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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 06/29/2018
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/29/2018
NAME OF PROVIDER OR SUPPLIER TARZANA HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5650 RESEDA BLVD TARZANA, CA 91366		
(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	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an Abbreviated survey for an Facility-Reported Incident. Complaint Intake Number: CA00564039 Representing the Department of Public Health Evaluator ID Number: 33836 This inspection was limited to the specific FRI investigation and does not represent the findings of a full inspection of the facility. One deficiency was written for FRI Intake Number CA00564039	F 000	See Attached		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview, and record review, the facility failed to ensure the residents have the right to be free from verbal and mental abuse for one of three sample residents (Resident 1).	F 600			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/29/2018
NAME OF PROVIDER OR SUPPLIER TARZANA HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6650 RESEDA BLVD TARZANA, CA 91356		
(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	
F 600	<p>Continued From page 1</p> <p>These deficient practices resulted in Resident being subject to neglect, verbal, mental and physical abuse.</p> <p>Findings:</p> <p>On 12/21/17, at 1:40 p.m., an unannounced visit made to the facility to investigate a complaint allegation for employee to resident abuse.</p> <p>A review of Resident 1's face sheet indicated the resident was originally admitted to the facility on 11/13/15, and readmitted on 3/14/17, with diagnoses that included right knee contracture and osteoporosis (a medical condition in which the bones become brittle and fragile from loss of tissue, typically as a result of hormonal changes, or deficiency of calcium or vitamin D) with pathologic femoral fracture (a bone fracture caused by disease that led to weakness of the bone structure).</p> <p>A review of Resident 1's Minimum Data Set (MDS- a comprehensive assessment and screening tool) dated 6/21/17, indicated the resident had intact cognition and required extensive one person physical assist with bed mobility, dressing, toilet use, personal hygiene and required extensive two person assist with transfer.</p> <p>On 12/21/17, at 1:59 p.m., an interview was conducted with LVN 1 who stated Resident 1 was medicated for pain on 12/5/17, at 8:30 p.m.. LVN 1 stated the resident requested for LVN 1 to document the pain medication was given to the resident at 8 p.m. rather than 8:30 p.m. in the</p>	F 600			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 058124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/29/2018
NAME OF PROVIDER OR SUPPLIER TARZANA HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5850 RESEDA BLVD TARZANA, CA 91356		
(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	
F 600	<p>Continued From page 2</p> <p>Medication Administration Record (MAR). LVN 1 stated the resident was very mean and rude to staff by calling staff names. LVN 1 stated, due to the resident's mean and demanding responses, LVN 1 snapped telling the resident, "You have a bad attitude. This is why you will be crippled all your life." LVN 1 stated she had personal issues going on in her life and responded negatively to the resident. LVN 1 admitted her behavior was not appropriate and was apologetic.</p> <p>On 12/21/17, at 2:15 p.m., during an interview, the Director of Nursing Service (DON) stated that Resident 1 is very manipulative and abusive to staff. On December 5, 2017, LVN 1 did not want to overmedicate Resident 1, because the resident takes pain medication around the clock. LVN 1 did not want to violate pain medication policy and the physician's order.</p> <p>On 12/21/17, multiple attempts were made to interview the resident with no success. The resident was in and out of the room and facility.</p> <p>On 12/21/17, at 2:50 p.m., an interview was conducted with the Assistant Director of Nurses (ADON) who stated Resident 1 had been abusive towards staff. Staff have been burned out due to the resident's behavior. After the above incident, the facility immediately removed the alleged perpetrator from the care areas, and suspended LVN 1 while the investigation was being conducted. The ADON stated, LVN 1 was counselled, and disciplined after the alleged incident. The ADON stated LVN 1 will no longer be assigned to the resident.</p> <p>A review of the facility's policy and procedure dated June 2013, titled, "Abuse and Neglect</p>	F 600			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056124	(X2) VOLUNTARY CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/29/2018
NAME OF PROVIDER OR SUPPLIER TARZANA HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5650 RESEDA BLVD TARZANA, CA 91358		
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F 600	Continued From page 3 Prohibition," indicated each resident has the right to be free from mistreatment, neglect, abuse, Involuntary seclusion, injuries of unknown origin, and misappropriation of property.	F 600		