Printed: 01/22/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056367	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER  The Rehabilitation Center of North Hills		STREET ADDRESS, CITY, STATE, ZI 9655 Sepulveda Boulevard North Hills, CA 91343	P CODE
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	and neglect by anybody.  **NOTE- TERMS IN BRACKETS IN Based on observation, interview, a resident's (Resident 1) right to be for avoid physical harm, pain, mental at 1. Failing to ensure that facility staff large vein [blood vessel that carries medications or to do medical tests upon admission on 4/5/2022 and resident of the compact o	If identified Resident 1's central venous is blood to the heart] also known as a complete which includes taking blood when a research includes the necessary care and treating as needed), flushing (injecting a solessing changes (a transparent [clear] pays in order to prevent infection) from the tional Nurse 1 (LVN 1) and Licensed Vor of Resident 1's CVC when the line was an and reported Resident 1's concerns a dressing.  Tiffied Nursing Assistant 1 (CNA) did not and CNA 1 applied dressings to Resident potential to place Resident 1 at risk for a life-threatening medical emergency) serious infection that occurs when german in the serious infection i	ONFIDENTIALITY** 44244  otect one of three sampled goods and services necessary to scatheter (CVC-a tube placed in a entral line, to give fluids, blood, sident needs to have blood test)  ottment for Resident 1's CVC which lution into the tube to keep it from protective cover placed over the he resident's admission on 4/5/2022  ocational Nurse 2 (LVN 2) notified as first identified.  and requests regarding the of provide treatments outside of their to 1's CVC.  sepsis (the body's extreme from a central line-associated

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

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

TITLE

(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 056367

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The Rehabilitation Center of North Hills		9655 Sepulveda Boulevard North Hills, CA 91343	. 6052	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifyin			on)	
F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	On 4/17/2023 at 3:49 p.m., the State Survey Agency (SSA) called an Immediate Jeopardy (IJ-a situation in which the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) in the presence of the Administrator (ADM) and the Director of Nursing (DON) due to the facility's failure to ensure staff did not act negligently towards Resident 1, when they failed to provide the necessary care and treatment for the resident's CVC line which included routine inspection, flushing and dressing changes from admission on 4/5/2022 to 4/11/2023.			
	actions:	M provided an IJ Removal Plan which i  per chest (RUC) was assessed for com		
	and not blocked) and dressing cha	nge by the RN Supervisor on 4/11/2023	3.	
		sident 1's primary care physician of the ntral line dressing changes and monitor		
	III. On 4/17/2023, the DON audited the facility for intravenous catheters (IV catheter- a thin plastic tube inserted into a vein using a needle). There were two (2) residents with central lines, two (2) residents with Peripherally Inserted Central Catheter lines (PICC lines- tube that is inserted into a vein in the upper arm a guided (threaded) into a large vein above the heart) and one (1) resident with a peripheral line (a tube that placed through the skin into a vein, usually in the hand, elbow, or foot) identified. Resident 2, who was admitted on [DATE], was identified with no orders for PICC line use/maintenance. On 4/17/23, PICC line orders were obtained from Resident 2's physician. A care plan was initiated on 4/17/23 for management of PICC line for Resident 2.			
	IV. DON in-serviced nursing staff, including licensed nurses and certified nurse assistants, on 4/17/202 the facility policy and procedures Abuse Prohibition/Neglect to include providing necessary care and s to ensure residents who receive intravenous (IV- within a vein) therapy (IV therapy- a way to give fluid medicine, nutrition, or blood directly into the blood stream through a vein) are assessed and monitored intravenous line patency and complications.			
		ent 1 was in-serviced on 4/17/23 on per ng the resident's body) upon admission	,	
		ole for assessing Resident 1 was in-ser ssions and indicate any lines such as l		
	VII. Resident 1's care plan was reviewed and revised by the Interdisciplinary Team (IDT- a group care professionals from diverse fields who work in a coordinated fashion toward a common goal for resident) to reflect Resident 1's current care and service interventions for his CVC on 4/17/2023.			
	weekly dressing changes and routi	sed nurses on 4/17/2023 regarding cer ne assessments for any complications ents and documentation in the medical	and patency, full body	
	(continued on next page)			

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F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	set of guidelines) for assessment of patency.  X. On 4/17/2023, the DON/ Design facility's policy and procedures for pluids including assessment and methe physician.  On 4/19/2023 at 2:03 p.m., while of plan, the SSA accepted the IJ Remedian, the SSA accepted the IJ Remedian Findings:  1. A review of Resident 1's Admiss readmitted the resident on 5/28/202 (BKA-removal by surgery of a limb renal disease (ESRD, a medical codialysis (a procedure to remove was working).  A review of Resident 1's History and understand and make decisions.  A review of Resident 1's Minimum indicated the resident had the ability The MDS further indicated the resident hunderstood. The MDS further indicated the resident hunderstood. The MDS further indicated resident 1's Minimum indicated the resident hunderstood. The MDS further indicated the resident hunderstood. The MDS further indicated resident 1's Minimum indicated the resident hunderstood. The MDS further indicated the resident hunderstood. The MDS further indicated resident 1's General A 3/31/2022, indicated that the resident a) Right intrajugular tunneled CVC vein under the collarbone] allowing A review of Resident 1's Physician a) Body check upon returning to far 4/28/2022 and discontinued on 5/2	Orders indicated orders for the followin cility, every evening shift; every Monda 4/2022 on Resident 1's return to facility, every	rvisors and LVNs) regarding the stration other than by mouth) IV by and complications as ordered by I implementation of the IJ removal resence of the ADM and DON.  The determinant of the IJ removal resence of the ADM and DON.  The determinant of the IJ removal resence of the ADM and DON.  The determinant of the IJ removal resence of the ADM and DON.  The determinant of the IJ removal resence of the ADM and DON.  The determinant of the IJ removal research of the IJ removal re

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F 0600  Level of Harm - Immediate jeopardy to resident health or safety	c) IV central line active therapy orders: dressing change every seven days and as needed, remove old dressing, using sterile technique (technique used to prevent contamination of a site with microbes [bacteria], preventing infection), site cleanse with a chlorhexidine gluconate solution (a cleaning product that helps eliminate germs and bacteria) or povidone-iodine (a solution used on the skin to treat or prevent skin infection) as needed, every day shift every Sunday, dated 4/11/2023.			
Residents Affected - Some		n (line) with 10 cubic centimeters (cc-a o clear the contents of a central line) be 11/2023.		
	During a review of Resident 1's GACH Discharge to Skilled Nursing Facility (SNF) Summary and Transfer Orders, dated 4/5/2022 indicated Resident 1 with a five (5) french (fr- unit of measure) single lumen (one line) CVC placement on 3/30/2022.			
	During an observation and interview on 4/14/2023 at 3:45 p.m., Resident 1 was observed lying in bed inside his room. Resident 1 stated, while tearful, that he had a CVC that the facility was not taking care of. Resident 1 pull up the right side of his t-shirt and observed was a purple, single lumen CVC sutured (held in place with stiches) to the resident's RUC. The CVC was covered with a chlorhexidine gluconate protective disk (a small circular dressing placed over the insertion site of a CVC to help reduce local infections) with a transparent dressing dated 4/11/2023. Resident 1 stated that the dressing currently on his CVC was the first dressing the facility applied since his admission on 4/5/2022. Resident 1 stated he had been asking the facility nurses to cover his CVC since his admission on 4/5/2022, but nothing was being done. Resident 1 stated that facility nursing staff would place a dressing or a plastic bag over his CVC during shower times, but all other times the CVC remained uncovered. Resident 1 stated his CVC line on his RUC goes to his heart and he is worried about infections.			
	Resident 1's medical records included notes, care plans and skin assess and documented evidence that the facilities are considered to the facilities of the second	terview and record review on 4/14/2023 at 4:40 p.m., Registered Nurse 1 (RN 1) reviewed medical records including all face sheets, history and physical, physician orders, progress plans and skin assessments from 4/5/2022 to 4/14/2023. RN 1 stated that there was no evidence that the facility was aware or treated Resident 1's CVC prior to 4/11/2023. RN 1 stated aware of Resident 1's CVC until 4/10/2023. RN 1 stated that Resident 1 had informed her that CVC for over a year.		
	1's Wound Weekly Monitoring Asserviewed. TN 1 stated that when rebody skin assessment to identify a completes her full body assessmer reviewed Resident 1's Wound Weethere was no documented evidence.	iew on 4/17/2023 at 9:00 a.m. with Treassments, dated 4/6/2022 and 5/30/202 esidents are admitted to the facility, the ny catheter lines such as CVCs. TN 1 south, the treatment nurse is to complete a skly Monitoring Assessments, dated 4/6 et that indicated Resident 1 had a RUC ent 1 on 4/6/2022 and 5/30/2022 but states.	23 documented by TN 1 were admitting nurse completes a full stated that after the admitting nurse nother full body assessment. TN 1 6/2022 and 5/30/2022 and stated CVC. TN 1 stated that she	
	(continued on next page)			

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Resident 1 had the CVC until the rehave potentially developed an infection) from prevent infection such as applying infection.  During a concurrent interview and infection.  A sea stated that there was no document Monitoring Assessment forms. The licensed nurses were infected in the licensed nursing staff will completed the resident of the facility policy and promote hereidents, as well as communicing shifts. Assessment findings may neorders.  A review of the facility policy and propose of the policy was to provide integrity and promote healing in achead-to-toe skin assessment (procount the admission process. The license assessed for pressure related disconfortherapeutic purposes. The license for therapeutic purposes. The license in condition form and reporting in condition form and reporting indicated the facility ensures each indicated the f	at 10:10 a.m. with the DON, DON stated esident informed her on 4/11/2023. The ction and become septic (a life-threater of the CVC on his RUC that was not prodressing to the CVC and monitoring the record review on 4/17/2023 at 12:00 p. record re	e DON stated that Resident 1 could hing condition that arises with the rovided the necessary care to be CVC for signs and symptoms of an with the DON, Resident 1's 80/2022 were reviewed. The DON on the Wound and Weekly not doing their job because the he nurses did not know the resident ence of the RUC CVC. The DON on the Resident 1, then the licenses licenses nurse's failure to conduct C being untreated and monitored to provide the needed care and offection.  It, last reviewed 1/18/2023, indicated is upon admission to the facility. All, behavioral, and social needs of servation and communication with irrect care staff members on all g physician for treatment or care revised 3/2023, indicated the resident's skin to maintain skin es. The licensed nurse completes a nalities) of the resident's skin during essments. Skin integrity should be gor use of medical devices applied ings in the resident's medical derisk areas are documented on a instruction.

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SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)	
A review of the facility policy and pr 1/18/2023, indicated the program w identification, investigation, and rep crime in accordance with federal ar mistreatment, neglect, and abuse. must not permit anyone to engage attain or maintain physical, mental, residents from abuse by anyone incovered individuals with training to physical neglect: poor hygiene, inaccare and needs.  2. During an interview on 4/17/2023 RUC when she first started caring funcovered without a dressing during the decidence of	rocedure titled, Abuse Prevention and vas designed to ensure a standardized porting of abuse, neglect, mistreatment and state requirements. Each resident has the requirements. Each resident has the requirements and paychosocial well-being. The facility has zero tolerance for abusin abuse, neglect, and mistreatment, cand psychosocial well-being. The facility cluding staff from other agencies serving enable the identification of the following dequate provision of care and caregived at 9:45 a.m., CNA 1 stated that Resider him six months ago. CNA 1 stated to get the time she cared for the resident.  Sew on 4/17/2023 at 10:10 a.m. with the swere reviewed. DON stated there way VC care that should have included ceros and symptoms of infection prior to 4/1/2023 and at the time it was not covered at 10:45 a.m., the Nurse Practitions of the victions. NP stated that the facility should be desident 1's CVC during their full skin check. It is considered that the has seen Residule of months. LVN 1 stated she notified to 1 stated there were no orders for dresident 1 stated there were no orders for dresident at the stated there were no orders for dresident 1 stated the notified the stated the notified the stated the stated the notified the stated the notifie	Prohibition Program, last reviewed methodology for the prevention, methodology for the prevention of goods necessary to lity is committed to protecting and residents. The facility provides goigns and symptoms of potential er indifference to resident's personal dent 1 already had his CVC to his hat Resident 1's CVC was left and the prevention of the preventio	
	IDENTIFICATION NUMBER:  056367  ER  Hills  plan to correct this deficiency, please con  SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by  A review of the facility policy and pr 1/18/2023, indicated the program w identification, investigation, and rep crime in accordance with federal ar mistreatment, neglect, and abuse. must not permit anyone to engage attain or maintain physical, mental, residents from abuse by anyone inc covered individuals with training to physical neglect: poor hygiene, inac care and needs.  2. During an interview on 4/17/2023 RUC when she first started caring f uncovered without a dressing durin  During an interview and record revi records from 4/5/2022 to 4/17/2023 physician orders for Resident 1's CV line flushing, or monitoring for signs assessed Resident 1's CVC on 4/1  During an interview and on 4/17/20 concerning that Resident 1 had a C Resident 1 at increased risk for infe assessment of Resident 1 upon ad should have been able to identify R  During an interview on 4/17/2023 a admission to the facility on [DATE]. chest without a dressing for a coup and monitor Resident 1's CVC. LVI Resident 1's CVC to his RUC prior	IDENTIFICATION NUMBER:  056367  A. Building B. Wing  STREET ADDRESS, CITY, STATE, ZI Hills  STREET ADDRESS, CITY, STATE, ZI 9655 Sepulveda Boulevard North Hills, CA 91343  plan to correct this deficiency, please contact the nursing home or the state survey  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying informati  A review of the facility policy and procedure titled, Abuse Prevention and 1/1/8/20/23, indicated the program was designed to ensure a standardized identification, investigation, and reporting of abuse, neglect, mistreatment crime in accordance with federal and state requirements. Each resident h mistreatment, neglect, and abuse. The facility has zero tolerance for abus must not permit anyone to engage in abuse, neglect, and mistreatment, or attain or maintain physical, mental, and psychosocial well-being. The facil residents from abuse by anyone including staff from other agencies servir covered individuals with training to enable the identification of the followin physical neglect: poor hygiene, inadequate provision of care and caregive care and needs.  2. During an interview on 4/17/2023 at 9:45 a.m., CNA 1 stated that Resic RUC when she first started caring for him six months ago. CNA 1 stated to uncovered without a dressing during the time she cared for the resident.  During an interview and record review on 4/17/2023 at 10:10 a.m. with the records from 4/5/2022 to 4/17/2023 were reviewed. DON stated there was physician orders for Resident 1's CVC care that should have included ce line flushing, or monitoring for signs and symptoms of infection prior to 4/ assessed Resident 1's CVC on 4/11/2023 at 10:45 a.m., the Nurse Practitione concerning that Resident 1 had a CVC without a dressing or monitoring b Resident 1 at increased risk for infections. NP stated that the facility shou assessment of Resident 1 had a CVC without a dressing or monitoring b Resident 1 at increased risk for infections. NP stated that the facility shou assessment of	

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F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	Wound and Weekly Monitoring Ass stated that there was no document Monitoring Assessment forms. The done by a licensed nurse and document to find wounds or anythir because the nurses either did not a CVC to his RUC, or the nurses did licensed nurses should have done again on 5/30/2022 which was thre machine filters the waste from your the licensed nurses were really doi nurses would have detected Resid and conduct a thorough body asse failed to provide the needed care a for infection.  During an interview on 4/17/2023 a monitored, flushed, and have week because the resident's CVC could  During a concurrent interview and reviewed Resident 1's GACH Disct 4/5/2022 and stated that the summ RUC in place. RN 2 stated that the admission on 4/5/22 and 5/28/22 to summary provided to the facility incadmitting nurses of the presence on head-to-toe assessment on Reside Resident 1's CVC. RN 2 stated TN had multiple opportunities to identifithem covered, secure, and safe. R and bacteria getting in there due to central line and should notify the R assessed the resident, looked for c2 stated there were multiple missed nurse on 4/5/2022 and 5/28/2022, conducting weekly skin assessments in RN 2 stated that the resident telling facility staff of its	record review on 4/17/2023 at 12:00 p. sessment forms from 4/6/2022 to 4/12/2 ed evidence of Resident 1's RUC CVC e DON stated the facility's procedure for imented on a resident's admissions and g new on the skin. The DON stated the assess Resident 1's skin since nurses of not document the presence of the RUG a full body assessment as ordered by the times a week after Resident 1's hem or body because your kidneys have faileing Resident 1's full body assessment as ent 1's CVC. The DON stated that the lissment on Resident 1 could be considered in the system of the resident 1's CVC place at 12:28 p.m., LVN 1 stated that a resided dressing changes. LVN 1 stated Resident 1's CVC place at 12:28 p.m., LVN 1 stated that a resident dressing changes. LVN 1 stated Resident 1 was admitted admitting nurse should have done a slow identify any central lines such as Residicating that Resident 1 had a CVC in profit of Resident 1's CVC. RN 2 stated TN 1 stated 1's CVC. RN 2 stated and 1's the resident's CVC. RN 2 stated and 1's the risk of infection. RN 2 stated and 1's	2023 were reviewed. The DON on the Wound and Weekly r skin assessments is that they are d weekly forms because it is enurses were not doing their job did not know the resident had a C CVC. The DON stated that the physician on 4/28/2022 and odialysis (HD- a process where a d) treatments. The DON stated if as ordered, then the licenses licenses nurse's failure to identify ered neglect because the facility cing the resident at continued risk ent's central lines needed to be sident 1 could have been harmed  m., Registered Nurse 2 (RN 2) ary and Transfer Orders dated to the facility with the CVC on his kin assessment on Resident 1 upon ident 1's CVC. RN 2 stated that the blace should have alerted the should have also performed a d should have been able to identify assessments on Resident 1 and tral lines need dressings to keep neart and you do not want germs IVN should be able to identify a of a CVC, she should have and orders. RN CVC that included the admitting 5/28/2022, treatment nurses and as ordered by the physician at identify Resident 1's CVC despite

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F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	A review of the facility policy and process Devices (devices that are in 1/18/2023, indicated an occlusive of maintained over the central venous surrounding area of central venous dressing that allows visualization of microorganisms) are the dressing of initial dressing application at the time central catheter dressing changes of the catheter out of the skin before cap change. To be considered quate another qualified RN. If a chlorhexist the day it was placed. Label with a initials of the RN performing the proflush and suture stability. Document securement device change, capied skin before the insertion site and the notification of the MD. Check the profictures of the inside of your body)  A review of the facility policy and provided the condition of the resident's skin, of any redness, edema (swelling), or ecord the number of lumens, the ficatheter.  A review of the facility policy and provided the program widentification, investigation, and recrime in accordance with federal at mistreatment, neglect, and abuse. must not permit anyone to engage attain or maintain physical, mental, residents from abuse by anyone incovered individuals with training to	rocedure titled, Dressing and Injection of inserted into the body through a vein, all dressing (an air- and water-tight medicals access site to reduce the risk of infect access devices. Transparent Semiper of the insertion site, and provides stabilizate for choice for all central catheters. Gauzane of catheter insertion and needs to be shall be done every seven days and as ange, facility staff is to document concert the insertion into the skin. Only qualificate, the RN or IV certified LVN shall indicate the type of device, ocedure. Document the site appearance of the IV Medication Administration RN ange for all lumens, flush for all lumens are arm circumference. Notify the MD of attent's chart to confirm the insertion report confirm tip placement are there.  Trocedure titled, Flushing of Central Vennatral venous access devices shall be peruidelines, or as ordered by the attending physicia the presence of any sutures or type of drainage, or unusual complaints of pair lushing, arm circumference, site checks or cocedure titled, Abuse Prevention and It was designed to ensure a standardized porting of abuse, neglect, mistreatment, and state requirements. Each resident has the facility has zero tolerance for abus in abuse, neglect, and mistreatment, or and psychosocial well-being. The facil cluding staff from other agencies servire enable the identification of the following dequate provision of care and caregive	Cap Change of Central Venous so known as CVC), last reviewed al dressing ) shall always be ion to the insertion or exit site and meable Membrane (TSM, a zation and protection from e dressings are only used with the e changed within 24 hours. Routine reeded using a TSM type erns, site problems or any amount fied staff shall do a dressing and have return demonstrated skills with d, remove after seven days from time and date of dressing change, e, ease of blood return, ease of ecord the dressing change, s, any amount of catheter out of the any complications and document port and chest X-ray (special described by an RN after each and physician. The solutions and sin. Document in the nurse's notes securement device, the presence in Document on the treatment is and any amount of exposed.  Prohibition Program, last reviewed methodology for the prevention, in misappropriation of property, and as the right to be free from e, neglect, and mistreatment. Staff or deprivation of goods necessary to ity is committed to protecting a gresidents. The facility provides gresigns and symptoms of potential

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For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	3. During an interview on 4/17/2023 at 11:20 a.m., LVN 1 stated she had cared for Resident 1 since his admission to the facility on [DATE]. LVN 1 stated she did not know Resident 1 had a CVC until the end of 2022. LVN 1 stated licensed vocational nurses do not provide care for central lines, and that it was the registered nurse's responsibility to provide care for the central lines. LVN 1 stated she notified the registered nurse to assess and monitor Resident 1's CVC, but she does not remember who she notified or what they said.  During an interview on 4/17/2023 at 1:00 p.m., Resident 1 stated that there was a day he spoke with LVN 1		
	with the RN Supervisors, but nobody During a concurrent interview and records from 4/5/2022 to 4/19/2023 CVC had been identified in the resi evidence in Resident 1's medical re RN regarding Resident 1's CVC. LN informing the RNs, it means that it in  During an interview on 4/19/2023 a on his RUC, and during the times h not inform any other facility staff of checked Resident 1's physician orc CVC when he observed the line un not inform an RN regarding Reside facility was already aware that Res Resident 1's CVC would be uncove command (reporting to your superv  During an interview with the DON of because LVN 1 was aware of Resident	record review with LVN 1 on 4/19/2023 were reviewed. LVN 1 stated that she dent's medical records. LVN 1 stated the cords from 4/5/2022 to 4/19/2023 to in VN 1 stated that since there was no do was not done, and she had not informed to 10:38 a.m., LVN 2 stated that he was not eobserved the CVC, it was not covered the presences of Resident 1's CVC. LY ders to ensure there were orders for trecovered without a dressing. LVN 2 stated that he was not 1's CVC. LVN 2 stated that he was not covered without a dressing. LVN 2 stated that he was not covered without a dressing. LVN 2 stated that he was not covered without a dressing. LVN 2 stated that he was not covered without a dressing. LVN 2 stated that he was not covered without a dressing. LVN 2 stated that he should have reported	at 9:11 a.m., Resident 1's medical did not document that Resident 1's hat there was no documented adicate that LVN 1 had notified an cumented evidence of her ad the RNs of Resident 1's CVC.  aware that Resident 1 had a CVC ad or dressed. LVN 2 stated he did VN 2 stated he should have atment and care for Resident 1's ted he could not recall why he did under the impression that the hould have questioned why his findings up the chain of

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Facility ID: 056367

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056367	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDED OF CURRUED		P CODE
The Rehabilitation Center of North Hills		STREET ADDRESS, CITY, STATE, ZI 9655 Sepulveda Boulevard	r CODE
The Renabilitation denter of North	Tillio	North Hills, CA 91343	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	TAG  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	A review of the facility policy and process Devices (devices that are in 1/18/2023, indicated an occlusive of maintained over the central venous surrounding area of central venous dressing that allows visualization of from microorganisms) are the dressing the initial dressing application at the Routine central catheter dressing of dressing. During every dressing chof the catheter out of the skin befor cap change. To be considered quate another qualified RN. If a chlorhexing the day it was placed. Label with a initials of the RN performing the proflush and suture stability. Document securement device change, cap chosk in before the insertion site and the and document notification of the Mreport confirm tip placement are the Areview of the facility policy and providentification, investigation, and report crime in accordance with federal and mistreatment, neglect, and abuse. The must not permit anyone to engage attain or maintain physical, mental, residents from abuse by anyone incovered individuals with training to physical neglect: poor hygiene, inacare and needs.  4. During an interview on 4/17/202: admission to the facility on [DATE], end of 2022. LVN 1 stated that she dressing for a couple of months. Like asked her on multiple occasions with a sked her on multiple occasions.	rocedure titled, Dressing and Injection inserted into the body through a vein, a dressing (an air- and water-tight medical access site to reduce the risk of infects access devices. Transparent Semiper of the insertion site, is breathable, and pusing of choice for all central catheters. The etime of catheter insertion and needs thanges shall be done every seven day ange, facility staff is to document concine the insertion into the skin. Only qualified, the RN or IV certified LVN shall adding gluconate protective disk was used dressing to indicate the type of device occodure. Document the site appearance in the IV Medication Administration Farange for all lumens, flush for all lumenter arm circumference. Notify the Medical D. Check the patient's chart to confirm	Cap Change of Central Venous las known as CVC), last reviewed al dressing ) shall always be tion to the insertion or exit site and meable Membrane (TSM, a provides stabilization and protection Gauze dressings are only used with to be changed within 24 hours. It is and as needed using a TSM type terns, site problems or any amount fied staff shall do a dressing and nave return demonstrated skills with and, remove after seven days from the time and date of dressing change, the ease of blood return, ease of the dressing change, any amount of catheter out of the all Doctor (MD) of any complications the insertion report and chest X-ray.  Prohibition Program, last reviewed methodology for the prevention, misappropriation of property, and as the right to be free from the englect, and mistreatment. Staff or deprivation of goods necessary to lity is committed to protecting and residents. The facility provides gright signs and symptoms of potential that a CVC until around the property of the prevention of the protecting are residents. The facility provides gright and a CVC until around the property of the prevention of the protecting are residents. The facility provides gright upper chest without a for January 2023, Resident 1 had removed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056367	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2023	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
The Rehabilitation Center of North Hills		9655 Sepulveda Boulevard North Hills, CA 91343	. 332	
For information on the nursing home's plan to correct this deficiency, please contact		tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFIC  (Each deficiency must be preceded by		CIENCIES full regulatory or LSC identifying informati	on)	
F 0694	Provide for the safe, appropriate ac	dministration of IV fluids for a resident v	when needed.	
Level of Harm - Immediate	**NOTE- TERMS IN BRACKETS H	HAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 44244	
jeopardy to resident health or safety	Based on observation, interview, a	nd record review the facility failed to mo	onitor and provide central venous	
Residents Affected - Some		arge vein [blood vessel that carries bloo edications or to do medical tests) line c	-	
	Failing to ensure that facility staf 4/5/2022 and readmission on 5/28/	f identified Resident 1's central venous 2022.	catheter upon admission on	
	2. Failing to ensure that facility staff provided the necessary care and treatment for Resident 1's CVC on the right upper chest (RUC) which included routine inspection (daily and as needed), flushing (injecting a solution into the tube to keep it from getting clogged or blocked) and dressing changes (a transparent [clear] protective cover placed over the tube to be changed every seven days in order to prevent infection) from the resident's admission on 4/5/2022 to 4/11/2023.			
	Failing to ensure Licensed Voca     Registered Nurse (RN) supervisor	tional Nurse 1 (LVN 1) and Licensed Vor of Resident 1's CVC	ocational Nurse 2 (LVN 2) notified	
	when the line was first identified.			
	Failing to ensure LVN 1 acted or resident's CVC being left without a	n and reported Resident 1's concerns a dressing.	nd requests regarding the	
		tified Nursing Assistant 1 (CNA) 1 did r I 1 and CNA 1 applied dressings to Res	•	
	These deficient practices had the potential to place Resident 1 at risk for sepsis (the body's extreme response to an infection. Sepsis is a life-threatening medical emergency) from a central line-associated bloodstream infection (CLABSI- a serious infection that occurs when germs [usually bacteria or viruses] enter the bloodstream through the central line).  On 4/17/2023 at 3:49 p.m., the State Survey Agency (SSA) called an Immediate Jeopardy (IJ-a situation in which the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) in the presence of the Administrator (ADM) and the Director of Nursing (DON) due to the facility's failure to provide CVC line care to Resident 1 from 4/5/2022 to 4/11/2023.			
	On 4/19/2023 at 1:40 p.m., the ADI actions:	M provided an IJ Removal Plan which i	ncluded the following summarized	
	I. Resident 1's CVC to his right upper chest (RUC) was assessed for complications, patency (the line is ope and not blocked) and dressing change by the RN Supervisor on 4/11/2023.			
II. The Licensed Nurse notified Resident 1's primary care physician of the resident's CVC line of and obtained orders for routine central line dressing changes and monitoring.				
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056367	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SURPLIER		P CODE
The Rehabilitation Center of North Hills		9655 Sepulveda Boulevard	FCODE
		North Hills, CA 91343	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	AG SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0694  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	III. On 4/17/2023, the DON audited inserted into a vein using a needle) Peripherally Inserted Central Cathe guided (threaded) into a large vein placed through the skin into a vein, admitted on [DATE], was identified orders were obtained from Resider PICC line for Resident 2.  IV. DON in-serviced nursing staff, in the facility policy and procedures in who receive intravenous (IV- within blood directly into the blood stream and complications.  V. The Admission Nurse for Reside (examining, measuring, or monitori VI. The Treatment Nurse responsibe full body assessment for new admit VII. Resident 1's care plan was revicare professionals from diverse fiel resident) to reflect Resident 1's cur VIII. The DON in-serviced the licen weekly dressing changes and routing assessments, completion of treatm residents with intravenous lines.  IX. The DON in-serviced each licen set of guidelines) for assessment opatency.  X. On 4/17/2023, the DON/ Design facility's policy and procedures for pluids including assessment and month the physician.  On 4/19/2023 at 2:03 p.m., while on	It the facility for intravenous catheters (II). There were two (2) residents with cereter lines (PICC lines- tube that is insertabove the heart) and one (1) resident variable with no orders for PICC line use/maint at 2's physician. A care plan was initiated including licensed nurses and certified including providing the necessary care at a vein) therapy (IV therapy- a way to go through a vein) are assessed and more at 1 was in-serviced on 4/17/23 on pering the resident's body) upon admissionable for assessing Resident 1 was in-serviced and indicate any lines such as I' iewed and revised by the Interdisciplinated who work in a coordinated fashion the trent care and service interventions for sed nurses on 4/17/2023 regarding cerine assessments for any complications in the medical fixed nurse on 4/17/23 regarding underside the service of the intravenous and interventions and all other intravenous for central lines and all other intravenous the inserviced licensed staff (RN Superparenteral (describes any drug administration of intravenous sites for patental inside and after verifying the facility's full inside and after verifying the facility in the intravenous inside and after verifying the facility in the intravenous inside and a	V catheter- a thin plastic tube atral lines, two (2) residents with ted into a vein in the upper arm and with a peripheral line (a tube that is intified. Resident 2, who was enance. On 4/17/23, PICC line and on 4/17/23 for management of the don 4/17/23 for management of the done assistants, on 4/17/2023, on and services to ensure residents give fluids, medicine, nutrition, or nitored for intravenous line patency forming a full body assessment in.  Viced on 4/17/23 on performing a vilines.  The done of the done
	plan, the SSA accepted the IJ Rem Findings:	noval Plan and removed the IJ in the pr	esence of the ADM and DON.
	(continued on next page)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056367	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER  The Rehabilitation Center of North Hills		STREET ADDRESS, CITY, STATE, ZIP CODE  9655 Sepulveda Boulevard  North Hills, CA 91343	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.		agency.	
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0694  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	1. A review of Resident 1's Admiss readmitted the resident on 5/28/202 (BKA-removal by surgery of a limb renal disease (ESRD, a medical co dialysis (a procedure to remove wa working).  A review of Resident 1's History an understand and make decisions.  A review of Resident 1's Minimum indicated the resident had the abilit The MDS further indicated the resident Personal hygiene.  Further review of Resident 1's Mini 4/13/2023, indicated the resident hunderstood. The MDS further indicated tressing, and personal hygiene.  A review of Resident 1's General A 3/31/2022, indicated that the reside a) Right intrajugular (in the internal portion of the central line goes under A review of Resident 1's Physician a) Body check upon returning to face 4/28/2022 and discontinued on 5/20 b) Body check to be performed upon Wednesday, and Friday, dated 5/30 c) IV central line active therapy ord dressing, using sterile technique (te preventing infection), site cleanse weliminate germs and bacteria) or poinfection) as needed, every day shi d) IV central lines: flush each lumer with normal saline (solution used to administration every shift, dated 4/2 During a review of Resident 1's GA Orders, dated 4/5/2022 indicated R line) CVC placement on 3/30/2022.	ion Record indicated the facility admitted 22 with diagnoses that included sepsis, (arm or leg) or other body part because indition in which the kidneys stop functions and excess fluid from the last products and excess fluid from the last product in the last product	and the resident on 4/5/2022 and left leg below the knee amputation of of injury or disease), end stage oning) and dependence on renal blood when the kidneys stop the resident had the capacity to creening too) dated 4/12/2022, lity to make himself understood. With transfers, dressing, and and screening too) dated had the ability to make himself aff assistance with transfers, do Diagnostic Imaging report dated and on 3/30/2022: cone]) tunneled CVC (when a large;  by, Wednesday, and Friday, dated day shift; every Monday,  so and as needed, remove old and of a site with microbes [bacteria], (a cleaning product that helps skin to treat or prevent skin unit of measurement for liquids) fore and after medication
	(continued on next page)		

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STATEMENT OF DEFICIENCIES  (X2) POLITIPLE CONSTRUCTION  (X2) MULTIPLE CONSTRUCTION  (X3) DATE SURVEY  (X4) DEPART (X4)  STREET ADDRESS, CITY, STATE, ZIP CODE  9655 Sepulveda Boulevard  North Hills. (X4) 97343  For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)  During an observation and interview on 4/14/2023 at 3:45 p.m., Resident 1 was observed by surveyor lying in bed inside his room. Resident 1 stated, while tearful, that he had a CVC that the facility was not taking care of. Resident 1 stated with siches) to the resident's RUC. The CVC was consonable with a chlorate-didner gluconate protective disk (a small circular dressing placed over the insertion site of a CVC to the preduce local infections) with a transparent dressing dated 4/11/2023. Resident 1 stated he had been asking in facility nursies to cover his CVC since his satinssion on 45/2022. Resident 1 stated he had been asking in facility nursies to cover his CVC since his satinssion on 45/2022. Resident 1 stated he had been asking in the facility nursies to cover his CVC since his satinssion on 45/2022. Resident his CVC lune on his RUC goes to his heart and he is worried about infections.  During an interview and record review on 4/14/2023 at 4:40 p.m., Registered Nurse 1 (RN 1) reviewed Resident 1's taked that facility nursing staff would place a dressing or a plastic bag over his CVC during done. Provided the facility was aware or treated Resident 1's CVC pline on his RUC goes to his heart and he is worried about infections.  During an interview and record review on 4/14/2023 at 4:40 p.m., Registered Nurse 1 (RN 1) reviewed Resident 1's to CVC during Admission assessment, had heart that he was no documented evidence that the facility was aware or treated Resident 1's CVC prior to 4/11/2023. RN 1 stated that a fine was not aware of	CTATEMENT OF DEFICIENCIES	(XI) DDOVIDED/CURRUED/CUA	(V2) MULTIPLE CONCEPLICATION	(YZ) DATE CUDVEY
NAME OF PROVIDER OR SUPPLIER The Rehabilitation Center of North Hills  STREET ADDRESS, CITY, STATE, ZIP CODE 9855 Sepulveda Boulevard North Hills, CA 91343  For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.  [X4] ID PREFIX TAC  SUMMARY STATEMENT OF DEFICIENCIES [Each deficiency must be preceded by full regulatory or LSC identifying information)  During an observation and interview on 4/14/2023 at 3:45 p.m., Resident 1 was observed by surveyor lying in bed inside his room. Resident 1 stated, while tearful, that he had a CVC that the facility was not taking care of. Resident 1 pull up the right side of his 1-shirt and observed by surveyor was a purple, single lumen glocal infections) with a transparent dressing placed over the insertion site of a CVC to help reduce local infections with a transparent dressing dated 4/11/2023. Resident 1 stated that the dressing unrently on his CVC was the first dressing the facility applied added 4/11/2023. Resident 1 stated that the dressing unrently on his CVC was the first dressing the facility applied added 4/11/2023. Resident 1 stated that the dressing or his RVC goes to his heart and he is worried about infections.  During an interview and record review on 4/14/2023 at 4.40 p.m., Registered Nurse 1 (RN 1) reviewed Resident 1 stated with a dressing unrently on his RVC goes to his heart and he is worried about infections.  During an interview and record review on 4/14/2023 at 4.40 p.m., Registered Nurse 1 (RN 1) reviewed Resident 1 work of the heart				
The Rehabilitation Center of North Hills  9655 Sepulveda Boulevard North Hills, CA 91343  For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  F 0694  Level of Harm - Immediate jeopardy to resident health or safety  Resident 1 stated, while tearful, that he had a CVC that the facility was not taking care of. Resident 1 pull up the right side of his 1-shirt and observed by surveyor vas a purple, single lumen cVC sustred (held in place with stiches) to the residents RUC. The CVC was covered with a chlorhexidine gluconate protective disk (a small circular dressing placed over the insertion site of a CVC to help reduce local infections) with a transparent dressing dated 4/11/2023. Resident 1 stated that the dressing currently on his CVC was the first dressing the facility spiled since his admission on 4/5/2022. Resident 1 stated has been asking the facility nurses to cover his CVC since his admission on 4/5/2022. Resident 1 stated has the observable that the discission on 4/5/2022. Testident 1 stated has the observable and the service of the service		056367		04/19/2023
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.    SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)    During an observation and interview on 4/14/2023 at 3:45 p.m., Resident 1 was observed by surveyor lying in bed inside his room. Resident 1 stated, while tearful, that he had a CVC that the facility was not taking care of Resident 1 pull put he right side of his t-shirt and observed by reveyor was a purple, single lumen CVC sutured (field in place with stiches) to the resident's RUC. The CVC was covered with a chlorhexidine slucial infections) with a transparent dressing dated 4/11/2023. Resident 1 stated that the dressing currently on his CVC was the first dressing the facility applied since his admission on 4/5/2022, but nothing was being done. Resident 1 stated that facility nurses to cover his CVC remained uncovered. Resident 1 stated be had been asking the facility nurses to cover his CVC remained uncovered. Resident 1 stated that facility in uncovered. Resident 1 stated that Facility and shower times, but all other times the CVC remained uncovered. Resident 1 stated that the dressing on a facility of the province of	NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  During an observation and interview on 4/14/2023 at 3:45 p.m., Resident 1 was observed by surveyor lying in bed inside his room. Resident 1 stated, while tearful, that he had a CVC that the facility was not taking care of. Resident 1 pull up the right side of his t-shirt and observed by surveyor was a purple, single lumen CVC sutured (held in place with stiches) to the resident's RUC. The CVC was covered with a chlorhexidine gluconate protective disk (a small circular dressing placed over the insertion site of a CVC to help reduce local infections) with a transparent circuits of the control infections. Which is a transparent circuits of the control infections with a transparent dressing dated 4/11/2023. Resident 1 stated that the dressing currently on his CVC was covered with a chlorhexidine gluconate protective disk (a small circular dressing placed over the insertion site of a CVC to help reduce local infections) with a transparent dressing placed over the insertion site of a CVC to help reduce local infections. Which a transparent dressing dated 4/11/2023, Resident 1 stated he had been asking the facility nurses to cover his CVC since his admission on 4/5/2022, but nothing was being done. Resident 1 stated that facility nurses to cover his CVC since his admission on 4/5/2022, but nothing was being done. Resident 1 stated hat facility nurses on the cover a part of the design of a plastic bag over his CVC during shower times, but all other times the CVC remained uncovered. Resident 1 stated his CVC line on his RUC goes to his heart and he is worried about infections and part was not documented evidence that the facility was aware or treated Resident 1 s CVC prior to 4/11/2023. RN 1 stated that was not documented evidence that the facility was aware or treated Resident 1 s CVC prior to 4/11/2023. RN 1 stated was not occumented evidence that resident nurse is to complete another full body asses	The Hendelman Content of Hendelman			
Each deficiency must be preceded by full regulatory or LSC identifying information	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
In bed inside his room. Resident 1 stated, while tearful, that he had a CVC that the facility was not taking care of. Resident 1 pull up the right side of his t-shirt and observed by surveyor was a purple, single lumen CVC sutured (held in place with stiches) to the resident's RUC. The CVC was covered with a chlorhexidine gluconate protective disk (a small circular dressing placed over the insertion site of a CVC to help reduce local infections) with a transparent dressing dated 4/11/2023. Resident 1 stated that the dressing currently on his CVC was the first dressing the facility applied since his admission on 4/5/2022. Resident 1 stated he had been asking the facility nurses to cover his CVC since his admission on 4/5/2022. but nothing was being done. Resident 1 stated that facility nurses to cover his CVC since his admission on 4/5/2022. but nothing was being done. Resident 1 stated that facility nurses to cover his CVC since his admission on 4/5/2022. but nothing was being done. Resident 1 stated that facility nursing staff would place a dressing or a plastic bag over his CVC dired has done in the facility nursing staff would place a dressing or a plastic bag over his CVC dired has a facility nursing staff would place a dressing or a plastic bag over his CVC dired Resident 1 s medical records including face sheet, history and physical, admission assessment, physician orders, progress notes, skin assessments, and care plans from 4/5/2022 to 4/14/2023. RN 1 stated that there was no documented evidence that the facility was aware or treated Resident 1 bad informed her that he had the CVC for over a year.  During an interview and record review on 4/17/2023 at 9:00 a.m. with Treatment Nurse 1 (TN 1), Resident 1's Wound Weekly Monitoring Assessment, dated 4/6/2022 and 5/30/2023 documented by TN 1 were reviewed. TN 1 stated that after the admitting nurse completes her full body assessment, the treatment nurse is to complete another full body assessment. TN 1 reviewed Resident 1's Wound Weekly Monitoring Assessment			on)	
their job because the licensed nurses either did not assess Resident 1's skin thoroughly since the nurses did not know the resident had a CVC to his RUC, or the licensed nurses did not document the presence of the RUC CVC. The DON stated if the licensed nurses were really conducting a full body assessment on Resident 1, then the licenses nurses would have identified Resident 1's CVC. The DON stated that the licenses nurse's failure to conduct a thorough body assessment on Resident 1 resulting in the resident's CVC being untreated and monitored for over one year, placed the resident at continued risk for infection due to the facility not providing the needed care and treatment for the resident's CVC.  (continued on next page)	Level of Harm - Immediate jeopardy to resident health or safety	in bed inside his room. Resident 1 care of. Resident 1 pull up the right CVC sutured (held in place with stig gluconate protective disk (a small of local infections) with a transparent his CVC was the first dressing the been asking the facility nurses to codone. Resident 1 stated that facility shower times, but all other times the goes to his heart and he is worried.  During an interview and record reving an interview and record reving an interview and record reving as no documented evidence that 1 stated she was not aware of Resident 1's Wound Weekly Monitoring Asserviewed. TN 1 stated that after the is to complete another full body as Assessments, dated 4/6/2022 and Resident 1 had a RUC CVC. TN 1 and 5/30/2022 but stated that she in During an interview on 4/17/2023 a Resident 1 had the CVC until the rehave potentially developed an infection.  During a concurrent interview and Wound and Weekly Monitoring Assand surveyor. The DON stated that the Wound and Weekly Monitoring Assand surveyor. The DON stated that the Wound and Weekly Monitoring heir job because the licensed nurs not know the resident had a CVC to RUC CVC. The DON stated if the licenses nurse's failure to conduct CVC being untreated and monitore to the facility not providing the need	stated, while tearful, that he had a CVC is side of his t-shirt and observed by surches) to the resident's RUC. The CVC circular dressing placed over the insertid dressing dated 4/11/2023. Resident 1 statistically applied since his admission on 4 over his CVC remained uncovered. Resident about infections.  New on 4/14/2023 at 4:40 p.m., Register ding face sheet, history and physical, as sments, and care plans from 4/5/2022 to the facility was aware or treated Reside dident 1's CVC until 4/10/2023. RN 1 states are seasoned to the facility was aware or treated Resident 1's CVC until 4/10/2023 and 5/30/2023 and stated 4/6/2022 and 5/30/2023 and stated there was no does and that she completed a body assessment. TN 1 reviewed Resident 1's 5/30/2023 and stated there was no does never saw Resident 1's CVC until 4/11/2013 at 12:00 p.1 at the CVC on his RUC that was not provided that she completed a body assessment forms dated 4/6/2022 and 5/3 at the CVC on his RUC that was not provided for over one year, placed the resident at horough body assessment on Resident for over one year, placed the resident did not assess Resident 1's CVC and monitoring the second review on 4/17/2023 at 12:00 p.1 are was no documented evidence of Assessment forms. The DON stated the second nurses were really conducting as would have identified Resident 1's CVC and monitoring the desident nurses were really conducting as would have identified Resident 1's CVC and for over one year, placed the resident deformance of the resident for over one year, placed the resident for over one year.	C that the facility was not taking veyor was a purple, single lumen was covered with a chlorhexidine on site of a CVC to help reduce stated that the dressing currently on 4/5/2022. Resident 1 stated he had /5/2022, but nothing was being or a plastic bag over his CVC during 1 stated his CVC line on his RUC ared Nurse 1 (RN 1) reviewed dmission assessment, physician to 4/14/2023. RN 1 stated that there ent 1's CVC prior to 4/11/2023. RN ated that Resident 1 had informed attent Nurse 1 (TN 1), Resident 23 documented by TN 1 were dry assessment, the treatment nurse Wound Weekly Monitoring cumented evidence that indicated assment for Resident 1 on 4/6/2022 2023.  If that she was unaware that a DON stated that Resident 1 could hing condition that arises with the rovided the necessary care to be CVC for signs and symptoms of the licensed nurses were not doing kin thoroughly since the nurses did not document the presence of the a full body assessment on VC. The DON stated that the ent 1 resulting in the resident's at at continued risk for infection due

AND PLAN OF CORRECTION ID	1) PROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
	56367	A. Building B. Wing	COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER  The Rehabilitation Center of North Hills		STREET ADDRESS, CITY, STATE, ZIP CODE  9655 Sepulveda Boulevard North Hills, CA 91343	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.		agency.	
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  A I put int hee the as for recich income state ab  2. Rt un  Du reciph lin as show	ensed nursing staff will complete the comprehensive assessment will e resident. The assessment proces are residents, as well as communicalifts. Assessment findings may needers.  The additional form and report for the assessment of the assessment findings and interview on 4/17/2023.  The assessment findings may needers for Resident 1's C'use flushing, or monitoring for signs and the assessment of Resident 1 had a Company of the assessment of Resident 1 had a Company of the assessment of Resident 1 had a Company of the assessment of Resident 1 had a Company of the assessment of Resident 1 had a Company of the assessment for Resident 1 had a Com	B at 9:45 a.m., CNA 1 stated that Residor him six months ago. CNA 1 stated the g the time she cared for the resident.  ew on 4/17/2023 at 10:10 a.m. with the were reviewed. DON stated there was VC care that should have included ceneral and symptoms of infection prior to 4/1/1/2023 and at the time it was not covered at 10:45 a.m., the Nurse Practitione EVC without a dressing or monitoring be excited by the stated that the facility should mission that included a full skin check. The exident 1's CVC during their full skin classing the stated she had care LVN 1 stated she has seen Resident 1 tonths. LVN 1 stated she notified the retated there were no orders for dressing the stated she had care the stated there were no orders for dressing the stated she had care the stated there were no orders for dressing the stated she had the stated there were no orders for dressing the stated she had the stated there were no orders for dressing the stated she had the stated there were no orders for dressing the stated she had the stated she notified the retated there were no orders for dressing the stated she had the stated she notified the retated there were no orders for dressing the stated she had the stated she notified the retated the stated she notified the stated she notified the stated she had the stated she notified the stated she notifi	s upon admission to the facility.  I, behavioral, and social needs of servation and communication with rect care staff members on all g physician for treatment or care  evised 3/2023, indicated the resident's skin to maintain skin s. The licensed nurse completes a salities) of the resident's skin during resments. Skin integrity should be or use of medical devices applied risk areas are documented on a sinstruction.  Ints, last reviewed 1/18/2023, rent, reflective of the resident's rear areas and are knowledgeable areas and are knowledgeable.  The NP, Resident 1's medical rodocumented evidence of a tral line dressing changes, central 1/2023. The DON stated she red.  The NP stated that it was being done because the CVC places of have conducted a full physical The NP stated that the facility neck.  The GRESIDENT of the resident 1 since his served on the right upper chest registered nurse to assess and

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056367	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIF The Rehabilitation Center of North	NAME OF PROVIDER OR SUPPLIER		P CODE
The Rehabilitation Center of North	Tillis	9655 Sepulveda Boulevard North Hills, CA 91343	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0694  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	Wound and Weekly Monitoring Ass stated that there was no document Monitoring Assessment forms. The done by a licensed nurse and document to find wounds or anythir because the nurses either did not a CVC to his RUC, or the nurses did licensed nurses should have done again on 5/30/2022 which was thre machine filters the waste from your the licensed nurses were really doi nurses would have detected Resid conduct a thorough body assessment to provide the needed care and treinfection.  During an interview on 4/17/2023 a monitored, flushed, and have week because the resident's CVC could  During a concurrent interview and reviewed Resident 1's GACH Disct 4/5/2022 and stated that the summ RUC in place. RN 2 stated that the admission on 4/5/22 and 5/28/22 to summary provided to the facility sh CVC. RN 2 stated TN 1 should have weekly skin assessments on Resid stated central lines need dressings into the heart and you do not want stated an LVN should be able to id notified of a CVC, an RN should he physician for clarification and order Resident 1's CVC that included the	record review on 4/18/2023 at 11:12 a. narge to Skilled Nursing Facility Summary indicated Resident 1 was admitted admitting nurse should have done a slot identify any central lines such as Resould have alerted the admitting nurses are also performed a head-to-toe assess been able to identify the CVC. RN 2 states and the performed and the comportunities to to keep them covered, secure, and sate germs and bacteria getting in there due tentify a central line and should notify the assessed the resident, looked for destanding the control of the	2023 were reviewed. The DON on the Wound and Weekly skin assessments is that they are diversely forms because it is a nurses were not doing their job did not know the resident had a CCVC. The DON stated that he physician on 4/28/2022 and odialysis (HD- a process where a d) treatments. The DON stated if its ordered, then the licenses icenses nurse's failure to identify or neglect because the facility failed are resident at continued risk for ent's central lines needed to be sident 1 could have been harmed.  The process was seen to Resident 1 upon dent 1's CVC. RN 2 stated that the of the presence of Resident 1's ment on Resident 1 on admission and the total should have performed identify the resident's CVC. RN 2 fe. RN 2 stated a central line goes at to the risk of infection. RN 2 fe. RN 2 stated if an RN was becumentation, then notified the seed opportunities to identify 2022, TN 1 upon admission on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. Building	COMPLETED
	056367	B. Wing	04/19/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
The Rehabilitation Center of North	Hills	9655 Sepulveda Boulevard	
North Hills, CA 91343			
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by f		EIENCIES full regulatory or LSC identifying information)	
F 0694  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	Access Devices (devices that are in 1/18/2023, indicated an occlusive of maintained over the central venous surrounding area of central venous dressing that allows visualization of microorganisms) are the dressing of initial dressing application at the tin central catheter dressing changes dressing. During every dressing chof the catheter out of the skin befor cap change. To be considered qualinated another qualified RN. If a chlorhexing the day it was placed. Label with a initials of the RN performing the proflush and suture stability. Documer securement device change, cap cheskin before the insertion site and the notification of the MD. Check the prictures of the inside of your body)  A review of the facility policy and proflustions and volumes to be used for nurse's notes the condition of the rethe presence of any redness, edem treatment record the number of lume exposed catheter.  3. During an interview on 4/17/2023 admission to the facility on [DATE]. 2022. LVN 1 stated licensed vocation registered nurse's responsibility to nurse to assess and monitor Residusid.  During an interview on 4/17/2023 arecall exact date) he spoke with LV	rocedure titled, Dressing and Injection inserted into the body through a vein, all dressing (an air- and water-tight medical access site to reduce the risk of infect access devices. Transparent Semiper if the insertion site, and provides stabilized for choice for all central catheters. Gauzine of catheter insertion and needs to be shall be done every seven days and as ange, facility staff is to document concern the insertion into the skin. Only qualified, the RN or IV certified LVN shall indine gluconate protective disk was use dressing to indicate the type of device, ocedure. Document the site appearance and in the IV Medication Administration Reported and I lumens, flush for all lumens are arm circumference. Notify the MD of attent's chart to confirm the insertion represent confirm tip placement are there. To coedure titled, Flushing of Central Ventral venous access devices shall be perflushing guidelines, or as ordered by the attent of the stability of the state	so known as CVC), last reviewed al dressing ) shall always be ion to the insertion or exit site and meable Membrane (TSM, a zation and protection from e dressings are only used with the e changed within 24 hours. Routine reded using a TSM type erns, site problems or any amount fied staff shall do a dressing and lave return demonstrated skills with d, remove after seven days from time and date of dressing change, e, ease of blood return, ease of ecord the dressing change, s, any amount of catheter out of the any complications and document port and chest X-ray (special cous Access Devices, last reviewed erformed by an RN after each the attending physician. The inding physician. Document in the ures or type of securement device, plaints of pain. Document on the site checks and any amount of cared for Resident 1 since his ent 1 had a CVC until the end of intral lines, and that it was the 1 stated she notified the registered er who she notified or what they

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056367	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
The Rehabilitation Center of North		9655 Sepulveda Boulevard	F CODE
THE REHABILITATION OF NOTH	Tillio	North Hills, CA 91343	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0694  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	During a concurrent interview and records including face sheet, histor skin assessments, and care plans a document that Resident 1's CVC history there was no documented evidence that LVN 1 had notified an RN regard documented evidence of her inform RNs of Resident 1's CVC.  During an interview on 4/19/2023 at on his RUC, and during the times his not inform any other facility staff of checked Resident 1's physician or CVC when he observed the line un not inform an RN regarding Reside facility was already aware that Resident 1's CVC would be uncovered to command (reporting to your supervice). A review of the facility policy and process Devices (devices that are in 1/18/2023, indicated an occlusive command area of central venous surrounding area of central venous dressing that allows visualization of from microorganisms) are the dress the initial dressing application at the Routine central catheter dressing chof the catheter out of the skin befor cap change. To be considered qualenther qualified RN. If a chlorhexisthe day it was placed. Label with a initials of the RN performing the proflush and suture stability. Document securement device change, cap chand document notification of the MI report confirm tip placement are the 4. During an interview on 4/17/2023 admission to the facility on [DATE], end of 2022. LVN 1 stated that she dressing for a couple of months. Live and the contral couple of months.	record review with LVN 1 on 4/19/2023 by and physical, admission assessment from 4/5/2022 to 4/19/2023 were reviewed been identified in the resident's medical records from arding Resident 1's medical records from arding Resident 1's CVC. LVN 1 stated thing the RNs, it means that it was not control to the consumer that it was not covered the covered that he was the observed the CVC, it was not covered the presences of Resident 1's CVC. LVN 2 stated that he was the covered without a dressing. LVN 2 stated that he was the covered without a dressing. LVN 2 stated that he was the covered without a dressing. LVN 2 stated that he was the covered without a dressing. LVN 2 stated that he was the covered without a dressing. LVN 2 stated that he was the covered without a dressing and Injection are dred and that he should have reported drisor).  To coedure titled, Dressing and Injection anserted into the body through a vein, a dressing (an air- and water-tight medical access devices. Transparent Semiper of the insertion site, is breathable, and passing of choice for all central catheters. The insertion into the skin. Only qualified, the RN or IV certified LVN shall be dine gluconate protective disk was used dressing to indicate the type of device the coedure. Document the site appearance of the tine of all lumens, flush for all lumens are arm circumference. Notify the Medical D. Check the patient's chart to confirm	at 9:11 a.m., Resident 1's medical physician orders, progress notes, wed. LVN 1 stated that she did not dical records. LVN 1 stated that 4/5/2022 to 4/19/2023 to indicate that since there was no one, and she had not informed the aware that Resident 1 had a CVC and or dressed. LVN 2 stated he did /N 2 stated he should have atment and care for Resident 1's ted he could not recall why he did under the impression that the hould have questioned why his findings up the chain of  Cap Change of Central Venous so known as CVC), last reviewed all dressing) shall always be ion to the insertion or exit site and meable Membrane (TSM, a rovides stabilization and protection Gauze dressings are only used with to be changed within 24 hours. It is and as needed using a TSM type erns, site problems or any amount fied staff shall do a dressing and have return demonstrated skills with dother in the date of dressing change, e, ease of blood return, ease of ecord the dressing change, s, any amount of catheter out of the land Doctor (MD) of any complications the insertion report and chest X-ray cared for Resident 1 since his ent 1 had a CVC until around the land in the land of January 2023, Resident 1 had a for January 2023, Resident 1 had a for January 2023, Resident 1 had

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN OF CORRECTION	056367	A. Building	04/19/2023
	030307	B. Wing	0.1710/2020
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
The Rehabilitation Center of North	Hills	9655 Sepulveda Boulevard	
North Hills, CA 91343			
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0694		at 12:00 p.m., the DON stated that when caring for his CVC, LVN 1 should have	
Level of Harm - Immediate jeopardy to resident health or safety		the care Resident 1 needed because s	
Residents Affected - Some		at 1 p.m., Resident 1 stated that he spo	
Residents Anected - Some	supervisors, but nobody came back	lent 1 stated that LVN 1 informed him to k. Resident 1 stated the facility absolute y were supposed to know how to take o	ely did not provide good care and it
	During an interview on 4/19/2023 at 8:58 a.m., CNA 1 stated she talked with LVN 1 regarding Resident 1's		
	CVC and how she was worried that the line was uncovered during his showers and that the resident wanted it covered. CNA 1 stated she spoke with LVN 1 on multiple occasions regarding covering Resident 1's CVC.		
	During an interview 4/19/2023 at 9:12 a.m., LVN 1 stated she thought about Resident 1's CVC every day that she worked. yet she did not follow up with the RN Supervisors when Resident 1's CVC remained uncovered and untreated.		
	During an interview on 4/19/2023 at 11:25 a.m. the DON stated LVN 1 should have addressed Resident 1's concerns and complaints regarding his CVC. The DON stated if LVN 1 knew about the CVC, LVN 1 should have followed up with the RN supervisor. DON stated that because LVN 1 did not follow up with an RN, no monitoring or treatment was done for Resident 1's CVC. The DON stated LVN 1 knew the adverse effects associated with having a CVC and she should have followed up with Resident 1's concerns of having his CVC left untreated. DON stated that LVN 1 did not follow up with an RN Supervisors or the DON so that orders to monitor and provide the necessary treatment to Resident 1's CVC could be obtained.		
	purpose of the policy was to provid integrity and promote healing in ac head-to-toe skin assessment (proc the admission process. The license assessed for pressure related disc for therapeutic purposes. The licen record weekly following completion	rocedure titled, Skin Assessment, last re guidelines for routine assessment of cordance with standard of care practice ess of examining entire skin for abnormed nurse completes routine weekly assoloration or breakdown from positioning sed nurse documents assessment find of the skin assessment. Injurious or at ted to the primary physician for further	resident's skin to maintain skin es. The licensed nurse completes a nalities) of the resident's skin during essments. Skin integrity should be g or use of medical devices applied ings in the resident's medical -risk areas are documented on a
	once a week and covered the resic with LVN 1 regarding Resident 1's shower. CNA 1 stated that she info LVN 1 instructed her to cover Resident knew she should not cover Resident Resident 1's CVC because LVN 1	3 at 8:58 a.m., CNA 1 stated she gave lent's CVC on his RUC herself. CNA 1 CVC and how she was worried that the rmed LVN 1 that Resident 1 wanted hid dent 1's CVC with the dressings provident 1's CVC herself as it is outside her sidd not do it. CNA 1 stated she had spore his CVC covered during his shower.	stated she had previously spoken e CVC was uncovered during his s CVC covered. CNA 1 stated that ed by the family. CNA 1 stated she cope of practice, but she covered
	(continued on next page)		
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			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056367	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER  The Rehabilitation Center of North Hills		STREET ADDRESS, CITY, STATE, ZIP CODE  9655 Sepulveda Boulevard North Hills, CA 91343	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG			ion)
F 0694  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	RN Supervisor but was unable to ru assess Resident 1 CVC. LVN 1 sta cover the resident's CVC with a ga	at 9:11 a.m., LVN 1 stated that she had ecall who. LVN 1 stated that to her kno ted that when the RN did not assess F uze dressing. LVN 1 stated covering a fact when she covered Resident 1's C	wledge, the RN Supervisors did not Resident 1's CVC, LVN 1 would CVC was not within her scope of