

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

*POC Accepted on 10/2/2024*

PRINTED: 09/26/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/13/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>TARZANA HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5650 RESEDA BLVD</b> <b>TARZANA, CA 91356</b>		
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F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of a complaint.  Complaint Number: CA00918142.  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiency was identified for the Complaint CA00918142 (Refer to F742).	F 000	Tarzana Health and Rehab submits this response and Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action of proceeding against the provider or its employees, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interest of the provider either by the governmental agencies or third party.		
F 742 SS=D	Treatment/Srvcs Mental/Psychosocial Concerns CFR(s): 483.40(b)(1)  §483.40(b) Based on the comprehensive assessment of a resident, the facility must ensure that- §483.40(b)(1) A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide a specialized service for a resident with major depressive disorder (mood disorder that causes a persistent feeling of sadness and loss of interest) by failing to provide a psychiatry evaluation per the physician's order for one of four sampled residents (Resident 1).  This deficient practice had the potential to	F 742			

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

*[Signature]*

TITLE

*Administrator*

(X6) DATE

*09/30/24*

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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F 742	<p>Continued From page 1</p> <p>negatively affect the resident's psychosocial (the mental, emotional, social, and spiritual effects of a disease) well-being and delay in attaining the resident's highest practicable mental and psychosocial well-being.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the document indicated the facility originally admitted Resident 1 on 10/14/2023 with diagnoses that included end stage renal disease (ESRD - a chronic kidney disease that occurs when the kidneys are no longer able to function properly and support the body's needs), dependence on renal (the kidney) dialysis (a procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly), and major depressive disorder.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-planning tool) dated 7/17/2024, the document indicated Resident 1's cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact and needed supervision or touching assistance from staff with eating, personal hygiene, and walking.</p> <p>During a review of Resident 1's physician's order dated 7/14/2024, the order indicated for a psychiatry (the branch of medicine concerned with the study, diagnosis, and treatment of mental illness) evaluation for depression.</p> <p>During an interview on 9/13/2024 at 8:25 a.m., with Resident 1, in Resident 1's room, Resident 1 stated he had been seen by a psychiatrist</p>	F 742	<p>F742 Treatment/Srvcs Mental/Psychosocial Concerns.</p> <p><b>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>On 9/13/2024, Resident 1 was seen on 09/13/24 by psychiatry as arranged by Social Service Director (SSD).</p> <p><b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</b></p> <p>On 9/27/2024, Medical Record Director (MRD) and SSD performed audit last 30days of in-house residents to ascertain if any other residents with orders for psych eval had not had them completed yet. There were no others residents being affected. (To continue page 3 of 5)</p>		

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F 742	<p>Continued From page 2</p> <p>(medical practitioner specializing in the diagnosis and treatment of mental illness) at general acute care hospitals (GACH) when hospitalized due to his medical conditions but not here at the facility.</p> <p>During a concurrent interview and record review on 9/13/2024 at 10:01 a.m., with Licensed Vocational Nurse 1 (LVN 1), reviewed Resident 1's progress notes and 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) notes dated from 7/14/2024 to 9/13/2024. LVN 1 stated she was unable to find documented evidence that Resident 1 was seen by the psychiatrist.</p> <p>During an interview on 9/13/2024 at 10:53 a.m., with Social Services Director (SSD), the SSD was asked if Resident 1's psychiatry evaluation that was ordered on 7/14/2024 was completed. The SSD stated that if it was completed, the psychiatrist's note would be in the resident's medical chart, and if there is no note that means the service was not done.</p> <p>During an interview on 9/13/2024 at 11:45 a.m., with the SSD, the SSD stated that Resident 1's psychiatry evaluation ordered on 7/14/2024 was not done. When the SSD was asked for the facility's protocol for processing psychiatry evaluations ordered by a resident's attending physician, the SSD stated that the nursing staff who received orders from a resident's physician would leave a note to the SSD's office, but the SSD was unable to recall if the SSD received a note for Resident 1's psychiatry evaluation order. When the SSD was asked if the facility had any tracing system to complete the psychiatry</p>	F 742	<p><b>What measures will be put into place or what systematic changes will the facility make to ensure that the deficient practice does not recur:</b></p> <p>On 9/27/2024, 1:1 in-servicing was completed by Director of Nursing (DON) with SSD regarding timely scheduling of psych consults. Beginning 9/27/24, DON initiated in-servicing of licensed nursing staff regarding proper communication of psych consults needed per MRD orders to SSD for follow up.</p> <p><b>How the facility plans to monitor its performance to make sure that solutions are sustained:</b></p> <p>Beginning 9/27/2024, SSD will perform weekly audit of in-house residents to ensure all psych consults ordered have been scheduled and/or completed. These audits will continue for 3 months or until substantial compliance is obtained. (To continue page 4 of 5)</p>		

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F 742	<p>Continued From page 3</p> <p>evaluation ordered by a resident's physician, the SSD stated that the facility did not have a tracing system. The SSD further stated that Resident 1's psychiatry evaluation was going to be arranged as an urgent matter on that day, 9/13/2024.</p> <p>During a concurrent interview and record review with the Director of Nursing (DON), the Assistant Director of Nursing (ADON), and the Quality Assurance Nurse (QAN) on 9/13/2024 at 12:36 p.m., reviewed Resident 1's clinical records including progress notes dated from 7/14/2024 to 9/13/2024. The QAN stated that Resident 1's psychiatry evaluation ordered on 7/14/2024 was not done. The DON stated that Resident 1's psychiatry evaluation would be arranged immediately, and the facility needed to develop a system not to happen again.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, "Physician Services," last reviewed on 3/25/2024, the policy indicated, "The medical care of each resident is under the supervision of a licensed physician .... Consultations with other healthcare providers will be upon the order of the attending physician of the resident."</p> <p>During a review of the facility's P&amp;P titled, "Behavioral Health Services," last reviewed on 7/25/2024, indicated, "It is the policy of this facility to ensure all residents receive necessary behavioral health services to assist them in reaching and maintaining their highest level of mental and psychosocial functioning .... The Social Services Director shall serve as the facility's contact person for questions regarding behavioral services provided by the facility and outside sources such as physicians, psychiatrists,</p>	F 742	<p>SSD to report any ongoing issues identified during the audit at the monthly QA meeting.</p> <p><b>Date of corrective action would be completed:</b></p> <p>The facility completion date is on 9/30/24</p>		09/30/24

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