date. The care plan indicated to administer medications as ordered.<br><br>During an interview with Patient 5 in his room on 10/07/2025 at 1:27 p.m., he stated he did not receive his 9 a.m. medications yet. Patient 5 stated he told LVN 4 that morning he could not take all of them at once because it hurt his stomach to take all at once.<br><br>During an interview with LVN 4 on 10/07/2025 at 1:45 p.m., he stated he has not given Patient 5 his 9 a.m. medications yet because Patient 5 refused them with the exception of the pain medication. LVN 4 displayed the medication cup containing the 9 a.m. medication that he secured in the medication cart. LVN 4 stated Patient 5 told him he would notify him when he wanted them. LVN 4 stated he would notify the next shift licensed nurse to be careful when giving the medications that are to be given twice a day, such as those due at 9 a.m. and 5 p.m. LVN 4 stated someone should notify Patient 5's physician and stated, "I guess it would be me to notify the doctor." LVN 4 stated this is important to do so that if the resident takes his 9 a.m. medications at 1:50 p.m. and the 5 p.m. medications are due in 3 hours, it could be "double dosing" (giving a resident two of one medication) and the physician should be notified to see what they want to be done to avoid a patient having adverse effects.<br><br>During an interview with LVN 4 on 10/07/2025 at 4:10 p.m., he stated he gave Patient 5 the following medications: ascorbic acid, Colace, Cholecalciferol, duloxetine, Apixaban, Keppra, Methocarbamol, multivitamin, and zinc at 1:50 p.m. earlier that day. When asked why Patient 5's physician was not called until after asked by the survey team, LVN 4 stated he did not notify the doctor because Patient 5 refused medications before today.<br><br>During a concurrent interview and record review with the Director of Nursing (DON) on 10/07/2025 at 4:30 p.m., the DON reviewed the facility's policy and procedure titled, "Administering Medications," last reviewed 1/30/2025. The DON stated the facility does not have a specific policy for when medications are | C0875 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0875 | Continued from page 10<br>given past their scheduled time. The DON stated there was a provision in the "Administering Medications," policy which is the following: If a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for the resident or is being associated with adverse consequences, the person preparing or administering the medication will contact the prescriber, the resident's attending physician or the facility's medical director to discuss the concerns." The DON stated it is important to notify a patient's physician before giving the late medication(s) to see what the physician wants the licensed nurses to do. The DON stated this is important to prevent possibility of giving the medication too close to the next dose for medications which are to be given twice a day. | C0875 | | |
| C0900 | Nursing Service–Administration of Medication<br><br>CFR(s): T22 DIV5 CH3 ART3-72313(a)(2)<br><br>(a) Medications and treatments shall be administered as follows:<br><br>(2) Medications and treatments shall be administered as prescribed.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interview, and record review the facility failed to ensure one of three sampled Patients (Patient 9) was administered medications in accordance with physician orders. This failure could have led to adverse reactions for Patient 9, as they did not receive medications as prescribed, including those meant to be taken with food, with sufficient fluids, or following specific instructions such as rinsing the mouth and throat after using an oral inhaler.<br><br>Findings:<br><br>A review of Patient 9's Admission Record, dated 10/7/2025, indicated the facility admitted Patient 9 to the facility on 2/19/2025 and readmitted on 7/18/2025 with diagnoses including dysphagia (difficulty swallowing), asthma (a respiratory condition that causes spasms in the bronchi of the lungs, making breathing difficult), acute and chronic respiratory failure with hypoxia (lack of adequate oxygen supply at the tissue level), chronic obstructive pulmonary disease (COPD, a lung disease that obstructs airflow), and lack of coordination (impaired movement control). | C0900 | **C 0900 – Nursing Service – Administration of Medication**<br><br>**A) IMMEDIATE CORRECTIVE ACTION:**<br><br>1. On 10/7/2025 the RN supervisor immediately assessed patient 9 for any signs of adverse outcome regarding medications that were not administered per MD orders. Vital signs were taken and recorded as follows: BP =139/76, P = 68, R = 16, O2 Sat = 96% and Pain level = 0/10. Patient 9 was deemed stable with no issues and remained verbally responsive, alert and oriented x 4 with no apparent complaint at this time. MD and responsible party were notified. RN supervisor provided patient 9 with education on proper method of taking her medication. Patient verbalized understanding.<br><br>2. On 10/7/2025 DON initiated and completed a one-on-one in-service with LVN 4 respectively to discuss the policy and procedure (P/P) on | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0900 | Continued from page 11<br><br>A review of Patient 9's Minimum Data Set (MDS - a standardized resident assessment tool), dated 8/25/2025, indicated the patient's cognition (the mental process of knowing, thinking, and learning) was intact. The MDS further indicated Patient 9 required set-up assistance for eating, moderate assistance for bathing, and supervision or touch assistance for the remaining activities of daily living (ADLs - tasks related to personal care, such as oral and personal hygiene, and dressing).<br><br>A review of Patient 9's Order Summary Report, dated 10/7/2025 included the following orders:<br><br>Metoprolol Tartrate 25 mg (used to treat high blood pressure): Order to give one tablet by mouth two times a day (7:30 a.m. and 5:30 p.m.) for hypertension (HTN, high blood pressure). Hold for systolic blood pressure (SBP, pressure in your arteries when your heart beats and pumps blood) less than 110 mmHg (normal SBP range is typically between 90 and 120 mmHg) or heart rate (HR, the number of times your heart beats per minute [bpm]) less than 60 bpm (normal resting HR for adults ranges from 60 to 100 bpm). Give with food. Order date: 7/29/2025.<br><br>Clopidogrel 75 mg (prevents blood clots): Order to give one tablet by mouth one time a day (9:00 a.m.) for cerebrovascular accident (CVA, such as strokes) prophylaxis (prevention). Order date: 7/18/2025.<br><br>Fluoxetine 10 mg (antidepressant): Order to give one capsule by mouth one time a day (9:00 a.m.) for depression manifested by verbalization of sadness. Order date: 7/18/2025.<br><br>Furosemide 20 mg (diuretic to reduce fluid retention): Order to give one tablet by mouth one time a day (9:00 a.m.) for HTN. Hold for SBP less than 120 mmHg.<br><br>Potassium Chloride Extended Release 10 mEq (replenishes potassium levels): Order to give one capsule by mouth two times a day (9:00 a.m. and 5:00 p.m.) for potassium supplement. Give with 4 to 6 ounces (oz, unit of measure by volume [1 oz = 30 milliliters, ml]). Order date: 7/18/2025. | C0900 | medication administration. The emphasis was on accurately following MD orders for specific medications as per MD order and/or pharmaceutical recommendation (i.e. with food, with sufficient fluids, rinsing mouth between medications, etc.) DON also discussed the potential of unwanted effects from medications being administered incorrection. DON reiterated the importance of "pour, pass, and sign" medication administration procedure.<br><br>**B) HOW FACILITY WILL IDENTIFYOTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRRACTICE:**<br><br>On 10/7/2025 upon identification of deficient practice, DON, ADON, and RN Supervisor immediately completed a facility round to observe all other charge nurses during medication pass to ensure residents' medications are being administered as ordered. No additional residents were affected by the deficient practice.<br><br>**C) MEASURES PUT IN PLACE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT OCCUR:**<br><br>On 10/28/2025 DON completed an in-service for all nursing staff on "Medication Administration" p/p, how to handle patients with medication refusals, importance of "pour, pass, sign," and MD/RP notification prior to administration of any | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0900 | Continued from page 12<br><br>Alprazolam 0.25 mg (used for anxiety relief): Order to give one tablet by mouth three times a day (9:00 a.m., 1:00 p.m., and 5:00 p.m.) for anxiety manifested by verbalization of nervousness. Order date: 7/20/2025.<br><br>Pulmicort Flexhaler 180 mcg (asthma inhaler): Inhale one puff orally two times a day (9:00 a.m. and 5:00 p.m.) for chronic obstructive pulmonary disease (COPD, a lung disease that obstructs airflow). Rinse mouth and throat after use to avoid thrush (a fungal infection in the mouth and throat caused by Candida yeast, can lead to soreness, making eating and swallowing difficult) development. Order date: 8/20/2025.<br><br>Fluticasone Propionate Nasal Spray (reduces nasal inflammation): Order to instill one spray into both nostrils one time a day (9:00 a.m.) for nasal allergy. Order date: 7/18/2025.<br><br>Sodium Chloride Nasal Saline (moisturizes nasal passages): Order to instill one spray into both nostrils one time a day (9:00 a.m.) for dryness. Order date: 7/18/2025.<br><br>A review of Patient 9's Care Plan (CP) included the following focus and interventions:<br><br>Focus: Swallowing Problem, complaints of difficulty or pain with swallowing.<br><br>Interventions, Inform all staff of patient's special dietary and safety needs. CP revised on: 8/26/2025.<br><br>Focus: Asthma/COPD, Goal: Patient 9 will display optimal breathing pattern daily.<br><br>Interventions, Encourage good fluid intake. Administer aerosol or bronchodilators as ordered. CP revised on: 5/21/2025.<br><br>Focus: Nutritional Problem or Risk for Malnutrition<br><br>Interventions, Monitor intake to ensure adequate hydration. Monitor, document, and report signs and symptoms of dehydration (e.g., dry skin) to MD. Remind patient to drink preferred fluids frequently. Administer medications as ordered. Monitor and document for side effects and effectiveness. CP revised on: | C0900 | additional doses. The discussion was followed by question-and-answer evaluation.<br><br>On 10/30/2025 facility implemented a medication pass audit that will be completed weekly at random selection by the DON, ADON and/or designee to monitor Charge Nurses' medication administration performance on proper and accurate medication administration. Any noted deviations will be corrected immediately and continued mentoring and performance improvement plans will be implemented as needed.<br><br>**D) HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TOO MAKE SURE THAT SOLUTIONS ARE SUSTAINED:**<br><br>The DON/Designee will report weekly audit findings to the QAPI/QAA committee monthly for three months for recommendations, if any.<br><br>**E) COMPLETION DATE: 10/31/2025** | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0900 | Continued from page 13<br>8/28/2025.<br><br>During a medication pass observation on 10/7/2025 at 9:28 a.m., with LVN 4 on Nursing Station 2 at Medication Cart 2, LVN 4, was observed preparing the following medications for Patient 9:<br><br>Metoprolol Tartrate 25 mg, one tablet<br><br>Clopidogrel 75 mg, one tablet<br><br>Fluoxetine 10 mg, one capsule<br><br>Furosemide 20 mg, one tablet<br><br>Potassium Chloride Extended Release 10 mEq, one capsule<br><br>Alprazolam 0.25 mg, one tablet<br><br>Pulmicort Flexhaler 180 mcg, inhale one puff by mouth<br><br>Fluticasone Propionate Nasal Spray, instill one spray into each nostril<br><br>Sodium Chloride Nasal Saline, instilled one spray into each nostril<br><br>During an observation on 10/7/2025 at 9:53 a.m., LVN 4 entered Patient 9's room and placed the medications in front of the patient. Patient 9 used a spoon and took each medication with a small amount of applesauce. The patient then self-administered the nasal sprays (Fluticasone Propionate and Sodium Chloride Nasal Saline) and the inhaler (Pulmicort Flexhaler) consecutively. Patient 9 did not take the blood pressure medication, Metoprolol, with food as ordered, nor did they take Potassium Chloride Extended Release with the prescribed four to six ounces of water. Additionally, Patient 9 did not rinse their mouth and throat with water after using the Pulmicort inhaler. LVN 4 did not provide instructions or directions for the use of the medications. After the patient inhaled the Pulmicort, LVN 4 left the room without asking the | C0900 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0900 | Continued from page 14<br>patient to rinse their mouth or drink water for the Potassium Chloride as prescribed.<br><br>During an interview on 10/7/2025 at 9:58 a.m., with Patient 9, inside of the patient's room. Surveyor asked Patient 9 about rinsing her mouth after using the Pulmicort inhaler, Patient 9 then reached for a bottle of water and a cup to rinse her mouth. Patient 9 was not observed drinking water during or after taking the medications.<br><br>During an interview on 10/7/2025 at 9:59 a.m., with LVN 4, LVN 4 stated Patient 9 self-administers her own medications while LVN 4 watches. LVN 4 stated he forgot to have Patient 9 rinse her mouth. LVN 4 stated Patient 9 has a problem with swallowing.<br><br>During a follow-up interview on 10/7/2025 at 11:16 a.m., with Patient 9, Patient 9 stated she does not take her medications with water, just applesauce to help with swallowing.<br><br>During a concurrent interview and record review on 10/7/2025 at 11:23 a.m., LVN 4 reviewed Patient 9's current physician orders and clinical records. LVN 4 confirmed that the order for potassium was to administer it with four to six ounces of water. LVN 4 acknowledged that Patient 9 did not take the potassium with water and that he did not offer any water to Patient 9. LVN 4 also confirmed that Patient 9 did not have any fluid restrictions and did not have an order to self-administer medications. LVN 4 stated that he should have asked Patient 9 to rinse her mouth after using Pulmicort to prevent oral thrush.<br><br>During the record review, it was noted that Patient 9's Medication Administration Record (MAR, a document that logs all medications administered to a patient, including dosages, times, and any special instructions) indicated the blood pressure medication Metoprolol was scheduled to be administered at 7:30 a.m. on 10/7/2025 with food. However, it was observed that Metoprolol was actually administered at 9:53 a.m. on 10/7/2025, by LVN 4, over two hours later than scheduled, and without food.<br><br>During an interview on 10/8/2025 at 11:05 a.m., the Director of Nursing (DON), the DON stated that nurses | C0900 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0900 | Continued from page 15<br>must notify the physician before administering medications at a time other than the prescribed time to ensure safety.<br><br>During a concurrent interview and record review on 10/8/2025 at 12:24 p.m., with the DON, the DON reviewed Patient 9's clinical records, current physician orders, and nursing progress notes since admission on 2/19/2025. The DON stated that Patient 9 does not have a physician order to self-administer medications. The DON stated that Patient 9 should have been encouraged to take her potassium medication with four to six ounces of water as prescribed to prevent gastrointestinal tract irritation. The DON stated that the physician should have been informed if the patient did not take the potassium with the prescribed amount of water. The DON also stated that LVN 4 should have remained with Patient 9 until all medications were completely administered as prescribed. The DON stated that LVN 4 should not have left the room before ensuring that Patient 9 rinsed her mouth and throat after using the Pulmicort inhaler to prevent oral thrush.<br><br>A review of the facility's Policy and Procedures (P&P) titled, "Medication Administration – General Guidelines," effective 4/2008, indicated, "Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have familiarized themselves with the medications…<br><br>Medications are administered in accordance with written orders of the attending physician<br><br>Medications are administered within 60 minutes of scheduled time (1 hour before and 1 hour after), except before or after meal orders, which are administered based on mealtimes…<br><br>Residents are allowed to self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications."<br><br>A review of the facility's P&P titled, "Self-Administration of Medications," revised 2/2021, | C0900 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0900 | Continued from page 16<br>indicated,<br><br>"As part of the evaluation comprehensive assessment, the interdisciplinary team (IDT) assesses each resident's cognitive and physical abilities to determine whether self-administering medications is safe and clinically appropriate for the resident...<br><br>If it is deemed safe and appropriate for a resident to self-administer medication, this is documented in the medical record and the care plan. The decision that a resident can safely self-administer medications is reassessed periodically based on changes in the resident's medical and /or decision-making status.<br><br>If the team determines that a resident cannot safely self-administer medications, the nursing staff administer the resident's medications. The IDT evaluates options which allow residents to safely participate in the medication administration process if they wish to do so." | C0900 | | |
| C0945 | Nursing Service--Administration of Medication<br><br>CFR(s): T22 DIV5 CH3 ART3-72313(a)(6)<br><br>(a) Medications and treatments shall be administered as follows:<br><br>(6) Medications shall be administered as soon as possible, but no more than two hours after doses are prepared, and shall be administered by the same person who prepares the doses for administration. Doses shall be administered within one hour of the prescribed time unless otherwise indicated by the prescriber.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on interview, and record review the facility failed to administer a medication on time for one (1) of three (3) sampled patients (Patient 10) for Medication Administration,<br><br>As a result, Patient 10 did not receive medication in accordance with the physician's orders and had the potential to experience adverse effects (unwanted effects from medication) and negative impact to their health and well-being.<br><br>Findings: | C0945 | **C 0945 – Nursing Service – Administration of Medication**<br><br>**A) IMMEDIATE CORRECTIVE ACTION:**<br><br>1. On 10/7/2025 the RN supervisor immediately assessed Patient 10 for any signs of adverse outcome regarding medications that were not administered on time per MD orders. Vital signs were taken and recorded as follows: BP =124/74, P = 76, R = 19, O2 Sat = 96% and Pain level = 2/10. Patient 10 was deemed stable with no issues and remained verbally responsive, alert and oriented x 4 with no apparent complaint at this time. MD and responsible party were notified.<br><br>2. On 10/7/2025 DON completed a one-on-one in-service with LVN 2 to discuss the P/P on timely medication administration. The emphasis was to be very careful in following the guidelines for patients' health and well-being under their care. DON also discussed the importance of "pour, | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0945 | Continued from page 17<br>A review of Patient 10's Admission Record (a document containing demographic and diagnostic information), dated 10/7/2025, indicated Patient 10 was originally admitted to the facility on 1/15/2025 and readmitted on 6/25/2025 with diagnoses that included muscle weakness, Gastroesophageal reflux disease (GERD, a condition where stomach acid frequently flows back into the tube connecting your mouth and stomach), depression (a mood disorder causing persistent feelings of sadness and loss of interest), and cerebral infarction (a type of stroke caused by a blockage in the blood vessels that supply blood to the brain).<br><br>A review of Patient 10's History and Physical dated 6/26/2025 indicated that Patient 10 does have the capacity to understand and make decisions.<br><br>During a concurrent medication area inspection, interview, and record review conducted on October 7, 2025, at 11:33 a.m. at Medication Cart 1, Nursing Station 1 with Licensed Vocational Nurse (LVN) 2, it was observed that Patient 10's Pregabalin (an anticonvulsant medication used to treat seizures and nerve pain) scheduled for administration at 9:00 a.m. was not documented on the patient's Antibiotic and Controlled Drug Record (CDR). LVN 2 confirmed that the Pregabalin medication was not administered to Patient 10 as ordered at 9:00 a.m. on 10/7/2025.<br><br>During a concurrent interview and record review on 10/7/2025 at 11:52 a.m., with LVN 2, the Medication Administration Record (MAR, a daily documentation record used by a licensed nurse to document medications and treatments given to a resident)) and Order Summary Report for Patient 10 dated 10/7/2025 were reviewed. LVN 2 confirmed that Patient 10 had not received any of her scheduled 9 a.m. morning medications on 10/7/2025. The following medications, scheduled for 9 a.m. administration on 10/7/2025, were not documented as administered on Patient 10's MAR within one hour of the scheduled time: Pregabalin (treat seizures) Oral Capsule 150 mg, order to give one capsule by mouth twice daily (9 a.m. and 5 p.m.), order date 6/25/2025<br><br>Duloxetine (treat depression) Oral Capsule Delayed Release Sprinkles 60 mg, order to give one capsule by mouth once daily (9 a.m.), order date 6/25/2025<br><br>Famotidine (reduce stomach acid) Oral Tablet 20 mg, order to give one tablet by mouth once daily (9 a.m.), order date 6/25/2025<br><br>Fenofibrate (lower cholesterol) Oral Tablet 160 mg, order to give one tablet by mouth once daily (9 a.m.), | C0945 | pass, sign." DON reiterated that MD be notified of circumstances that lead to the delayed medication administration. Any MD orders will be written and carried out; a 72-hour monitoring would be done to ensure patient safety, followed by accurate timely documentation.<br><br>**C) HOW FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRRACTICE:**<br><br>On 10/7/2025 upon identification of deficient practice, DON, ADON, and RN Supervisor immediately interviewed all other charge nurses regarding any other medication administration delays that took place that day. No additional delays were identified, and no other residents were identified as being affected. MEASURES PUT IN PLACE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT OCCUR:<br><br>An in-service was completed by the DON on 10/28/2025 for all nursing staff on "Medication Administration" policy and procedures.<br><br>The facility had implemented a Medication Pass audit that will be completed weekly at random by the DON, ADON and/or designee to monitor improved performance of Charge Nurses on proper and accurate medication administration. Any noted deviations will be corrected immediately, and performance improvement plans will be implemented as needed. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0945 | Continued from page 18<br>order date 6/25/2025<br><br>Lubiprostone (treat constipation) Oral Capsule 24 mcg, order to give one capsule by mouth twice daily (9 a.m. and 5 p.m.), order date 7/18/2025<br><br>Docusate Sodium (treat constipation) Oral Tablet 100 mg, order to give one tablet by mouth twice daily (9 a.m. and 5 p.m.), order date 6/25/2025<br><br>MiraLAX (treat constipation) Oral Powder 17 gm, order to give 17 grams by mouth twice daily (9 a.m. and 5 p.m.), order date 6/25/2025<br><br>Senna (treat constipation) Oral Tablet 8.6 mg, order to give one tablet by mouth twice daily (9 a.m. and 5 p.m.), order date 6/25/2025<br><br>Sorbitol (treat constipation) Oral Solution 30 ml, order to give 30 ml by mouth twice daily (9 a.m. and 5 p.m.), order date 6/25/2025<br><br>Magnesium (supplement) Oral Tablet 400 mg, order to give one tablet by mouth once daily (9 a.m.), order date 6/25/2025<br><br>Multivitamin-Minerals (supplement) Oral Tablet, order to give one tablet by mouth once daily (9 a.m.), order date 6/25/2025<br><br>Vitamin C (supplement) Oral Tablet 500 mg, order to give one tablet by mouth once daily (9 a.m.), order date 6/25/2025<br><br>Vitamin D3 (supplement) Oral Tablet 125 mcg, order to give one tablet by mouth once daily (9 a.m.), order date 6/25/2025<br><br>Cyanocobalamin (supplement) Tablet 1000 mcg, order to give one tablet by mouth once daily (9 a.m.), order date 6/25/2025<br><br>Prostat (protein supplement) 30 ml, order to give 30 ml by mouth twice daily (9 a.m. and 5 p.m.), order date 6/25/2025<br><br>Asperflex Lidocaine (topical pain relief) 4.0% Patch, order to apply to both shoulders topically once daily for pain management. Apply patch at 9 a.m. and remove at 9 p.m. daily, order date 7/27/2025<br><br>During an interview on 10/7/2025 at 12:06 p.m. inside Patient 10's room, in the presence of LVN 2, Patient 10 confirmed she had not received her morning | C0945 | **D) HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TOO MAKE SURE THAT SOLUTIONS ARE SUSTAINED:**<br><br>The DON/Designee will report weekly audit findings to the QAPI/QAA committee monthly for three months for recommendations, if any.<br><br>**E) COMPLETION DATE: 10/31/2025** | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0945 | Continued from page 19<br>medications on 10/7/2025. Patient 10 mentioned that the timing of her morning medication depends on the nurse and stated she does not refuse medication when woken up. LVN 2 confirmed that Patient 10's physician was not notified of the missed morning medications, and no reason was documented for this omission. During a concurrent interview and record review on 10/8/2025 at 9:48 a.m. with Minimum Data Set Coordinator (MDSC) 1, MDSC 1 stated that Patient 10's MAR and Administration History Report documented by licensed nurses' initials that Patient 10's scheduled 9 a.m. medications on 10/7/2025 were administered at 12:29 p.m., three and a half hours after the scheduled time.<br><br>During an interview on 10/8/2025 at 10:34 a.m., MDSC 1 stated the importance of spacing out medication doses to prevent overmedicating the patient, which could lead to adverse reactions.<br><br>During an interview on 10/8/2025 at 11:05 a.m., with the Director of Nursing (DON), the DON stated that the physician must be called if a patient does not accept medication within the scheduled time frame. DON stated the nurse must document all attempts to administer the medication and the physician's instructions.<br><br>During a concurrent record review and interview on 10/8/2025 at 11:47 a.m. with the Director of Nursing (DON), the DON reviewed Patient 10's Medication Administration Record (MAR) for 10/7/2025, Administration History Report, and the Nursing Progress Notes dated 10/7/2025 and 10/8/2025. The DON stated that the check mark on Patient 10's MAR indicated that the patient was administered medications on 10/7/2025. DON stated Patient 10's Administration History Report documents that the scheduled 9 a.m. morning medications on 10/7/2025 were administered at 12:29 p.m. and scheduled 5 p.m. doses of medications for Patient 10 were administered on 10/7/2025 at 4:10 p.m. three and a half hours later. The following medications were documented as administered to Patient 10 twice on 10/7/2025 at 12:29 p.m. (scheduled for 9 a.m.) and 4:10 p.m. (scheduled for 5 p.m.): Pregabalin (treat seizures) Oral Capsule 150 mg<br><br>Docusate Sodium (treat constipation) Oral Tablet 100 mg<br><br>Lubiprostone (treat constipation) Oral Capsule 24 micrograms<br><br>MiraLAX (treat constipation) Oral Powder 17 grams<br><br>Senna (treat constipation) Oral Tablet 8.6 mg | C0945 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0945 | Continued from page 20<br><br>Sorbitol (treat constipation) Oral Solution 30 ml<br><br>The DON continued, stating that Patient 10 could experience stomach discomfort and diarrhea when given multiple doses of anti-constipation medications close together. Administering Patient 10's seizure medication close together could lead to abnormal vital signs. The DON also noted that she had reviewed Patient 10's clinical records, including the Nursing Progress Notes for 10/7/2025 and 10/8/2025, and found no documentation that Patient 10 was monitored or assessed when medications were administered late and close to the next scheduled doses on 10/7/2025. DON stated there was no documentation that the physician was notified that Patient 10 was not administered medications as ordered. During an interview on 10/8/2025 at 3:19 p.m. with LVN 3 at Nursing Station 1, LVN 3 stated that on 10/7/2025, there were no instructions indicating not to give Patient 10's scheduled 5 p.m. medications. LVN 3 confirmed that Patient 10's scheduled 5 p.m. medications were administered as planned. LVN 3 added that administering Pregabalin (a seizure medication) too close together could result in side effects such as sleepiness, blurred vision, dizziness, swelling in the hands, constipation, and difficulty concentrating. LVN 3 admitted that they did not monitor or assess Patient 10 for adverse reactions. A review of the facility's policy and procedures (P&P), titled, "Administering Medications," revised 4/2019, indicated: Medications are administered in a safe and timely manner, and as prescribed Medications are administered within one (1) hour of their prescribed time… | C0945 | | |
| C0965 | Nursing Service--Administration of Medication<br><br>CFR(s): T22 DIV5 CH3 ART3-72313(c)<br><br>(c) The time and dose of the drug or treatment administered to the patient shall be recorded in the patient's individual medication record by the person who administers the drug or treatment. Recording shall include the date, the time and the dosage of the medication or type of the treatment. Initials may be used, provided that the signature of the person administering the medication or treatment is also recorded on the medication or treatment record.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on interview and record review, the facility failed to ensure:<br><br>a. The treatment nurse on 10/4/2025 provided wound care | C0965 | **C 0965– Nursing Service - Administration of Medication**<br><br>**A) IMMEDIATE CORRECTIVE ACTION:**<br><br>4. On 10/07/2025 RN Supervisor immediately assessed patient 2 for any change of condition or abnormality of wounds – no redness, no discharge observed from affected sights (right thigh scab, right pleur x site, and spine suture site). MD was notified. LVN 4, who | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0965 | Continued from page 21<br>and/or signed the treatment administration record (TAR – a legal document that tracks every treatment given to a patient by a nurse) for one of one patient (Patient 2) sampled patient during a random record review.<br><br>This deficient practice had to potential for Patient 2 to experience complications from missed treatments.<br><br>b. A licensed nurse documented the correct time of when the morning medications were given.<br><br>This had the potential to cause confusion with staff and potential for the next dose to be given too close to the first dose.<br><br>Findings:<br><br>a. During a review of Patient 2's Admission Record, the Admission Record indicated the facility admitted Patient 2 on 9/25/2025 with diagnoses including chronic respiratory failure (a long-term condition in which your blood doesn't have enough oxygen or has too much carbon dioxide [waste product from oxygen]), asthma (a chronic lung condition that causes inflammation and narrowing of the airways) and pleural effusion (a condition where fluid collects in the space between the lungs and the chest wall).<br><br>During a review of Patient 2's Minimum Data Set (MDS – an assessment and care screening tool) dated 9/30/2025, the MDS indicated Patient 2 is rarely/never understood others and rarely/never made himself understood. The MDS indicated Patient 2 was dependent on facility staff for toileting, showering/bathing, upper body dressing, lower body dressing and putting on/taking off footwear.<br><br>During a review of Patient 2's Order Summary Report with active orders as of 10/8/2025, the Order Summary Report indicated:<br><br>-Rt (right) Pleur X (brand of indwelling pleural catheter system used to drain fluid that builds up in the chest/pleural effusion) catheter drain Q (every) other day or as tolerated by pt (patient), if c/o (complain of) pain, cough, stop draining. Do not exceed 1000 ml (milliliter – a unit of volume measurement) output per draining. Every day shift every other day for pleural effusion.<br><br>- Right thigh scab; cleanse with NSS (normal saline | C0965 | completed patient 2's treatment on 10/04/2025 immediately completed late entry documentation.<br>5. On 10/07/2025 the RN supervisor immediately assessed Patient 5 for any change of condition or abnormality of vital signs: BP = 131/74 P = 80, R = 18, O2 Sat = 96% & Pain level = 0/10. Patient 5 was stable with no signs of distress and remained alert/oriented x 4, able to verbalize needs with no problem. MD was notified.<br>6. On 10/7/2025 DON initiated and completed a one-on-one in-service with LVN 4 to discuss the policy and procedure (P/P) on charting and documentation and timely medication administration. The emphasis was on signing eTAR immediately upon completion of treatment. DON also discussed also the potential of unwanted effects from medications being administered too close to the time of the next ordered dose to be given. DON reiterated in the discussion the importance of the patients' MD be notified of circumstances that lead to the delayed medication administration. Any MD orders will be written and carried out; a 72-hour monitoring would be done | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0965 | Continued from page 22<br>solution), pat dry, apply Xeroform (brand of sterile gauze dressing), cover with SAD (super absorbent dressing) one time a day.<br><br>-S/P (status post [after]) surgery site on the spine with 2 sutures: cleanse with NSS, pat dry, apply Xeroform dressing, cover with SAD one time a day.<br><br>During a review of Patient 2's Electronic Treatment Administration Record (eTAR) for the month of 10/2025, on 10/4/2025, the eTAR was not signed at all for the following treatments:<br><br>-Right thigh scab<br><br>-Right Pleur X catheter<br><br>-Status Post surgery site on the spine with 2 sutures<br><br>The space for the licensed nurse to sign the three above treatments was left blank while the dates 10/1/2025 - 10/3/2025, and 10/5/2025 – 10/8/2025 had a check mark and the initials of the nurse that completed the treatment. The code section at the bottom of the eTAR page shows a check mark represents a treatment was given.<br><br>During a concurrent interview and record review of Patient 2's 10/2025 eTAR on 10/7/2025 at 11:32 am with Treatment Nurse (TN 1), TN 1 reviewed Patient 2's eTAR. TN 1 stated the three treatments (Right thigh scab, Rt Pleur X catheter, S/P surgery site on the spine with 2 sutures) on 10/4/2025 were not signed and left blank. TN 1 stated right after treatment nurses complete a treatment, the eTAR must be signed right away to ensure a treatment does not get missed, which could cause complications to the wound/body part affected.<br><br>During an interview on 10/7/2025 at 1:33pm with the Assistant Director of Nursing (ADON), the ADON stated licensed nurses must sign the eTAR after they complete each treatment to ensure the treatment was completed and not missed. The ADON stated the doctor's orders must be followed to ensure the patient's wounds do not progress.<br><br>During a review of the facility's Policy and Procedure, (P&P) titled "Charting and Documentation" last reviewed 1/30/2025, the P&P indicated all services provided to the resident must be documented in the resident's | C0965 | to ensure patient safety, followed by accurate timely documentation.<br><br>**B) HOW FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRRACTICE:**<br><br>1. On 10/7/2025 upon identification of deficient practice, DON, ADON, and Treatment Nurse immediately reviewed all eTARS for the last 30 days to ensure that no additional gaps in documentation were identified. No additional residents were affected by the deficient practice.<br>2. On 10/7/2025 DON, ADON, and RN Supervisor immediately interviewed all the licensed nurses on shift to identify any other delayed medication administration. No further residents were identified to be affected by the deficient practice.<br>3. The Medical Records Department will continue to do daily treatment audits to ensure that any potential deficient practice does not occur by notifying the DON/Designee immediately. Further, the DON has in-services scheduled for licensed nurses for continuous education and training.<br><br>**C) MEASURES PUT IN PLACE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT OCCUR:** | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0965 | Continued from page 23<br>medical record. The P&P further indicated the date and time, any refusal to treatments and the signature and title of the individual documenting.<br><br>During a review of the facility's P&P titled "Charting Errors and/or Omissions " last reviewed 1/30/2025, the P&P indicated accurate medical records shall be maintained by this facility.<br><br>b. During a review of Patient 5's Admission Record, the Admission Record indicated the facility admitted the resident on 7/15/2025 with diagnoses including paraplegia (loss of movement and/or sensation, to some degree, of the legs).<br><br>During a review of Patient 5's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 7/22/2025, the MDS indicated Patient 5 was cognitively (the process of acquiring knowledge and understanding through thought, experience, and the senses) intact with skills required for daily decision making. The MDS indicated Patient 5 required setup or clean-up assistance (helper sets up or cleans up; patient completes activity with eating. The MDS indicated Patient 5 required supervision (helper provides verbal cues as patient completes activity) with oral hygiene.<br><br>During a review of Patient 5's Nursing Progress Notes, a late entry created 10/07/2025 at 2:31 p.m., the notes indicated the following: Patient 5 is refusing to take medication in the morning. Patient 5 states he wants all his medications right now. Licensed Vocational Nurse 4 (LVN 4) got all medication ready to administer, including pain medication. As LVN 4 was handing medications to resident, Patient 5 states "I don't want all my meds, I only want my pain meds." LVN 4 asked Patient 5 when he wants his medication, Patient 5 responded "I will let you know when I want my meds, or I'll ask my CNA to notify you." LVN 4 agreed and left Patient 5's room."<br><br>During a review of Patient 5's Physician's Orders, the orders indicated the following:<br><br>Cholecalciferol tablet (vitamin D, crucial for building and maintaining healthy bones and teeth), give 5000 international units (IU, a unit of measure for medications/dosing) by mouth one time a day for Vitamin D deficiency, dated 7/16/2025. | C0965 | 1. On 10/28/2025 DON completed an in-service for all nursing staff on "Charting and Documentation" p/p. The discussion was followed by question-and-answer evaluation. On 10/30/2025 facility implemented a weekly eTAR audit to be completed by the Medical Records Department to ensure accuracy and completion of treatment documentation. Audit findings will be provided to DON and/or Designee.<br>2. On 10/30/2025 facility implemented a medication pass audit that will be completed weekly at random selection by the DON, ADON and/or designee to monitor Charge Nurses' medication administration performance on proper and accurate medication administration. Any noted deviations will be corrected immediately and continued mentoring and performance improvement plans will be implemented as needed.<br><br>**D) HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TOO MAKE SURE THAT SOLUTIONS ARE SUSTAINED:**<br><br>The DON/Designee will report weekly findings for eTAR audits and medication pass audits to the QAPI/QAA committee monthly for three months for recommendations. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0965 | Continued from page 24<br><br>Multivitamin/Minerals Tablet (a supplement), give one capsule by mouth one time a day for supplement, dated 7/22/2025.<br><br>Zinc (a mineral important for wound healing), 50 milligrams (mg, metric unit of measurement, used for medication dosage and/or amount), give one tablet my mouth one time a day, dated 8/23/2025.<br><br>Apixaban tablet (an anticoagulant or blood thinner), 5 mg, give one tablet my mouth every 12 hours for deep vein thrombosis prophylaxis (DVT PPX, a medication to prevent a condition where a blood clot forms in a deep vein, typically in the lower legs), dated, 7/15/2025.<br><br>Ascorbic Acid tablet (vitamin C, supplement essential for wound healing) 500 mg, give one tablet by mouth two times a day for wound healing/supplement), dated 7/22/2025.<br><br>Docusate Sodium tablet (a stool softener), 100 mg, give one tablet by mouth two times a day for constipation/bowel management, dated 7/15/2025.<br><br>Duloxetine capsules delayed release particles (a timed release medication given to treat depression) 60 mg, give one capsule by mouth two times a day for depression manifested by verbalization of sadness, dated 7/15/2025.<br><br>Keppra tablet (a medication given to prevent seizures [a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness]), give two tablets by mouth two times a day for seizure, dated 7/15/2025.<br><br>Methocarbamol tablet (medication to treat muscle spasms), 750 mg, give two tablets by mouth three times a day for muscle spasms, dated 9/10/2025.<br><br>During a review of Patient 5's Nursing Progress Notes, dated 10/07/2025 at 3:31 p.m., the note indicated the following: At approximately 1:50 p.m. morning (due at 9 a.m.) medications were administered to Patient 5 due to | C0965 | **E) COMPLETION DATE: 10/31/2025** | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0965 | Continued from page 25<br>patient refusing to take his medications in the morning. LVN 4 got in contact with Patient 5's physician, MD 1 and mentioned to MD 1 about the late administration. MD 1 stated it was okay to give 5 p.m. medications at 9 p.m. LVN 4 endorsed to oncoming nurse.<br><br>During a review of Patient 5's Care Plan for Depression, initiated on 7/17/2025, the care plan indicated a goal that Patient 5 will show decreased episodes of signs or symptoms of depression through the next review date. The care plan indicated to administer medications as ordered.<br><br>During a review of Patient 5's Care Plan for Seizure Disorder, initiated on 7/24/2025, the care plan indicated a goal that Patient 5 will remain free of seizure activity through the next review date. The care plan indicated to administer medications as ordered.<br><br>During an interview with Patient 5 in his room on 10/07/2025 at 1:27 p.m., he stated he did not receive his 9 a.m. medications yet. Patient 5 stated he told LVN 4 that morning he could not take all of them at once because it hurt his stomach to take all at once.<br><br>During an interview with LVN 4 on 10/07/2025 at 1:45 p.m., he stated he has not given Patient 5 his 9 a.m. medications yet because Patient 5 refused them, with the exception of the pain medication. LVN 4 displayed the medication cup containing the 9 a.m. medication that he secured in the medication cart. LVN 4 stated he was going to give Patient 5 his morning medications now. LVN 4 stated he would notify the next shift licensed nurse to be careful when giving the medications that are to be given twice a day, such as those due at 9 a.m. and 5 p.m. LVN 4 stated he documented the medications as already given to Patient 5's in the morning before he went to Patient 5's room. LVN 4 stated he should have waited until after Patient 5 took his medications before documenting they had been given. LVN 4 stated this could cause confusion with the oncoming shift licensed nurse. LVN 4 stated the oncoming shift licensed nurse could be giving the 5 p.m. medications too close to the time he was going to give his medications. LVN 4 stated it could be like "double dosing" (giving a resident two of one medication) and the physician should be notified to see what they want to be done to avoid a patient having adverse effects. | C0965 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C0965 | Continued from page 26<br><br>During an interview with LVN 4 on 10/07/2025 at 4:10 p.m., he stated he gave Patient 5 the following medications: ascorbic acid, Colace, Cholecalciferol, duloxetine, Apixaban, Keppra, Methocarbamol, multivitamin, and zinc at 1:50 p.m. earlier that day.<br><br>During a concurrent interview and record review with the Director of Nursing (DON) on 10/07/2025 at 4:30 p.m., the DON reviewed the facility's policy and procedure titled, "Medication Administration-General Guidelines," last reviewed 1/30/2025. The DON referenced the following under the Documentation section: The individual who administers the medication dose records the administration on the resident's MAR directly after the medication is given. The DON stated it is important to document after giving medications to prevent confusion with the oncoming licensed nurse who would give the 5 p.m. medications without knowing they are given too close together and a patient could suffer adverse effects. | C0965 | **C 1130– Nursing Service – Restraints and Postural Support**<br><br>**A) IMMEDIATE CORRECTIVE ACTION:**<br><br>7. On 10/06/2025, CNA #2 immediately removed patient 4's bilateral pillows. RN Supervisor immediately assessed patient 4 for any change of condition (COC) or adverse effects that may have been caused by the bilateral pillows. No COC noted. MD and RP were notified.<br>8. On 10/06/2025 DSD completed a one-on-one in-service with CNA 2 on facility's restraint-free environment policies and procedures. | |
| C1130 | Nursing Service--Restraints and Postural Supp<br><br>CFR(s): T22 DIV5 CH3 ART3-72319(b)<br><br>(b) Restraints shall only be used with a written order of a physician or other person lawfully authorized to prescribe care. The order must specify the duration and circumstances under which the restraints are to be used. Orders must be specific to individual patients. In accordance with Section 72317, there shall be no standing orders and in accordance with Section 72319(i)(2)(A), there shall be no P.R.N. orders for physical restraints.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interview and record review, the facility failed to ensure one of three sampled resident (Patient 8) was free from physical restraints when pillows were placed on the left and right lateral side of the patient.<br><br>This deficient practice had the potential to result in the restriction of the patient's freedom of movement and decline in physical functioning.<br><br>Findings:<br><br>During a review of the Admission Record dated 5/8/2025, the Admission Record indicated the facility admitted Patient 8 on 5/8/2025 with diagnoses including dementia | C1130 | **B) HOW FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRRACTICE:**<br><br>4. On 10/6/2025 upon identification of deficient practice, DON, ADON, and DSD immediately rounded the facility to ensure that no additional residents have pillows by their sides that may be used as restraints. No further residents were identified to be affected by the deficient practice.<br>5. The Medical Records Department continues to do daily audits on Change of Condition that reflects any incident requiring the use of restraints. At this | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C1130 | Continued from page 27<br>(a progressive state of decline in mental abilities) and failure to thrive (a decline caused by chronic disease and functional impairments which can cause weight loss, decrease appetite, poor nutrition, and inactivity).<br><br>During a review of Patient 4's Minimum Data Set (MDS-a resident assessment tool) dated 8/14/2025, the MDS indicated Patient 8's cognitive skills (related to thinking, reasoning, decision-making and problem solving) were severely impaired. The MDS further indicated Patient 4 required substantial/maximal assistance and dependent on staff for activities of daily living (ADL's-routine tasks/activities such as bathing, dressing, toileting, eating a person performs daily to care for themselves).<br><br>During a review of Patient 4's History and Physical (H&P) dated 5/9/25, the H&P indicated that Patient 8 does not have the capacity to understand and make decisions.<br><br>During a concurrent observation and interview on 10/6/2025 at 2:54 p.m. with Certified Nurse Assistant (CNA 2) inside Patient 4's room, observed the patient with a pillow placed on each lateral side of the body. CNA 2 stated that she placed the pillows on each side of the patient when she fed the patient during breakfast and forgot to remove them. CNA 2 stated that she is aware the pillows can be used as restraints.<br><br>During an interview on 10/6/2025 at 2:56 p.m. with Licensed Vocational Nurse (LVN 5), LVN 5 stated she had told CNA 2 that she (CNA 2) could not use pillows on each lateral side of the patient's body to restrict Patient's 8 movement. LVN 5 stated Patient 5 did not have any physician orders for a restraint.<br><br>During an interview with the Director of Nursing (DON), the DON stated pillows placed adjacent to patient's side of the body that can restrict movement and cannot be removed by the patient are considered as restraints.<br><br>During a review of the facility's policy and procedure (P&P) titled, "Use of Restraints," dated April 2017, the P&P indicated, "restraints shall only be used to treat the resident's medical symptom(s) and never for discipline or staff convenience, or for the prevention of falls. Per P&P a physical restraint is defined as any manual method or material equipment adjacent to the patient's body that the individual cannot remove easily which restricts movement. | C1130 | time, no resident was identified and observed to have any form of restraint at all.<br><br>**C) MEASURES PUT IN PLACE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT OCCUR:**<br><br>3. On 10/28/2025 DON completed an in-service for all nursing staff on a P/P: "Restraint Usage." The discussion was followed by question-and-answer evaluation with all participants. On 10/30/2025, Social Services Director and DSD completed additional in-services on a "Restraint Free Environment." The discussion was followed by question-and-answer evaluation.<br><br>4. On 10/29/2025 Administrator updated the form "Resident Centered Care Room Rounds Report" to include "Does resident have any objects that may be a restraint?" question on daily rounds to be completed daily by assigned ambassadors and/or Manager on Duty (MOD). Any noted deviations will be corrected immediately, and surveillance tools will be submitted to the DON and/or Designee for monitoring.<br><br>**D) HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TOO MAKE SURE THAT SOLUTIONS ARE SUSTAINED:** | |
| C1270 | Nursing Service--Patients with Infectious Dis | C1270 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C1270 | Continued from page 28<br><br>CFR(s): T22 DIV5 CH3 ART3-72321(b)<br><br>(b) The facility shall adopt, observe and implement written infection control policies and procedures. These policies and procedures shall be reviewed at least annually and revised as necessary.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interview, and record review, the facility failed to:<br><br>1. Post a droplet transmission based precaution (used for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking) sign outside of one of one sampled patient's (Patient 1) door who had coronavirus disease-2019 (COVID-19, a highly contagious viral infection that can trigger respiratory tract infection).<br><br>This deficient practice had the potential to place patients, staff, and visitors at an increased risk of developing COVID-19.<br><br>2. Ensure one of 11 sampled patients (Patient 6) who was receiving intravenous (IV- medication administered through a vein) antibiotics (medication used to treat bacterial infections) was placed on EBP.<br><br>This deficient practice had the potential to increase the risk of spreading infection to other patients.<br><br>3. Ensure Licensed Vocational Nurse 4 (LVN 4) and LVN 5 performed hand hygiene (hand washing with soap and water and use of alcohol-based hand sanitizer) before administering medications to two of three patients (Patient 9 and Patient 11) and ensure LVN 5 wore gloves during eye drop medication administration to Patient 11.<br><br>This deficient practice placed patients and staff at risk for exposure to contaminants and the spread of infections.<br><br>Findings: | C1270 | The DON/Designee will report daily findings of Room Rounds to the QAPI/QAA committee monthly for three months for recommendations, if any.<br><br>**E) COMPLETION DATE: 10/31/2025** | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C1270 | Continued from page 29<br><br>1. During a review of Patient 1's Admission Record, the Admission Record indicated the facility initially admitted Patient 1 on 2/9/2024 with diagnoses that included congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently), chronic kidney disease (a condition where the kidneys gradually lose their ability to filter waste products from the blood and maintain fluid balance in the body), and COVID-19.<br><br>During a review of Patient 1's Minimum Data Set (MDS – a patient assessment tool) dated 9/5/2025, the MDS indicated Patient 1 made herself understood and was able to understand others. The MDS further indicated Patient 1 was independent for all activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily) and set-up assistance for showers and personal hygiene.<br><br>During a review of Patient 1's Care Plan (CP- a document that summarizes a resident's needs, goals, and care/treatment) titled, "Resident is positive for COVID-19," initiated on 9/28/2025, the CP had an intervention to place the patient on standard, contact, and droplet isolation with eye protection and keep door closed at all times.<br><br>During an observation on 10/6/2025 at 2:11 p.m., outside of Patient 1's room, the door was closed and there was no droplet precaution sign. Instead, there was an enhanced barrier precaution (EBP -a set of infection control practices that use personal protective equipment [PPE- specialized clothing or equipment worn by an employee for protection against infectious materials] used in healthcare settings to protect healthcare personnel from the spread of infection or illness, particularly from contact with blood and body fluids) to reduce exposure to reduce the spread of multidrug-resistant organisms [MDROs -microorganisms that are resistant to multiple classes of antibiotics and antifungals] in nursing homes) sign.<br><br>During a concurrent observation and interview on 10/6/2025 at 2:19 p.m., outside of Patient 1's room with the Assistant Director of Nursing (ADON), the ADON looked at the EBP sign and stated Patient 1 had COVID-19 since the week before and this was the wrong sign. The ADON stated the infection preventionist should have put up a droplet precaution sign to alert | C1270 | **C 1270– Nursing Service – Patients with Infectious Disease**<br><br>**A) IMMEDIATE CORRECTIVE ACTION:**<br><br>1. On 10/06/2025 facility Infection Preventionist (IP) immediately replaced the door signage with the appropriate Droplet Precautions signage on patient 1's door to reflect the appropriate isolation precautions. All assigned staff who worked in patient 1's room were tested with a Rapid Antigen Test – all results were negative, and staff were notified to test again on days 3 and 5 and monitor selves for any signs or symptoms of possible Covid-19. To date, no additional staff have tested positive for Covid-19, and the facility outbreak has been closed.<br><br>2. On 10/6/2025 upon identification of deficient practice, CNA 6 immediately donned the correct PPE, and IP immediately placed an EBP sign on the door of patient 6. CNA was immediately provided with a one-on-one in-service by the DSD on Enhanced Barrier Precautions. RN Supervisor immediately assessed patient 6 for any change of condition (COC) or adverse reactions that may have been caused by the deficient practice. No COC noted. MD and RP were notified.<br><br>3. On 10/7/2025 LVN 5 immediately completed the required hand hygiene protocols upon the identification of deficient practice. RN Supervisor | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C1270 | Continued from page 30<br>visitors, residents, and staff that the room is in isolation. The ADON further stated without the proper isolation sign, visitors, residents, and staff could be exposed and acquire COVID-19.<br><br>During an interview on 10/6/2025 at 3:32 p.m., with the Infection Preventionist (IP), the IP stated she (IP) took over the role as the IP about a week ago and that she was still learning the role and missed the sign. The IP stated precaution implementation is part of her responsibilities. The IP stated Patient 1 was positive for COVID-19 on 9/28/2025 and the droplet precaution sign should have been up since then to help prevent the spread of COVID-19 to other patients, visitors, and staff.<br><br>During a review of the facility's Policy and Procedure (P&P) titled, "Isolation – Categories of Transmission-Based Precautions (TBP)," last reviewed on 1/30/2025, the P&P indicated TBPs are initiated when a resident develops signs and symptoms of a transmissible infection. The P&P indicates TBPs are additional measures that protect staff, visitors and other residents from becoming infected and the measures are determined by the specific disease. The P&P further states when a resident is placed on TBPs, appropriate notification must be placed on the room entrance door so that personnel and visitors are aware of the need for and the type of precaution.<br><br>During a review of the facility's P&P titled, "Policies and Practices - Infection Control," last reviewed on 1/30/2025, the P&P indicated the objective of the infection control P&P are to prevent, detect, investigate and control infections in the facility and maintain a safe, sanitary and comfortable environment for personnel, residents, visitors and the general public.<br><br>2. During a review of Patient 6's Admission Record, the Admission Record indicated the facility admitted the patient on 10/3/2025 with diagnoses including but not limited to left femur (thigh bone) fracture (broken bone) and infection following a surgical site.<br><br>During a review of Patient 6' s Admission Assessment dated 10/3/2025, the Admission Assessment indicated Patient 6 was alert and thought processes are intact/normal. The assessment indicated Patient 6 needed one person physical assistance with bed | C1270 | immediately assessed patient 11 for any change of condition (COC) or adverse reactions that may have been caused by the deficient practice. No COC noted. MD and RP were notified. DON immediately completed a one-on-one in-service with LVN 5 on the importance of hand hygiene, and hand hygiene protocols during medication administration.<br><br>4. On 10/7/2025 LVN 4 immediately completed the required hand hygiene protocols upon the identification of deficient practice. RN Supervisor immediately assessed patient 9 for any change of condition (COC) or adverse reactions that may have been caused by the deficient practice. No COC noted. MD and RP were notified. DON immediately completed a one-on-one in-service with LVN 4 on the importance of hand hygiene, and hand hygiene protocols during medication administration.<br><br>**B) HOW FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRRACTICE:**<br><br>1. On 10/6/2025 upon identification of deficient practice, DON, ADON, and DSD immediately rounded the facility to ensure that all other isolation signage has been posted appropriately and corresponded with the ordered isolation precautions. No additional deficient practices were identified. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C1270 | Continued from page 31<br>mobility.<br><br>During a review of Patient 6's physician orders dated 10/3/2025, the physician orders indicated an order for ceftriaxone injection solution (an antibiotic) one (1) gram (gm- a unit of measurement), intravenously every 24 hours for left hip infection until 10/9/2025, total of seven days.<br><br>During an observation on 10/6/2025 at 3:15 p.m., observed Patient 6 in her room with a right hand IV. Observed that the door and surrounding area of Patient 6's room did not have any EBP sign or PPE supply cart by the room.<br><br>During an interview on 10/6/2025 at 3:28 p.m., with Certified Nursing Assistant 6 (CNA 6), CNA 6 stated when she changes Patient 6, she wears gloves but not an isolation gown.<br><br>During a concurrent observation and interview on 10/6/2025 at 3:30 p.m., with the Director of Staff Development (DSD), the DSD observed there was no EBP sign outside Patient 6's door or surrounding area. The DSD stated there should have been an EBP sign because Patient 6 has an IV and is receiving IV antibiotics. The DSD stated that this is important to prevent the spread of infection.<br><br>During a concurrent observation and interview on 10/6/2025 at 3:38 p.m., with the Director of Nurses (DON), the DON observed there was no EBP sign outside Patient 6's door or surrounding area. The DON stated there should have been an EBP sign because Patient 6 has an IV and is receiving IV antibiotics. The DON stated this is important to prevent the spread of infection.<br><br>During a review of the facility's policy and procedure titled, "Enhanced Barrier Precautions," last reviewed 1/30/2025, the policy indicated the following:<br><br>Enhanced barrier precautions (EBPs) are used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms to residents…EBPs employ targeted gown and glove use during high contact resident care activities (an activity in which staff comes in contact with a | C1270 | 2. On 10/6/2025 upon identification of deficient practice, DON, ADON, and DSD immediately rounded the facility to ensure that all other staff providing care to residents on EBP were donning appropriate PPE when providing care. No additional deficient practices were identified.<br><br>3. & 4. On 10/7/2025 upon identification of deficient practice, DON, ADON, and IP immediately rounded the facility to ensure that all other charge nurses are completing hand hygiene timely and appropriately during medication administration. No additional deficient practices were identified.<br><br>**C) MEASURES PUT IN PLACE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT OCCUR:**<br><br>1. On 10/14/2025 clinical resource consultant completed a one-on-one in-service for the IP on Standard, Enhanced and Transmission-based Precautions, hand hygiene, PPE use, L.A. County DPH - IPCP Guidelines for SNFs, EBP program and Assessment of all residents for EBP eligibility.<br><br>2. – 4. On 10/20/2025 DSD completed an in-service for all nursing staff on infection control and types of isolations, EBP, donning and doffing PPE, and hand hygiene. On 10/28/2025 DON completed an in-service for all nursing staff on infection control and types of isolations and signage, EBP, and hand hygiene during | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C1270 | Continued from page 32<br>resident, such as providing care, or treatments)...EBPs are indicated for residents with wounds and/or indwelling medical devices regardless of MDRO colonization...Signs are posted on the door or wall outside the resident room indicating the type of precautions and PPE required.<br><br>3.a. During a review of Patient 11's Admission Record, the Admission Record indicated the facility admitted the patient on 8/2/2022 with diagnoses that included cataract (a clouding of the lens in the eye leading to a decrease in vision), glaucoma (condition of increased pressure within the eyeball, causing gradual loss of sight), and Parkinsonism (a disorder of the central nervous system [makes up of the brain and spinal cord] that affects movement, often including tremors [involuntary shaking or movement]).<br><br>During a review of Patient 11's History and Physical (H&P) dated 10/7/2025, the H&P indicated that Patient 11 had the capacity to understand and make decisions.<br><br>During a review of Patient 11's MDS dated 8/8/2025, the MDS indicated the patient's cognition (conscious mental activities including thinking, reasoning, understanding, learning, and remembering) was moderately impaired. The MDS further indicated Patient 11 was dependent on staff physical assistance for activities of daily living (ADLs – activities such as bathing, dressing, toileting, and personal hygiene) and required set-up assistance for eating.<br><br>During a review of Patient 11's Care Plan (CP) with a focus of, "Resident is at risk for impaired visual function related to Glaucoma, Cataracts; adequate with eyeglasses – At risk for decline in vision, falls, injury, signs and symptoms of eye infection, other complications," initiated on 8/3/2022, revised on 8/15/2025, included an intervention to administer medications, including eye drops, as ordered.<br><br>During a review of Patient 11's Order Summary Report, dated 10/7/2025, the Order Summary Report indicated an order for artificial tears ophthalmic solution 0.5-0.6 percent (%), with instructions to instill one drop into both eyes four times a day for dry eye, order dated 9/12/2025. | C1270 | medication administration. The discussion was followed by question-and-answer evaluation.<br><br>3. Effective 10/30/2025, IP and/or designee will monitor EBP and other isolation signage during daily facility rounds and document performance on surveillance checklist.<br><br>4. Effective 10/30/2025 facility implemented a medication pass audit that will be completed weekly at random selection by the DON, ADON and/or designee to monitor Charge Nurses' medication administration performance on proper and accurate medication administration and hand hygiene. Any noted deviations will be corrected immediately and continued mentoring and performance improvement plans will be implemented as needed.<br><br>**D) HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED:**<br><br>The IP/Designee will report Infection Control Surveillance results to the QAPI/QAA committee monthly for three months for recommendations, if any.<br><br>DON/Designee will report weekly medication pass audits to the QAPI/QAA committee monthly for three months for recommendations, if any.<br><br>**E) COMPLETION DATE: 10/31/2025** | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C1270 | Continued from page 33<br>During a medication administration observation on 10/7/2025 at 9:06 a.m., with LVN 5, LVN 5, after preparing medications for Patient 11, entered the patient's room without performing hand hygiene and administered the following medications to the patient:<br><br>- Carbidopa-Levodopa (treats Parkinson's Disease) 25 milligrams (mg, unit of measurement by weight) of Carbidopa with 100 mg of Levodopa<br><br>- Calcium 500 mg plus Vitamin D (supplement)<br><br>- Docusate Sodium 100 mg (stool softener)<br><br>- One-Daily Multivitamin with Minerals (supplement)<br><br>- Vitamin D (supplement) 125 micrograms (mcg, unit of measurement by weight)<br><br>- Fish Oil (Omega 3 Fatty Acids, a supplement) 500 mg<br><br>- Two Cal 2.0 CAL Vanilla Protein Nutrition (nutritional supplement)<br><br>During an observation on 10/7/2025 at 9:10 a.m., with LVN 5, after administering the above medications to Patient 11, LVN 5 exited Patient 11's room. LVN 5 opened and closed the medication cart, prepared Patient 11's eye drops, artificial tears ophthalmic solution, and re-entered Patient 11's room without performing hand hygiene or putting on gloves and instilled the artificial tears ophthalmic solution, one drop into each eye of Patient 11.<br><br>During an observation on 10/7/2025 at 9:13 a.m., it was observed that the soap dispenser inside Patient 11's bathroom was empty.<br><br>During an interview on 10/7/2025 at 9:15 a.m., with LVN 5, LVN 5 confirmed by stating that the soap dispenser in Patient 11's room was empty. LVN 5 stated that she had not washed her hands before entering and re-entering Patient 11's room to administer the patient's medications and eye drops.<br><br>During an interview on 10/8/2025 at 12:46 p.m., with the DON, the DON stated that charge nurses (LVNs) must use hand sanitizer or wash their hands with soap and water prior to entering patient's rooms to ensure they do not carry any potential contaminants that may cause | C1270 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C1270 | Continued from page 34<br>infections to the patient. The DON stated that the LVN must perform hand hygiene, preferably hand washing, prior to administering eye drops into the patient's eyes to prevent the risk of eye infections, and the nurse must wear gloves when administering eye drops.<br><br>During a review of the facility's Policy and Procedures (P&P) titled, "Instillation of Eye Drops," revised 1/2014, the policy indicated, "Should both eyes require instillation, wash and dry your hands thoroughly before treating each eye...Steps in the Procedure...<br><br>Wash and dry your hands thoroughly<br><br>Put on gloves...<br><br>Remove gloves and discard into designated container. Wash and dry your hands thoroughly..."<br><br>b. During a review of Patient 9's Admission Record, the Admission Record indicated the facility admitted the patient on 2/19/2025 and readmitted the patient on 7/18/2025 with diagnoses that included dysphagia (difficulty swallowing), asthma (affects the airways in the lungs), acute and chronic respiratory failure with hypoxia (a condition where the body is deprived of adequate oxygen supply at the tissue level), chronic obstructive pulmonary disease (COPD, a chronic inflammatory lung disease that causes obstructed airflow from the lungs), and lack of coordination (impaired ability to coordinate movement).<br><br>During a review of Patient 9's H&P dated 7/18/2025, the H&P indicated that Patient 9 does have the capacity to understand and make decisions.<br><br>During a review of Patient 9's MDS dated 8/25/2025, the MDS indicated the patient's cognition /was intact. The MDS further indicated Patient 9 required set-up assistance for eating, moderate assistance for bathing, and supervision or touch assistance for the remaining ADLs (that include, oral and personal hygiene and dressing).<br><br>During a medication administration observation on 10/7/2025 at 9:28 a.m., with LVN 4, LVN 4, after preparing medications for Patient 9, entered the patient's room without performing hand hygiene and administered the following medications to the patient: | C1270 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C1270 | Continued from page 35<br><br>- Metoprolol tartrate 25 mg (used to treat high blood pressure)<br><br>- Clopidogrel 75 mg (prevents blood clots)<br><br>- Fluoxetine 10 mg (antidepressant)<br><br>- Furosemide 20 mg (reduces fluid retention)<br><br>- Potassium chloride extended release 10 milliequivalent (mEq- unit of measurement) (replenishes potassium levels)<br><br>- Alprazolam 0.25 mg (used for anxiety relief)<br><br>- Pulmicort Flexhaler 180 mcg (asthma inhaler)<br><br>- Fluticasone propionate nasal spray (reduces nasal inflammation)<br><br>- Sodium chloride nasal saline (moisturizes nasal passages)<br><br>During an interview on 10/7/2025 at 10:08 a.m., with LVN 4, LVN 4 stated he (LVN 4) did not wash his hands after preparing the medications for Patient 9 or before entering the patient's room to administer the medications. LVN 4 stated he should have washed his hands before entering Patient 9 room to administer medications.<br><br>During an interview on 10/8/2025 at 12:46 p.m., with the DON, the DON stated that charge nurses (LVNs) must use hand sanitizer or wash their hands with soap and water prior to entering patient's rooms to ensure they do not carry any potential contaminants that may cause infections to the patient.<br><br>During a review of the facility's P&P titled, "Administering Medications," revised 4/2019, the policy indicated, "Staff follows established facility infection control procedures (e.g., handwashing, antiseptic techniques, gloves, isolation precautions, etc.) for the administration of medications, as applicable."<br><br>During a review of the facility's P&P titled, "Handwashing/Hand Hygiene," revised 10/2023, the policy indicated, "This facility considers hand hygiene the | C1270 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C1270 | Continued from page 36<br>primary means to prevent the spread of healthcare-associated infections.<br><br>All personnel are trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections<br><br>All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors. | C1270 | **C2000 – Pharmaceutical Services – Labeling & Storage**<br><br>**A) IMMEDIATE CORRECTIVE ACTION:**<br><br>On 10/06/2025 The Charge Nurse immediately removed the Pepto-Bismal from the resident's bedside. RN supervisor immediately assessed Patient 7 who is alert/oriented x 4 for any changes of condition and/or adverse effects of having non-prescribed medications at bedside. None were noted. When RN asked the patient about medication, she indicated that her daughter brought it for her to use when she needs it. MD and RP were notified. Charge Nurse obtained an order from the MD for the medication to be given as needed, medication secured in the medication cart, and the RN supervisor explained to the patient about no medications being allowed at bedside until a proper assessment is accomplished. Resident agreed to have the medication stored in the medication cart, and to ask the Charge Nurse for it if she ever needed it.<br><br>DON completed a one-on-one in-service with LVN 2 regarding p/p for self-administration of medications. | |
| C2000 | Pharmaceutical Service--Labeling and Storage<br><br>CFR(s): T22 DIV5 CH3 ART3-72357(j)(1)<br><br>(j) Storage of nonlegend drugs at the bedside shall meet the following conditions:<br><br>(1) The manner of storage shall prevent access by other patients. Lockable drawers or cabinets need not be used unless alternate procedures, including storage on a patient's person or in an unlocked drawer or cabinet are ineffective.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interview, and record review the facility failed to ensure a bottle of Pepto-Bismal (brand named medication used to treat diarrhea, nausea and heartburn) without a physician's order was not left at bedside one of one sampled patient (Patient 7).<br><br>This deficient practice had the potential to make the medication easily accessible to other patients and had the potential for Patient 7 to take medication not prescribed by their physician.<br><br>Findings:<br><br>During a review of Patient 7's Admission Record, the Admission Record indicated the facility initially admitted Patient 7 on 1/16/2025 with diagnoses that included end stage renal disease (ESRD - irreversible kidney failure), type two (2) diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and congestive heart failure (CHF- a heart disorder which causes the heart to not pump the blood efficiently).<br><br>During a review of Patient 7's Minimum Data Set (MDS – | C2000 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C2000 | Continued from page 37<br>a patient assessment tool) dated 7/17/2025, the MDS indicated Patient 7 made herself understood and was able to understand others.. The MDS further indicated Patient 7 required moderate assistance from facility staff for toileting, showering, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene. The MDS indicated other types of movement such as lying down to sit were not attempted due to medical condition or safety concerns.<br><br>During a concurrent observation and interview on 10/6/2025 at 3:02 p.m., in Patient 7's room, Patient 7 was sitting up in bed watching tv. On the right side of the bed, closest to the door was a nightstand; on top of the nightstand was a bottle of Pepto-Bismol. The bottle was unopened and did not have a label. Resident 7 stated her daughter brought it a while ago for me to use just in case. Resident 7 stated the bottle of Pepto-Bismal has been on her night stand for a while.<br><br>During a concurrent observation, interview, and record review on 10/6/2025 at 3:08 p.m., in Patient 7's room with Licensed Vocational Nurse 2 (LVN 2), observed the bottle of Pepto-Bismal and stated the medication should not be at Patient 7's bedside. LVN 2 reviewed Patient 7's Medication Administration Record (MAR, a report detailing the medications administered to a resident by the licensed nurse in the facility) and stated she did not have an order for Pepto-Bismal and should have never been left at Patient 7's bedside because Patient 7 or any other patient could have taken the medication without an order or instructions of how much to take.<br><br>During an interview with 10/6/2025 at 3:22 p.m., with the Assistant Director of Nursing (ADON), the ADON stated medication should never be left at the bedside of any patient without an order and without an assessment to administer their own medication. The ADON stated when a family member brings in a medication from home, it must be given to licensed staff first to label it, verify if there is an order and assessed for self-administration before the medication could be left at bedside. The ADON stated Patient 7 or any patient in the building could have access and taken too much causing constipation or possibly diarrhea.<br><br>During a review of the facility's Policy and Procedure (P&P) titled, "Self-Administration of Medication," last reviewed 1/30/2025, the P&P indicated residents have the right to self-administer medication if the | C2000 | **B) HOW FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRRACTICE:**<br><br>On 10/6/2025 DON, ADON, and DSD immediately rounded the facility to identify any additional medications at residents' bedsides. No additional medications were noted at bedsides.<br><br>Ongoing daily rounds by the RN supervisor, ADON, DON and Ambassadors will continue to focus on presence of medications at bedside. Any presence of medications will be dealt with accordingly.<br><br>**C) MEASURES PUT IN PLACE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT OCCUR:**<br><br>Effective 10/29/2025, Administrator updated the Resident Centered Care Room Rounds Report to ensure room ambassadors are checking resident bedsides for any OTC and/or prescription medications.<br><br>**D) HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED:**<br><br>Room ambassadors will provide Room Rounds Reports to DON/Designee upon completion and audit results will be presented and discussed with QAPI/QAA committee for the next three months to ensure compliance. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C2000 | Continued from page 38<br>interdisciplinary team (IDT- a group of health care professionals with various areas of expertise who work together toward the goals of the residents' care plan) has determined that it is clinically appropriate and safe for the resident to do so after a comprehensive assessment. The P&P indicated the resident must be able to read and understand the medicine label, can follow directions, tell time, know the times to take the medicine, if they can comprehend the reason for the medication and if they are physically able to open the bottle. The P&P further indicated that if a resident is determined to self-administer, the medication must be stored in a safe and secure place that is not accessible to other residents. | C2000 | **COMPLETION DATE: 10/31/2025**<br><br>**C2030 – Pharmaceutical Services – Labeling & Storage**<br><br>**A) IMMEDIATE CORRECTIVE ACTION:**<br><br>On 10/07/2025 The Charge Nurse immediately removed the expired Control Solution from Medication Cart 1. DON immediately completed a one-on-one in-service with LVN 2 regarding p/p regarding viability of expired medications and biologicals, with an emphasis on the importance of possible effects on patient's safety and well-being.<br><br>**B) HOW FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRACTICE:**<br><br>On 10/7/2025 upon identification of the expired Assure Dose Control Solution, DON, ADON, and RN Supervisor checked all medication carts and medication rooms for any additional expired medications and/or biologicals. No other expired products were identified.<br><br>Ongoing random monitoring of medication cart reviews are done weekly by the RN supervisor, ADON and DON while medication pass is in progress to ensure that no biologicals are present in medication cart.<br><br>**C) MEASURES PUT IN PLACE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT OCCUR:** | |
| C2030 | Pharmaceutical Service--Labeling and Storage<br><br>CFR(s): T22 DIV5 CH3 ART3-72357(l)<br><br>(l) Drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available for use.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interview, and record review, the facility failed to ensure that one package containing two bottles of expired blood glucose (BG) control solutions, stored inside one of three medication carts (Station 1, Medication Cart 1), was disposed of and not available for use.<br><br>This failure had the potential to cause inaccurate BG readings and exposed patients to an increased risk of adverse reactions related to poor blood sugar control.<br><br>Findings:<br><br>During a concurrent medication area inspection, interview, and record review on 10/7/2025 at 11:33 a.m. at Medication Cart 1, Nursing Station 1, with Licensed Vocational Nurse (LVN) 2, LVN 2 observed a package of Assure Dose Control Solution inside the cart. Inside the package were two bottles of BG solution with a handwritten open date of 6/1/2025. LVN 2 reviewed the manufacturer's package labeling and stated the Assure Dose Control Solution expired 90 days after opening, on 9/1/2025, and should have been replaced. LVN 2 showed a form titled "Quality Control Record Assure Platinum Blood Glucose Monitoring System," dated 10/2025 for Station 1, which documented the use of the expired BG control solution between 10/1/2025 - 10/7/2025. LVN 2 | C2030 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C2030 | Continued from page 39<br>stated that the Assure Dose Control Solution should not have been used after the expiration date of 9/1/2025.<br><br>During an interview on 10/8/2025, at 1:02 p.m., the Director of Nursing (DON) stated that using expired blood sugar (BS) control solutions could lead to inaccurate blood sugar readings. The DON stated this inaccuracy might result in patients experiencing dangerously high or low blood sugar levels and potential adverse reactions.<br><br>A review of the Assure Dose Control Solution manufacturer labeling indicated, Intended Use... as a quality control check to verify the accuracy of blood glucose test results... Use the Assure Dose Control Solution within 90 days (3 months) of first opening. It is recommended that you write the date of opening on the control solution bottle label ("Date Opened") as a reminder to dispose of the opened solution after 90 days.<br><br>A review of the facility's Policy and Procedures (P&P) titled, "Medication Labeling and Storage," revised 2/2023, indicated, "If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items." | C2030 | Effective 10/30/2025, weekly random medication cart audits will be initiated and completed by the ADON and RN supervisor. Any observed issue will be corrected immediately, and findings will be reported to DON/Designee.<br><br>**D) HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED:**<br><br>The DON/Designee will report to the QAPI/QAA committee and discuss findings of random weekly medication cart audits. These audits will be reviewed for the next three months to ensure compliance.<br><br>**E) COMPLETION DATE: 10/31/2025** | |
| C4860 | Employee Personnel Records<br><br>CFR(s): T22 DIV5 CH3 ART5-72533(a)(1)(I)<br><br>(a) Each facility shall maintain current complete and accurate personnel records for all employees.<br><br>(1) The record shall include:<br><br>(I) Performance evaluations.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on interview and record review, the facility failed to ensure that employee personnel files contained documentation of required performance evaluations for four of eight nursing staff (Certified Nursing Assistant) CNA 1, CNA 2, CNA 3, CNA 4.<br><br>This failure had the potential to negatively impact on | C4860 | **C4860 – Employee Personnel Records**<br><br>**A) IMMEDIATE CORRECTIVE ACTION:**<br><br>On 10/08/2025 DSD immediately completed performance evaluations for CNA 1, CNA 2, CNA 3, and CNA 4.<br><br>**B) HOW FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRACTICE:**<br><br>On 10/8/2025 DSD and Assistant DSD reviewed all current CNA files to ensure the presence of an evaluation within the last 12 months. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C4860 | Continued from page 40<br>the quality and safety of patient care delivery.<br><br>Findings:<br><br>During a concurrent interview and review of employee records for CNA 1, CNA 2, CNA 3, CNA 4 on 10/8/2025 at 2:05 p.m. with the Director of Staff Development (DSD), the DSD stated that there was no documentation of current performance evaluation for CNA 1, CNA 2, CNA 3, and CNA 4.<br><br>The DSD stated she is responsible for completing CNAs evaluations and the Director of Nursing (DON) for the LVNs. The DSD stated she could not give a reason why the evaluations for CNA 1, CNA 2, CNA 3, and CNA 4 were not done since they were all due before she started working for the facility.<br><br>The DSD stated performance evaluations are conducted to evaluate how well employees are doing their job. The DSD stated performance evaluations of nursing staff ensures the CNA and Licensed Vocational Nurse (LVN) who continue to provide care to the patients are competent.<br><br>During an interview on 10/9/2025 at 2:25p.m. with the DON, the DON stated performance evaluations are done after probationary period, typically 90 days from hire date, and annually. The DON stated performance evaluations help identify staff training and education needs that can then be addressed. The DON stated performance evaluations are completed to make sure staff delivering care are safe and competent.<br><br>During a review of the facility's Policies and Procedure (P&P) titled "Performance Evaluations" last reviewed 1/30/2025, the P&P indicated "1. A Performance evaluation will be completed on each employee at the conclusion of his/her 90-day probationary period, and at least annually thereafter. 2. A performance evaluation will be conducted 90 days after an employee's promotion or transfer to a new position. A special performance evaluation may be conducted when there has been an unusual change or decline in an employee's work performance."<br><br>During a review of the facility's P&P titled "Probationary Period" last reviewed 1/30/2025, the P&P indicated "At the conclusion of the probationary period, the department director and supervisor must complete a performance evaluation of the employee's job performance, which must include whether or not the supervisor recommends continued employment".<br><br>During a review of the facilities P&P titled "Personnel | C4860 | **C) MEASURES PUT IN PLACE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT OCCUR:**<br><br>Effective 10/30/2025, DSD will review all CNA anniversary dates monthly to ensure annual evaluations are completed timely and as per facility protocol.<br><br>**D) HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED:**<br><br>The DSD/Designee will present monthly evaluation completion reports to the QAPI/QAA committee monthly These audits will be reviewed for the next three months to ensure compliance.<br><br>**E) COMPLETION DATE: 10/31/2025** | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C4860 | Continued from page 41<br>Files and Record Maintenance Policy and Procedure" last reviewed 4/15/2012, the P&P indicated "The employee's Personnel File includes, but not limited to, the following documents: … k. Performance appraisals/evaluations." | C4860 | **C4905 – Employee Personnel Records**<br>**A) IMMEDIATE CORRECTIVE ACTION:** | |
| C4905 | Employees' Health Exam and Health Records<br>CFR(s): T22 DIV5 CH3 ART5-72535(a)<br>(a) All employees working in the facility, including the licensee, shall have a health examination within 90 days prior to employment or within seven days after employment and at least annually thereafter by a person lawfully authorized to perform such a procedure. Each such examination shall include a medical history and physical evaluation. The report signed by the examiner shall indicate that the person is sufficiently free of disease to perform assigned duties and does not have any health condition that would create a hazard for himself, fellow employees, or patients or visitors.<br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br>Based on interview and record review, the facility failed to ensure:<br>1. Certified Nursing Assistant 1 (CNA1), CNA 2, CNA 3, CNA 4, CNA 5, and Licensed Vocational Nurse 2's (LVN 2) personnel files contained documentation of health exam 90 days prior or within seven (7) days after hire.<br>2. LVN 1 and LVN 2's personnel files contained documentation of a health exam annually after they were hired.<br>These deficient practices of not medically clearing staff placed staff and patients at risk for injury.<br>Findings:<br>During a concurrent interview and record review on 10/9/2025 at 2:08 p.m., with the Director of Staff Development (DSD), reviewed the staff personnel files for CNA 1, CNA 2, CNA 3, CNA 4, CNA 5, LVN 1, and LVN 2, which indicated the following:<br>1. CNA 1 was hired on 1/11/2023 and there was no documented evidence of a health exam being completed 90 days prior or within 7 days after hire. | C4905 | On 10/09/2025 DSD immediately contacted CNA 1, CNA, 2, CNA 3, CNA 4, CNA 5, LVN 1, and LVN 2 to notify them that they may not return to work until a physical exam is completed. She referred them to a clinic that completed their physicals and provided the facility with their clearance and ability to work. Staff were returned to work upon providing their physical exams to the DSD and/or Administrator.<br>**B) HOW FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRACTICE:**<br>On 10/8/2025 DSD and Assistant DSD reviewed all other CNA and LVN files to ensure the presence of a health exam within the last 12 months.<br>**C) MEASURES PUT IN PLACE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT OCCUR:**<br>Effective 10/30/2025, DSD will review all CNA and LVN anniversary dates monthly to ensure annual health exams are completed timely and as per facility protocol.<br>**D) HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED:** | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RINALDI CONVALESCENT HOSPITAL | 16553 RINALDI ST , GRANADA HILLS, California, 91344 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C4905 | Continued from page 42<br><br>2. CNA 2 was hired on 12/3/2024 and there was no documented evidence of a health exam being completed 90 days prior or within 7 days after hire.<br><br>3. CNA 3 was hired on 11/21/2023 and there was no documented evidence of a health exam being completed 90 days prior or within 7 days after hire.<br><br>4. CNA 4 was hired on 7/17/2025 and there was no documented evidence of a health exam being completed 90 days prior or within 7 days after hire.<br><br>5. CNA 5 was hired on 11/14/2023 and there was no documented evidence of a health exam being completed 90 days prior or within 7 days after hire.<br><br>6. LVN 2 was hired on 5/15/2024 and there was no documented evidence of a health exam being completed 90 days prior or within 7 days after hire, nor was there documented evidence of an annual health exam being completed approximately one year after hire.<br><br>7. LVN 2 was hired on 5/7/2024 and there was no documented evidence of an annual health exam being completed approximately one year after hire.<br><br>The DSD stated she started the DSD position about three weeks ago, but it is her practice going forward to ensure all newly hired staff will have a health exam completed 90 days prior or within 7 days after hire and annually thereafter. The DSD stated that without being medically cleared to work, staff can injure themselves or accidentally injure the patients during care and transfers.<br><br>During an interview on 10/9/2025 at 2:42 p.m., with the Director of Nursing (DON), the DON stated all staff must be medically cleared with a health exam before they step on the floor or they could injure themselves or inadvertently the patients. The DON further stated, without a health exam, how will the facility know if the staff member can safely perform their duties.<br><br>During a review of the facility's Policy and Procedure (P&P) titled, "Personnel Files and Record Maintenance," last reviewed on 1/30/2025, the P&P indicated the personnel records will be maintained for all employees in compliance with this policy and state and federal requirements. | C4905 | The DSD/Designee will present monthly health exam completion reports to the QAPI/QAA committee monthly These audits will be reviewed for the next three months to ensure compliance.<br><br>**E) COMPLETION DATE: 10/31/2025** | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 920000088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **RINALDI CONVALESCENT HOSPITAL** | **16553 RINALDI ST , GRANADA HILLS, California, 91344** |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| C4905 | Continued from page 43<br>During a review of the facility's P&P titled, "Hiring," last reviewed on 1/30/2025, the P&P indicated the criteria of the ability to perform essential functions of the job (with or without reasonable accommodations) is considered when determining whether the applicant is qualified for a particular job position. | C4905 | | |