STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OSSEPLUTED CALIFORNIA HEALTHCARE AND REHABILITATION CENTER SUMMAN NUTS, CA 91411 SUMMANY STATEMENT OF DEFICIENCIES TAG OF SEPULY STATE, 2P CODE 6700 SEPULYEDA BLVD. VAN NUTS, CA 91411 FOOD INITIAL COMMENTS The following reflect the findings of the California Department of Public Health: Health Facilities Evaluator Nurse: 42311 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were written as a result of Complaint Number: 768499 Food Free from Abuse and Neglect S483.12 (a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion, interview and record Distriction of the process of the presence of the resident Personal Hygiene. The REQUIREMENT is not met as evidenced by Based on observation, interview and record.	CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES	7.00	3.15.2022	RINTED: 03/ FORM APP MB NO. 093	PROVE
ANNE OF PROVIDER OR SUPPLIER CALIFORNIA HEALTHCARE AND REHABILITATION CENTER (A) D (EACH DEFICIENCES) (EACH DEFICIENCES) (EACH DEFICIENCY MIST BE PRECEDED BY TOLL REGULATORY OR LSC IDENTIFYING INFORMATION) FOOD INITIAL COMMENTS The following reflect the findings of the California Department of Public Health Facilities Evaluator Nurse: 42311 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were written as a result of Complaint Number: 768499 F 600 F	ALID DI ALI ORI COLLEGE		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION by 4 2311	(X3) DATE SUF	RVEY	
CALIFORNIA HEALTHCARE AND REHABILITATION CENTER SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) FROM INITIAL COMMENTS The following reflect the findings of the California Department of Public Health during the investigation of one complaint. Complaint Number: 768499 Representing the California Department of Public Health: Health Facilities Evaluator Nurse: 42311 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were written as a result of Complaint Number: 768499 Free from Abuse and Neglect SAB3.12 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. SAB3.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REGUIREMENT is not met as evidenced by: SUMMARY STATEMENT OF DEPICIES (SAB 112(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REGUIREMENT is not met as evidenced by:			056149	B. WING			
CALIFORNIA HEALTHCARE AND REHABILITATION CENTER STOR SPERULED B. LIVD. VAN NUYS, CA. 91411	NAME OF	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE ZIP CODE	03/01/2	022
FREDUXTORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS The following reflect the findings of the California Department of Public Health during the investigation of one complaint. Complaint Number: 768499 Representing the California Department of Public Health: Health Facilities Evaluator Nurse: 42311 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were written as a result of Complaint Number: 768499 F 600 Free from Abuse and Neglect CFR(s): 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:	CALIFO			6	700 SEPULVEDA BLVD.		
The following reflect the findings of the California Department of Public Health during the investigation of one complaint. Complaint Number: 768499 Representing the California Department of Public Health: Health Facilities Evaluator Nurse: 42311 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were written as a result of Complaint Number: 768499 Food 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)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REGUIREMENT is not met as evidenced by: Representing the California department of Public requirements. It shall not be construed as an 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 or criminal action or provider of its employee, agents, officers, directors, or shareholders. F 600 Fee from Abuse and Neglect Corrective action: CNA 1 was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene. LVN 1 was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	RE COM	
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the inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were written as a result of Complaint Number: 768499 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: the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against the Provider of its employee, agents, officers, directors, or shareholders. F 600 Free from Abuse and Neglect Corrective action: CNA 1 was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene. LVN 1 was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene.		Health: Health Facilities Eva	aluator Nurse: 42311		shall not be construed as an admission of any alleged deficient cited or any liability. The Provider	cy r	
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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: Gorrective action: CORA 1 was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene. LVN 1 was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene.		Complaint Number: 768499					
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: CORA 1 was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene. LVN 1 was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene.		Free from Abuse an CFR(s): 483.12(a)(1	d Neglect	F 600			
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: CNA 1 was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene. LVN 1 was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene.		§483.12 Freedom from Abuse, Neglect, and			F 600 Free from Abuse and Negle	ct	
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. Security 1. Was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene. LVN 1 was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene. LVN 1 was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene. This REQUIREMENT is not met as evidenced by:		The resident has the	e right to be free from abuse, lation of resident property.		Corrective action:		
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: LVN 1 was given one on one Inservice Education on 1/14/2022 regarding Resident Personal Hygiene.		and exploitation as of includes but is not like corporal punishmen	defined in this subpart. This mited to freedom from t, involuntary seclusion and		Education on 1/14/2022		
§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: Education on 1/14/2022 regarding Resident Personal Hygiene.							
physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:		§483.12(a) The facility must-			Education on 1/14/2022		
		physical abuse, corp involuntary seclusion This REQUIREMEN	poral punishment, or		regarding Resident Personal Hygie	ne.	
			on, interview and record				

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: WEGC11

Facility ID: CA92000050

DEPAR	IMENI OF HEALTH	AND HUMAN SERVICES	j		P	RINTE	D: 03/02/202
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	<u> </u>		C	FORM	MAPPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPL IDENTIFICATION N		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) DA	O. 0938-0391 ATE SURVEY EMPLETED
		056149		B. WING_			C
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	03	3/01/2022
CALIFOR	DNIÀ WEATTHCARE A	ND REHABILITATION CENT		ĺ	6700 SEPULVEDA BLVD.		
ONE! O!	MIA REALI ROARE A	ND KEHABILITATION CENT	ER		VAN NUYS, CA 91411		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		ID			
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	<u></u>	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTIES OF CORRECTION OF CORRECT) DE	(X5) COMPLETION DATE
F 600	Continued From pag	ne 1		F 60	Identification of other affected		
l		ailed to ensure that one of		F 600	residents:		
ļ	three sampled resid	lents (Resident 1) had the	1	İ			
1	right to be free from	neglect by not providing		į	Director of Staff Development & R	. N.I	
	personal hygiene. R	Resident 1 was observed w	ith /	1	Supervisor conducted 10 resident	11/1	į
	brown stains on his	gown, pillowcase, towel, a	ind	1	observations		
	right-side rail. Resid	lent 1 was also observed w	vith	ĺ			
	dark brown dirt unde	erneath his fingernails.		l	Concerning personal hygiene and I	none	
1	Thin deficient practic	ce had the potential for	1		were identified with deficient prac	tice.	
1	Resident 1 to becom	ce nad the potential for ne hopeless and undignifie		į			
1	indianic i w pacii	ie nopeicaa ana unuiginine	u.	İ	Measures to prevent recurrence:		
	Findings:			ĺ			
1	•		ı İ	ļ	CNA 1 was given one on one Inserv	vice	
1	A review of Resident	t 1's Admission Record (fa	ce	İ	Education on 1/14/2022		
	sheet) indicated the	facility admitted the reside the diagnoses that included	nt	i I	regarding Resident Personal Hygie	ne.	
	myocamial infarction	me diagnoses that included n (heart attack-lack of blood		ı			03/11/22
	flow to heart muscle	, diabetes (uncontrolled	•	ı	LVN 1 was given one on one Inserv	rice	
ŀ	elevated blood suga	r), and right eye blindness.			Education on 1/14/2022		
1		-			regarding Resident Personal Hygie	ne.	
	A review of Resident	t 1's Minimum Data Set (M	DS				•
	- a comprehensive a	assessment and			Director of Nursing & Director of St	taff	
	Care-screening tool)	dated 01/05/2022 indicate	d		Development gave nursing staff in		
		e (mental action or proces			service on 3/7, 8, 9/2022 regarding	,	
1	for daily decisions w	ige and understanding) ski ere severely impaired. The	iis i		abuse prevention and resident Per		
1	MDS indicated Resid	dent 1 was totally depende	nt		hygiene.	301141	
1	to staff for all activities	es of daily living			176	_	
ļ	(ADL-personal hygier	ne, bed mobility, dressing.			Director Staff Development & RN		
- 1	and transfers). Resid	dent 1 was always incontin	ent		Supervisor will conduct 10 resident		
	(unable to control of	bowel and bladder			observations weekly to	i j	1
	functions).						1
	During an observation	on on 01/14/2022 at 08:23			monitor compliance to deficient		
		t 1's mam, shanned			practice.		

Resident 1 with brown stains on his gown,

pillowcase, towel spread on the right side of his head and right-side rails. Resident 1 observed with long nails on both hands with dark brown dirt

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/02/2022 CENTERS FOR MEDICARE & MEDICAID SERVICES **FORM APPROVED** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING COMPLETED 056149 B. WING 03/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SEPULVEDA BLVD. CALIFORNIA HEALTHCARE AND REHABILITATION CENTER **VAN NUYS, CA 91411 SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 600 Continued From page 2 F 600 underneath his fingernails. During a concurrent observation and interview on 01/14/2022, at 08:32 a.m., with Licensed Vocational Nurse 1 (LVN 1), inside Resident 1's room. LVN 1 observed and stated that Resident 1 have dirty nails, dirty gown with brown spots on his right shoulder and pillowcase. LVN 1 stated CNA cleans, and trims nails as needed and Monitoring and integration into changes gown and linen when it gets soiled. quality assurance system: During an interview on 01/14/2022 at 09:27 a.m., Director of Nursing and/or Designee with Social Service Director (SSD), SSD stated 03/11/22 will conduct 10 resident care nails can be trimmed by CNA, no doctors order needed. observation to ensure compliance to deficient practice. During a concurrent observation and interview on Findings during weekly observation will 01/14/2022 at 09:53 a.m., with CNA 1, inside be discussed in the Quality Assurance & Resident 1's room. CNA 1 stated providing personal hygiene including nail care is done by Assessment Committee for review CNA. monthly for 3 months. A review of Resident 1's Care Plan about at risk for unavoidable decline initiated on 10/05/2021 indicated a goal that resident will be clean, dry and well-groomed daily. The Care Plan indicated an intervention to assists with grooming and trimming of fingernalls. During an interview on 01/14/2022 at 10:41 a.m., with Director of Nursing (DON), DON stated CNA should make sure residents are clean and nails are trimmed to prevent infection.

A review of facility's policy and procedure titled, "A.M. Care" reviewed on 11/23/2021, indicated to clean residents face and hands before breakfast. Provide a washcloth for each resident and assure that resident's hands and face are washed.

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES			PRINTED	: 03/02/2022
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			FORM	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		•	TIPLE CONSTRUCTION KING	(X3) DAT	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
		056149	B. WING		I	C
NAME OF	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	03/	01/2022
CALIFO	RNIA HEALTHCARE A	ND REHABILITATION CENTE	:R	6700 SEPULVEDA BLVD. VAN NUYS, CA 91411		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		III D RE	(XS) COMPLETION DATE
F 600	Continued From pa	ge 3	Fe	900		
	"Abuse and Mistrea on 11/23/2021, indic care needs and pot be monitored in acc care and at a minim	policy and procedure titled, trnent of Resident," reviewe cated, "Resident with special ential for neglect shall likewing ordance with their plans of turn, included in the regular the Nurse during endorsements."	se	F 880 Infection Prevention & C Corrective Action:	ontrol	
F 880 SS=D	Infection Prevention CFR(s): 483.80(a)(1	& Control ()(2)(4)(e)(f)	F8	80 CNA 1 was given one on one In- education on 1/14/2022 regard Infection Control & Prevention	ing	03/11/22
	infection prevention designed to provide comfortable environ	ablish and maintain an and control program a safe, sanitary and ment and to help prevent the ansmission of communicable	e e	Donning & Doffing of PPE's. LVN 1 was given one on one in- Education on 1/14/2022 regarding Infection Control & prevention & Managing of Covi	service	
	program. The facility must est	prevention and control ablish an infection prevention (IPCP) that must include, a wing elements:	on it	Infection, Donning & Doffing of Identification of others at risk:		
	reporting, investigate and communicable of staff, volunteers, vis providing services u arrangement based	upon the facility assessment to §483.70(e) and following	s l	Director of Staff Development & Nurse conducted 10 staff obser for wearing proper use of PPE's direct contact with residents in zone and no staff were identified deficient practice.	vation when in yellow	
		n standards, policies, and rogram, which must include ::	,			

CENTE	RS FOR MEDICARE	E & MEDICAID SERVICES	\$				RM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		· ·	(X2) MULTIF A BUILDING	PLE CONSTRUCTION G	(X3) E	(X3) DATE SURVEY COMPLETED	
		056149		B. WING_			C
NAME OF I	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		03/01/2022
CALIFOR	RNIA HEALTHCARE A	ND REHABILITATION CEN	TER		6700 SEPULVEDA BLVD. VAN NUYS, CA 91411		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 880	Continued From page	ge 4		F 880			
	possible communications infections before the	ey can spread to other	fy		Measures to prevent recurrence	<u>e:</u>	
	persons in the facilit (ii) When and to who communicable disect reported; (iii) Standard and trat to be followed to pre (iv) When and how is resident; including b (A) The type and du	ity; nom possible incidents of nase or infections should be ansmission-based precaut event spread of infections; isolation should be used fo	tions or a		CNA 1 was given one on one Institute Education on 1/14/2022 regarding Infection Control & Prevention and Donning & Doff PPE's. LVN 1 was given one on one Institute Education on 1/14/2022 regarding Infection Control & prevention & Managing of Covid	ing of ervice	
	least restrictive poss circumstances.	hat the isolation should be sible for the resident unde	r the		Infection, Donning & Doffing of PPE's.		
	must prohibit emplo disease or infected a contact with residen contact will transmit (vi)The hand hygien	ces under which the facility byees with a communicable skin lesions from direct ats or their food, if direct t the disease; and an e procedures to be followed direct resident contact.	8		Director of Nursing & Dir. Of Star Development gave in-service ed to staff on 3/7, 8, 9/2022 regard Infection Control & managing of 19 infection and Donning & Doffing	ucation ling Covid	1
	identified under the corrective actions ta §483.80(e) Linens. Personnel must han	tem for recording incidents facility's IPCP and the aken by the facility. Indie, store, process, and as to prevent the spread of			PPE's. RN Supervisor, Director SD & IP and/or designee will conduct 10 observation weekly to monitor staff complia with the deficient practice.	staff	
	IPCP and update the	eview. duct an annual review of its leir program, as necessary VT is not met as evidence	<i>i</i> .		Director of Staff Development a Nurse will conduct Annual Staff Competency.		

by:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

		AND HUMAN SERVICES			P	RINTED	: 03/02/2022 APPROVED
		& MEDICAID SERVICES			0	MB NO	. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
_		056149	B. WING	3		3	C.
NAME OF PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	01/2022	
CALIFOR		ND REHABILITATION CENTE	ER		760 SEPULVEDA BLVD. AN NUYS, CA 91411		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	XI [*]	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RE	(X5) COMPLETION DATE
F 880	review, one of three (CNA 1) failed to ob measures when CN gown before going i was on isolation for (COVID-19, highly of infection that spread through droplets releperson coughs, snee This deficient practic spread of COVID-18 Findings: A review of Residen sheet) indicated the on 09/09/2021 with form myocardial infarction flow to heart muscle elevated blood sugar A review of Residen - a comprehensive a care-screening tool) Resident 1's cognitive of acquiring knowled for daily decisions we MDS indicated Resident staff for all activitie (ADL-personal hygicand transfers). Resident of the control of functions).	ion, interview and record Certified Nursing Assistant serve infection control IA1 did not wear gloves and unside Resident 1's room with possible Coronavirus diseas contagious viral respiratory is from person to person eased when an infected ezes or talks). The can potentially result in the coronavirus diseases or talks). The can potentially result in the coronavirus diseases or talks. The talk admission Record (factified admitted the resident included in the diagnoses that included in the	the see of the see of	880	Past noncompliance: no plan of correction required. Monitoring and integration into quality assurance system: Director of Nursing and/or Design will conduct 10 staff observation yellow zone weekly to ensure compliance to Infection Control a wearing Proper PPEs on Yellow Zoduring patient care. Findings during weekly observation be discussed in the Quality Assura Assessment Committee for review monthly for 3 months.	on ind one on will ance &	3/11/22

Certified Nursing Assistant 1 (CNA 1) going inside

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		056149	B. WING_		C 03/01/2022
	PROVIDER OR SUPPLIER	AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SEPULVEDA BLVD. VAN NUYS, CA 91411	1 03/01/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD RE COMPLETION
F 880	an isolation room w 1 picked up the foo During an interview with CNA 1, CNA 1 and gloves when ge to pick up the breal should have worn ge inside an isolation r Coronavirus Diseas contagious viral res from person to pers when an infected per talks). During a concurren 01/14/2022, at 08:3 Vocational Nurse 1 1's room. LVN 1 ob	with no gloves and gown. CNA d tray and left the room. on 01/14/2022 at 08:26 a.m., stated he did not wear gown oing inside Resident 1's room kfast tray. CNA 1 stated he gloves and gown before going room to prevent the spread of se (COVID-19, highly spiratory infection that spreads erson coughs, sneezes or to observation and interview on 22 a.m., with Licensed (LVN 1), outside of Resident served CNA 1 inside the			-
	stated, Resident 1 i going inside need to together with mask	h no gloves and gown. LVN 1 is on isolation and all staff o wear gloves and gown and goggles or face shield to of COVID-19 to staff and			
	for COVID-19 initial an intervention to is indicated, utilize ap equipment (PPE - exposure to hazard serious workplace i utilize contact (step visitor need to follow isolation room to preserve in the contact of the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room to preserve in the contact (step visitor need to follow isolation room room room room room room room ro	nt 1's Care Plan about at risk ted on 12/23/2021 indicated solate resident immediately if propriate personal protective equipment worn to minimize is like infections that cause injuries and illnesses) and is the healthcare facility and w before going inside an revent the spread of when resident is infected with			

and coughing) precaution.

germs that can be spread by speaking, sneezing

DEPARTMENT OF HEALTH AND HUMAN SERVICES

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	: 03/02/2022 1APPROVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			0. 0938-0391 TE SURVEY MPLETED
		056149	B. WING	3 <u>.</u>			C
NAME OF	PROVIDER OR SUPPLIER	<u> </u>		Ē	STREET ADDRESS, CITY, STATE, ZIP CODE	03	/01/2022
CALIFO	RNIA HEALTHCARE A	ND REHABILITATION CENTER		•	6700 SEPULVEDA BLVD. VAN NUYS, CA 91411		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD RE	(XS) COMPLETION DATE
F 880	Continued From pa	ge 7	F	B 8 0)		
	quarantine initiated intervention, "Will of precaution and will as indicated". During an interview with infection Preversidents inside the possible COVID-19 should wear N95 madevice designed to and efficiently filter agloves, and gown wresident's rooms to COVID-19. A review of facility's COVID-19 Prepared indicated, "PPE use Zone Cohort - for necovidate on/take off) gowns of Gloves should be characterized in Yellow for residents who has	on 12/23/2021 indicated an observe contact isolation isolate and or cohort resident on 01/14/2022 at 09:10 a.m., intionist (IP), IP stated all facility are on isolation for exposure. IP stated, all staff ask (respiratory protective achieve a very close facial fit airborne particles), goggles, then going inside each prevent the spread of policy and procedure titled diness, dated 12/30/2021 based on cohorting, (Yellow aw admissions, exposed to a s, and symptomatic residents or of test results) don/doff (put for each resident encounter. In anged between every including in multi-occupancy and Red cohorts (area only ave laboratory-confirmed ithout symptoms) for on."					