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 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	<ul> <li>and neglect by anybody.</li> <li>**NOTE- TERMS IN BRACKETS F</li> <li>Based on observation, interview, a resident's (Resident 1) right to be f avoid physical harm, pain, mental a</li> <li>1. Failing to ensure that facility stat large vein [blood vessel that carrier medications or to do medical tests upon admission on 4/5/2022 and response to admission on 4/5/2022 and response to admission on 4/5/2022.</li> <li>2. Failing to ensure that facility stat included routine inspection (daily a getting clogged or blocked) and drest tube to be changed every seven da to 4/11/2023.</li> <li>3. Failing to ensure Licensed Voca a Registered Nurse (RN) supervised</li> <li>4. Failing to ensure LVN 1 acted on resident's CVC being left without a</li> <li>5. Failing to ensure LVN 1 and Cer scope and practice when LVN 1 ar</li> <li>These deficient practices had the presponse to an infection. Sepsis is</li> </ul>	ff identified Resident 1's central venous s blood to the heart] also known as a c which includes taking blood when a re eadmission on 5/28/2022. If provided the necessary care and treat ind as needed), flushing (injecting a so essing changes (a transparent [clear] p ays in order to prevent infection) from t tional Nurse 1 (LVN 1) and Licensed V or of Resident 1's CVC when the line w in and reported Resident 1's concerns a dressing. Ttified Nursing Assistant 1 (CNA) did no ind CNA 1 applied dressings to Resident potential to place Resident 1 at risk for a life-threatening medical emergency) serious infection that occurs when gerr	ONFIDENTIALITY** 44244 rotect one of three sampled goods and services necessary to a catheter (CVC-a tube placed in a entral line, to give fluids, blood, sident needs to have blood test) atment 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 focational Nurse 2 (LVN 2) notified as first identified. and requests regarding the of provide treatments outside of their it 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

Facility ID: 056367

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	P CODE
For information on the pursing home'	plan to correct this deficiency, please con	North Hills, CA 91343	
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC		CIENCIES	
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<ul> <li>On 4/17/2023 at 3:49 p.m., the Stat which the facility's noncompliance of cause, serious injury, harm, impain and the Director of Nursing (DON). Resident 1, when they failed to pro- included routine inspection, flushing On 4/19/2023 at 1:40 p.m., the ADI actions:</li> <li>I. Resident 1's CVC to his right upp and not blocked) and dressing chart</li> <li>II. The Licensed Nurse notified Rese and obtained orders for routine cert</li> <li>III. On 4/17/2023, the DON audited inserted into a vein using a needle) Peripherally Inserted Central Cather 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.</li> <li>IV. DON in-serviced nursing staff, in the facility policy and procedures A to ensure residents who receive int medicine, nutrition, or blood directly intravenous line patency and comp</li> <li>V. The Admission Nurse for Resider (examining, measuring, or monitori</li> <li>VII. The Treatment Nurse responsite full body assessment for new admited use professionals from diverse fiel resident) to reflect Resident 1's cur</li> <li>VIII. The DON in-serviced the licen weekly dressing changes and routi</li> </ul>	full regulatory or LSC identifying informati te Survey Agency (SSA) called an Imm with one or more requirements of partic ment, or death to a resident) in the pres due to the facility's failure to ensure sta vide the necessary care and treatment g and dressing changes from admissio M provided an IJ Removal Plan which i mer chest (RUC) was assessed for com- nge by the RN Supervisor on 4/11/2023 sident 1's primary care physician of the tral line dressing changes and monitor the facility for intravenous catheters (I' b. There were two (2) residents with cer- eter lines (PICC lines- tube that is inser above the heart) and one (1) resident v usually in the hand, elbow, or foot) ide with no orders for PICC line use/maint the 2's physician. A care plan was initiated neluding licensed nurses and certified or buse Prohibition/Neglect to include pro- ravenous (IV- within a vein) therapy (IX y into the blood stream through a vein) lications. ent 1 was in-serviced on 4/17/23 on per- ng the resident's body) upon admission ble for assessing Resident 1 was in-ser- ssions and indicate any lines such as I' iewed and revised by the Interdisciplina ds who work in a coordinated fashion to rent care and service interventions for sed nurses on 4/17/2023 regarding cer- ne assessments for any complications ents and documentation in the medical	nediate Jeopardy (IJ-a situation in cipation has caused, or is likely to sence of the Administrator (ADM) aff did not act negligently towards for the resident's CVC line which n on 4/5/2022 to 4/11/2023. Included the following summarized plications, patency (the line is open 3. resident's CVC line on 4/11/2023 ing. V catheter- a thin plastic tube threal lines, two (2) residents with ted into a vein in the upper arm and with a peripheral line (a tube that is entified. Resident 2, who was enance. On 4/17/23, PICC line ed on 4/17/23 for management of nurse assistants, on 4/17/2023, on widing necessary care and services / therapy- a way to give fluids, are assessed and monitored for forming a full body assessment n. viced on 4/17/23 on performing a V lines. ary Team (IDT- a group of health oward a common goal for the his CVC on 4/17/2023. htral line access care including and patency, full body

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 SUPPLIE	-	STREET ADDRESS, CITY, STATE, ZI	PCODE	
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 cont	act 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 0600 Level of Harm - Immediate jeopardy to resident health or safety	IX. The DON in-serviced each licensed nurse on 4/17/23 regarding understanding the standard of set of guidelines) for assessment of central lines and all other intravenous access sites for comp patency.			
Residents Affected - Some	X. On 4/17/2023, the DON/ Designee in-serviced licensed staff (RN Supervisors and LVNs) regarding the facility's policy and procedures for parenteral (describes any drug administration other than by mouth) IV fluids including assessment and monitoring of intravenous sites for patency and complications as ordered by the physician.			
	On 4/19/2023 at 2:03 p.m., while onsite and after verifying the facility's full implementation of the IJ removal plan, the SSA accepted the IJ Removal Plan and removed the IJ in the presence of the ADM and DON.			
	Findings:			
	readmitted the resident on 5/28/202 (BKA-removal by surgery of a limb renal disease (ESRD, a medical co	on Record indicated the facility admitte 22 with diagnoses that included sepsis, (arm or leg) or other body part because ndition in which the kidneys stop functi ste products and excess fluid from the	, left leg below the knee amputation e of injury or disease), end stage ioning) and dependence on renal	
	A review of Resident 1's History and Physical, dated 6/2/2022, indicated the resident had the capacity to understand and make decisions.			
	A review of Resident 1's Minimum Data Set (MDS - an assessment and screening too) dated 4/12/2022, indicated the resident had the ability to understand others and had the ability to make himself understood. The MDS further indicated the resident required extensive staff assistance with transfers, dressing, and personal hygiene.			
	4/13/2023, indicated the resident ha	num Data Set (MDS - an assessment ad the ability to understand others and ated the resident required extensive sta	had the ability to make himself	
		cute Care Hospital (GACH) record title nt had the follow central line inserted c		
	a) Right intrajugular tunneled CVC (a thin tube that is placed under the skin in the internal jugular vein [IJV- vein under the collarbone] allowing long-term access to the vein).			
	A review of Resident 1's Physician Orders indicated orders for the following:			
	a) Body check upon returning to facility, every evening shift; every Monday, Wednesday, and Friday, dated 4/28/2022 and discontinued on 5/24/2022			
	b) Body check to be performed upon Resident 1's return to facility, every day shift; every Monday, Wednesday, and Friday, dated 5/30/2022.			
	(continued on next page)			

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 The Rehabilitation Center of North Hills		STREET ADDRESS, CITY, STATE, ZI 9655 Sepulveda Boulevard	P CODE
		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)		
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 [bacteri 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	Some d) IV central lines: flush each lumen (line) with 10 cubic centimeters (cc-a unit of measurement with normal saline (solution used to clear the contents of a central line) before and after medica administration every shift, dated 4/11/2023.		
	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.		
	his room. Resident 1 stated, while t 1 pull up the right side of his t-shirt stiches) to the resident's RUC. The circular dressing placed over the in dressing dated 4/11/2023. Residen facility applied since his admission cover his CVC since his admission nursing staff would place a dressing	w on 4/14/2023 at 3:45 p.m., Resident tearful, that he had a CVC that the facil and observed was a purple, single lum CVC was covered with a chlorhexiding sertion site of a CVC to help reduce loo t 1 stated that the dressing currently or on 4/5/2022. Resident 1 stated he had on 4/5/2022, but nothing was being do g or a plastic bag over his CVC during ident 1 stated his CVC line on his RUC	ity was not taking care of. Resider en CVC sutured (held in place wit e gluconate protective disk (a sma cal infections) with a transparent h is CVC was the first dressing th been asking the facility nurses to one. Resident 1 stated that facility shower times, but all other times
	Resident 1's medical records includ notes, care plans and skin assess documented evidence that the facil	ew on 4/14/2023 at 4:40 p.m., Registe ling all face sheets, history and physica nents from 4/5/2022 to 4/14/2023. RN ity was aware or treated Resident 1's C CVC until 4/10/2023. RN 1 stated that	al, physician orders, progress 1 stated that there was no CVC prior to 4/11/2023. RN 1 state
	1's Wound Weekly Monitoring Asse reviewed. TN 1 stated that when re body skin assessment to identify ar completes her full body assessmen reviewed Resident 1's Wound Wee there was no documented evidence	ew on 4/17/2023 at 9:00 a.m. with Treassments, dated 4/6/2022 and 5/30/202 sidents are admitted to the facility, the ny catheter lines such as CVCs. TN 1 s it, the treatment nurse is to complete a kly Monitoring Assessments, dated 4/6 e that indicated Resident 1 had a RUC ant 1 on 4/6/2022 and 5/30/2022 but sta	23 documented by TN 1 were admitting nurse completes a full stated that after the admitting nurs nother full body assessment. TN 1 5/2022 and 5/30/2022 and stated CVC. TN 1 stated that she
	(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 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 con	l tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview on 4/17/2023 a Resident 1 had the CVC until the re have potentially developed an infect body's response to an infection) fro prevent infection such as applying a infection. During a concurrent interview and n Wound and Weekly Monitoring Asses stated that there was no document Monitoring Assessment forms. The licensed nurses either did not asse had a CVC to his RUC, or the licen stated if the licensed nurses were r nurses would have identified Resid a thorough body assessment on Re for over one year could be consider treatment for Resident 1's CVC pla A review of the facility policy and pu licensed nursing staff will complete The comprehensive assessment w the resident. The assessment proc the residents, as well as communic shifts. Assessment findings may ne orders. A review of the facility policy and pu purpose of the policy was to provid integrity and promote healing in aca head-to-toe skin assessment (proc the admission process. The license assessed for pressure related disco for therapeutic purposes. The license assessed for pressure related disco	full regulatory or LSC identifying informati- till 10:10 a.m. with the DON, DON stated esident informed her on 4/11/2023. The ction and become septic (a life-threaten on the CVC on his RUC that was not pr dressing to the CVC and monitoring the record review on 4/17/2023 at 12:00 p.r. bessment forms dated 4/6/2022 and 5/3 ed evidence of Resident 1's RUC CVC DON stated the licensed nurses were ss Resident 1's skin thoroughly since th sed nurses did not document the prese eally conducting a full body assessment ent 1's CVC. The DON stated that the I esident 1 resulting in the resident's CVC red neglect because the facility failed to cing the resident at continued risk for ir rocedure titled, Admission Assessment an admission assessment for resident: accessitate communication with attending rocedure titled, Skin Assessment, last r e guidelines for routine assessment of cordance with standard of care practice ess of examining entire skin for abnorm ad nurse completes routine weekly asse ploration or breakdown from positioning sed nurse documents assessment find of the skin assessment. Injurious or at ted to the primary physician for further	A that she was unaware that DON stated that Resident 1 could ing condition that arises with the rovided the necessary care to a CVC for signs and symptoms of m. with the DON, Resident 1's 60/2022 were reviewed. The DON on the Wound and Weekly not doing their job because the ne nurses did not know the resident and the RUC CVC. The DON at on Resident 1, then the licenses licenses nurse's failure to conduct C being untreated and monitored to provide the needed care and affection. , last reviewed 1/18/2023, indicated is 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 as. The licensed nurse completes a nalities) of the resident's skin during assments. Skin integrity should be or use of medical devices applied ings in the resident's medical -risk areas are documented on a
	indicated the facility ensures each	rocedure titled, Accuracy of Assessmer resident receives an accurate assessm nt, by staff qualified to assess relevant of strengths, and areas of decline.	ent, reflective of the resident's
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY 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 a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<ul> <li>1/18/2023, indicated the program widentification, investigation, and reportime in accordance with federal armistreatment, neglect, and abuse. The must not permit anyone to engage attain or maintain physical, mental, residents from abuse by anyone intercovered individuals with training to physical neglect: poor hygiene, inaccare and needs.</li> <li>2. During an interview on 4/17/2023 RUC when she first started caring function or distributed at the program without a dressing durin. During an interview and record revire records from 4/5/2022 to 4/17/2023 physician orders for Resident 1's C line flushing, or monitoring for signs assessed Resident 1's CVC on 4/1</li> <li>During an interview and on 4/17/202 Altic for the 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</li> </ul>	rocedure titled, Abuse Prevention and F vas designed to ensure a standardized orting 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 servin enable the identification of the following dequate provision of care and caregive 8 at 9:45 a.m., CNA 1 stated that Resid for him six months ago. CNA 1 stated th g the time she cared for the resident. ew on 4/17/2023 at 10:10 a.m. with the swere reviewed. DON stated there was VC care that should have included cen s and symptoms of infection prior to 4/1 1/2023 and at the time it was not cover 23 at 10:45 a.m., the Nurse Practitione EVC without a dressing or monitoring be actions. NP stated that the facility shoul mission that included a full skin cleck. tesident 1's CVC during their full skin cl t 11:20 a.m., LVN 1 stated she had car LVN 1 stated that she has seen Resid le of months. LVN 1 stated she notified N 1 stated there were no orders for dres to 4/11/2023.	methodology for the prevention, misappropriation of property, and as the right to be free from e, neglect, and mistreatment. Staff r deprivation of goods necessary to ity is committed to protecting gresidents. The facility provides g signs and symptoms of potential r indifference to resident's personal lent 1 already had his CVC to his hat Resident 1's CVC was left e DON, Resident 1's medical s no documented evidence of a tral line dressing changes, central 1/2023. The DON stated she red. er (NP) stated that it was eing done because the CVC places d have conducted a full physical The NP stated that the facility heck red for Resident 1 since his ent 1's CVC on his right upper the registered nurse to assess

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056367	A. Building 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 a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	ICIENCIES by full regulatory or LSC identifying information)	
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<ul> <li>Wound and Weekly Monitoring Ass stated that there was no document Monitoring Assessment forms. The done by a licensed nurse and docu important to find wounds or anythin because the nurses either did not a CVC to his RUC, or the nurses did licensed nurses should have done i again on 5/30/2022 which was thre machine filters the waste from your the licensed nurses were really doin nurses would have detected Reside and conduct a thorough body asses failed to provide the needed care an for infection.</li> <li>During an interview on 4/17/2023 a monitored, flushed, and have week because the resident's CVC could I During a concurrent interview and r reviewed Resident 1's GACH Disch 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 ind admitting nurses of the presence of head-to-toe assessment on Reside Resident 1's CVC. RN 2 stated TN had multiple opportunities to identiff them covered, secure, and safe. RI and bacteria getting in there due to central line and should notify the RI assessed the resident, looked for d 2 stated there were multiple missed nurse on 4/5/2022 and 5/28/2022, conducting weekly skin assessmen skin assessments. RN 2 stated that the resident telling facility staff of its</li> </ul>	ecord review on 4/17/2023 at 12:00 p.r essment forms from 4/6/2022 to 4/12/2 ed evidence of Resident 1's RUC CVC DON stated the facility's procedure for mented on a resident's admissions and g new on the skin. The DON stated the ssess Resident 1's skin since nurses of not document the presence of the RUC a full body assessment as ordered by t e times a week after Resident 1's herm body because your kidneys have failen ng Resident 1's full body assessment a ent 1's CVC. The DON stated that the I asment on Resident 1 could be conside nd treatment for Resident 1's CVC place t 12:28 p.m., LVN 1 stated that a reside by dressing changes. LVN 1 stated Resident ary indicated Resident 1 was admitted admitting nurse should have done a sk identify any central lines such as Resi licating that Resident 1 had a CVC in p Resident 1's CVC. RN 2 stated TN 1 s nt 1 on admission and readmission and 1 should have performed weekly skin a y the resident's CVC. RN 2 stated an LV Ns. RN 2 stated if an RN was notified to ocumentation, then notified the physici 1 opportunities to identify Resident 1's C IN 1 upon admission on 4/5/2022 and ts, and licensed nurses doing weekly at it was negligent that the facility did no s presence. RN 2 stated it was negliger id treatment for the resident's CVC.	2023 were reviewed. The DON on the Wound and Weekly skin assessments is that they are d weekly forms because it is a nurses were not doing their job lid not know the resident had a C CVC. The DON stated that he physician on 4/28/2022 and obialysis (HD- a process where a d) treatments. The DON stated if is ordered, then the licenses icenses nurse's failure to identify ered neglect because the facility sing 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 sin assessment on Resident 1 upon dent 1's CVC. RN 2 stated that the lace should have alerted the should have also performed a d should have been able to identify assessments on Resident 1 and rral lines need dressings to keep teart and you do not want germs /N should be able to identify a of a CVC, she should have an for clarification and orders. RN CVC that included the admitting 5/28/2022, treatment nurses and as ordered by the physician t identify Resident 1's CVC despite

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056367	A. Building B. Wing	04/19/2023
NAME OF PROVIDER OR SUPPLIER The Rehabilitation Center of North Hills		STREET ADDRESS, CITY, STATE, ZI 9655 Sepulveda Boulevard	P CODE
		North Hills, CA 91343	
For information on the nursing home's	plan to correct this deficiency, please cont	act the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying information	on)
F 0600 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 d maintained over the central venous surrounding area of central venous dressing that allows visualization of microorganisms) are the dressing c initial dressing application at the tim central catheter dressing changes a dressing. During every dressing cha of the catheter out of the skin befor cap change. To be considered qual another qualified RN. If a chlorhexic the day it was placed. Label with a initials of the RN performing the pro- flush and suture stability. Documen securement device change, cap ch- skin before the insertion site and th notification of the MD. Check the pa pictures of the inside of your body) A review of the facility policy and pr 1/18/2023, indicated flushing of cer infusion, blood draw, per flushing g volumes to be used for flushing sha the condition of the resident's skin, of any redness, edema (swelling), or record the number of lumens, the fli catheter. 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 ind covered individuals with training to	ocedure titled, Dressing and Injection ( iserted into the body through a vein, all ressing (an air- and water-tight medica access site to reduce the risk of infect access devices. Transparent Semipern the insertion site, and provides stabiliz f choice for all central catheters. Gauzt e of catheter insertion and needs to be shall be done every seven days and as ange, facility staff is to document conce e the insertion into the skin. Only qualif ified, the RN or IV certified LVN shall h dine gluconate protective disk was used dressing to indicate the type of device, iscedure. Document the site appearance t in the IV Medication Administration R ange for all lumens, flush for all lumens e arm circumference. Notify the MD of atient's chart to confirm the insertion rej report confirm tip placement are there. occedure titled, Flushing of Central Ven tral venous access devices shall be pe- uidelines, or as ordered by the attending ill be ordered by the attending physicia the presence of any sutures or type of trainage, or unusual complaints of pain ushing, arm circumference, site checks occedure titled, Abuse Prevention and F ras designed to ensure a standardized orting of abuse, neglect, mistreatment, d state requirements. Each resident ha The facility has zero tolerance for abus in abuse, neglect, and mistreatment, or and psychosocial well-being. The facili cluding staff from other agencies servin enable the identification of the following dequate provision of care and caregive	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 needed 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 ous Access Devices, last reviewed erformed by an RN after each ing physician. The solutions and n. Document in the nurse's notes securement device, the presence b. Document on the treatment is and any amount of exposed Prohibition Program, last reviewed methodology for the prevention, misappropriation of property, and as the right to be free from e, neglect, and mistreatment. Staff r deprivation of goods necessary to ity is committed to protecting g residents. The facility provides g signs and symptoms of potential

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	PCODE
For information on the nursing home's	plan to correct this deficiency, please con	l 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	admission to the facility on [DATE]. 2022. LVN 1 stated licensed vocati registered nurse's responsibility to nurse to assess and monitor Resid said. During an interview on 4/17/2023 a	3 at 11:20 a.m., LVN 1 stated she had LVN 1 stated she did not know Reside onal nurses do not provide care for cer provide care for the central lines. LVN ent 1's CVC, but she does not rememb t 1:00 p.m., Resident 1 stated that ther o be covered, to which LVN 1 informed	ent 1 had a CVC until the end of htral lines, and that it was the 1 stated she notified the registered er who she notified or what they e was a day he spoke with LVN 1
	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. LV informing the RNs, it means that it to 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 Resi Resident 1's CVC would be uncover command (reporting to your superv During an interview with the DON of because LVN 1 was aware of Reside	record review with LVN 1 on 4/19/2023 B 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 informe it 10:38 a.m., LVN 2 stated that he was te observed the CVC, it was not covere the presences of Resident 1's CVC. LV ders to ensure there were orders for tre covered without a dressing. LVN 2 stated nt 1's CVC. LVN 2 stated that he was u ident 1 had a CVC. LVN 2 stated he sh ered and that he should have reported 1	did not document that Resident 1's hat there was no documented dicate that LVN 1 had notified an cumented evidence of her ed the RNs of Resident 1's CVC. aware that Resident 1 had a CVC ed or dressed. LVN 2 stated he did /N 2 stated he should have atment and care for Resident 1's red he could not recall why he did under the impression that the lould have questioned why his findings up the chain of d that LVN 1 acted negligently ted with having a CVC such as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056367	A. Building	04/19/2023
		B. Wing	
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 cont	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<ul> <li>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 from microorganisms) are the dress the initial dressing application at the Routine central catheter dressing chron the catheter out of the skin befor cap change. To be considered qual another qualified RN. If a chlorhexit the day it was placed. Label with a initials of the RN performing the profilush and suture stability. Document securement device change, cap ch skin before the insertion site and th and document notification of the MI report confirm tip placement are the A review of the facility policy and profilustification, investigation, and report confirm tip placement are the must not permit anyone to engage attain or maintain physical, mental, residents from abuse by anyone indicated the training to physical neglect: poor hygiene, inarcare and needs.</li> <li>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. LV asked her on multiple occasions with the state of t</li></ul>	rocedure titled, Dressing and Injection ( iserted into the body through a vein, al lressing (an air- and water-tight medica access site to reduce the risk of infect access devices. Transparent Semiper if the insertion site, is breathable, and p sing of choice for all central catheters. (a e time of catheter insertion and needs thanges shall be done every seven day ange, facility staff is to document conce e the insertion into the skin. Only qualif lified, the RN or IV certified LVN shall h dine gluconate protective disk was used dressing to indicate the type of device, becdure. Document the site appearance t in the IV Medication Administration R ange for all lumens, flush for all lumens e arm circumference. Notify the Medica D. Check the patient's chart to confirm ere. To cedure titled, Abuse Prevention and F vas designed to ensure a standardized iorting of abuse, neglect, mistreatment, di state requirements. Each resident ha The facility has zero tolerance for abus in abuse, neglect, and mistreatment, on and psychosocial well-being. The facil cluding staff from other agencies servin enable the identification of the following dequate provision of care and caregive B at 11:20 a.m., LVN 1 stated she had of LVN 1 stated she did not know Reside continued to see Resident 1's CVC on /N 1 stated that around the beginning of hy he had the CVC and why was it not fit t 12:00 p.m., the DON stated that wher	so known as CVC), last reviewed al 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. s 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 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 al 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 e, neglect, and mistreatment. Staff r deprivation of goods necessary to ity is committed to protecting ng residents. The facility provides g signs and symptoms of potential r indifference to resident's personal cared for Resident 1 since his ent 1 had a CVC until around the his right upper chest without a of January 2023, Resident 1 had removed.

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		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)			
F 0694	Provide for the safe, appropriate administration of IV fluids for a resident when needed.			
Level of Harm - Immediate	**NOTE- TERMS IN BRACKETS H	AVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 44244	
jeopardy to resident health or safety		nd record review the facility failed to m	•	
Residents Affected - Some		arge vein [blood vessel that carries bloo edications or to do medical tests) line o		
	1. Failing to ensure that facility staff identified Resident 1's central venous catheter upon admission on 4/5/2022 and readmission on 5/28/2022.			
	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.			
	3. Failing to ensure Licensed Vocational Nurse 1 (LVN 1) and Licensed Vocational Nurse 2 (LVN 2) notified a Registered Nurse (RN) supervisor of Resident 1's CVC			
	when the line was first identified.			
	4. Failing to ensure LVN 1 acted on and reported Resident 1's concerns and requests regarding the resident's CVC being left without a dressing.			
	5. Failing to ensure LVN 1 and Certified Nursing Assistant 1 (CNA) 1 did not provide treatments outside of their scope and practice when LVN 1 and CNA 1 applied dressings to Resident 1's CVC.			
	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).			
	which the facility's noncompliance cause, serious injury, harm, impair	the State Survey Agency (SSA) called an Immediate Jeopardy (IJ-a situatio liance with one or more requirements of participation has caused, or is likel impairment, or death to a resident) in the presence of the Administrator (AI (DON) due to the facility's failure to provide CVC line care to Resident 1 from		
	On 4/19/2023 at 1:40 p.m., the ADI actions:	n., the ADM provided an IJ Removal Plan which included the following summarized		
	I. Resident 1's CVC to his right upper chest (RUC) was assessed for complications, patency (the line is open 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 on 4/11/2023 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         NAME OF PROVIDER OR SUPPLIER The Rehabilitation Center of North Hills		(X2) MULTIPLE CONSTRUCTION       (X3) DATE SURVEY         A. Building       COMPLETED         B. Wing       04/19/2023         STREET ADDRESS, CITY, STATE, ZIP CODE       9655 Sepulveda Boulevard         North Hills, CA 91343       Vite Complementation	
For information on the nursing home's pl	lan to correct this deficiency, please cont	act the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
F 0694 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<ul> <li>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 Residen PICC line for Resident 2.</li> <li>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.</li> <li>V. The Admission Nurse for Reside (examining, measuring, or monitoria) VI. The Treatment Nurse responsib full body assessment for new admiss VII. Resident 1's care plan was revicare professionals from diverse fiele resident) to reflect Resident 1's curro VIII. The DON in-serviced the licens weekly dressing changes and routir assessments, completion of treatmeresidents with intravenous lines.</li> <li>IX. The DON in-serviced each licen set of guidelines) for assessment of patency.</li> <li>X. On 4/17/2023, the DON/ Designa facility's policy and procedures for pfluids including assessment and more the physician.</li> </ul>	the facility for intravenous catheters (I). There were two (2) residents with certer lines (PICC lines- tube that is insertabove the heart) and one (1) resident vusually in the hand, elbow, or foot) ide with no orders for PICC line use/maint t 2's physician. A care plan was initiate for the cluding licensed nurses and certified recluding providing the necessary care a a vein) therapy (IV therapy- a way to get through a vein) are assessed and more that is in-serviced on 4/17/23 on pering the resident's body) upon admission le for assessing Resident 1 was in-serviced and revised by the Interdisciplinates who work in a coordinated fashion the rent care and service interventions for lised nurses on 4/17/2023 regarding certe assessments for any complications ents and documentation in the medical sed nurse on 4/17/23 regarding unders if central lines and all other intravenous and indicate any drug adminision intoring of intravenous sites for patence and service the assession interventions for lised nurse on 4/17/23 regarding unders if central lines and all other intravenous and course and revised staff (RN Super barenteral (describes any drug adminis on the provide the IJ in	V catheter- a thin plastic tube thral lines, two (2) residents with ted into a vein in the upper arm and with a peripheral line (a tube that is ntified. Resident 2, who was enance. On 4/17/23, PICC line ed on 4/17/23 for management of hurse assistants, on 4/17/2023, on nd services to ensure residents give fluids, medicine, nutrition, or nitored for intravenous line patency forming a full body assessment h. viced on 4/17/23 on performing a V lines. ary Team (IDT- a group of health oward a common goal for the his CVC on 4/17/2023. htral line access care including and patency, full body record of services provided for standing the standard of practice (a access sites for complications and rvisors and LVNs) regarding the tration other than by mouth) IV cy and complications as ordered by implementation of the IJ removal

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	
For information on the nursing home's	plan to correct this deficiency, please con	North Hills, CA 91343	agency.
X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC		IENCIES	- · ·
F 0694 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<ol> <li>A review of Resident 1's Admissi 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).</li> <li>A review of Resident 1's History an understand and make decisions.</li> <li>A review of Resident 1's Minimum I indicated the resident had the abilit The MDS further indicated the resid personal hygiene.</li> <li>Further review of Resident 1's Minim 4/13/2023, indicated the resident has understood. The MDS further indicated dressing, and personal hygiene.</li> <li>A review of Resident 1's General A 3/31/2022, indicated that the resident 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 fac 4/28/2022 and discontinued on 5/24</li> <li>b) Body check to be performed upo Wednesday, and Friday, dated 5/30</li> <li>c) IV central line active therapy ordi- dressing, using sterile technique (te preventing infection), site cleanse w eliminate germs and bacteria) or po- infection) as needed, every day shi d) IV central lines: flush each lumer</li> </ol>	Orders indicated orders for the followin cility, every evening shift; every Monda 4/2022 on Resident 1's return to facility, every of 0/2022. ers: dressing change every seven days echnique used to prevent contamination vith a chlorhexidine gluconate solution by idone-iodine (a solution used on the solution by idone-iodine (a solution used on the solution of tevery Sunday, dated 4/11/2023. In (line) with 10 cubic centimeters (cc-a o clear the contents of a central line) be	ed the resident on 4/5/2022 and left leg below the knee amputation e of injury or disease), end stage oning) and dependence on renal blood when the kidneys stop ne resident had the capacity to creening too) dated 4/12/2022, lity to make himself understood. e with transfers, dressing, and and screening too) dated had the ability to make himself aff assistance with transfers, d Diagnostic Imaging report dated d on 3/30/2022: bone]) tunneled CVC (when a lig: y, Wednesday, and Friday, dated day shift; every Monday, and as needed, remove old n of a site with microbes [bacteria], (a cleaning product that helps skin to treat or prevent skin unit of measurement for liquids)
		CH Discharge to Skilled Nursing Facili esident 1 with a five (5) french (fr- unit	
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY 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 contact the nursing ho		tact the nursing home or the state survey a	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	<ul> <li>in bed inside his room. Resident 1 = care of. Resident 1 pull up the right CVC sutured (held in place with stid gluconate protective disk (a small clocal infections) with a transparent his CVC was the first dressing the f been asking the facility nurses to cr done. Resident 1 stated that facility shower times, but all other times th goes to his heart and he is worried</li> <li>During an interview and record revit Resident 1's medical records includ orders, progress notes, skin assess was no documented evidence that 1 stated she was not aware of Resi her that he had the CVC for over a</li> <li>During an interview and record revit 1's Wound Weekly Monitoring Asses reviewed. TN 1 stated that after the is to complete another full body ass Assessments, dated 4/6/2022 and Resident 1 had a RUC CVC. TN 1 and 5/30/2022 but stated that she r</li> <li>During an interview on 4/17/2023 a Resident 1 had the CVC until the rehave potentially developed an infection.</li> <li>During a concurrent interview and record reviting and surveyor. The DON stated that the Wound and Weekly Monitoring Asses and surveyor. The DON stated that the Wound and Weekly Monitoring assets and surveyor. The DON stated that the Wound and Weekly Monitoring Assets and surveyor. The DON stated that the Wound and Weekly Monitoring Assets and surveyor. The DON stated if the licenses nurse's failure to conduct a CVC being untreated and monitore</li> </ul>	ew on 4/14/2023 at 4:40 p.m., Register ding face sheet, history and physical, ac sments, and care plans from 4/5/2022 t the facility was aware or treated Reside ident 1's CVC until 4/10/2023. RN 1 sta	2 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 l/5/2022. Resident 1 stated he had (5/2022, but nothing was being r a plastic bag over his CVC during 1 stated his CVC line on his RUC red 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 atment Nurse 1 (TN 1), Resident 23 documented by TN 1 were by assessment, the treatment nurse Wound Weekly Monitoring cumented evidence that indicated ssment for Resident 1 on 4/6/2022 2023. that she was unaware that a DON stated that Resident 1 could ing condition that arises with the rovided the necessary care to a CVC for signs and symptoms of m. with the DON, Resident 1's 80/2022 were reviewed by the DON f Resident 1's RUC CVC on any of the licensed nurses were not doing kin thoroughly since the nurses did ot document the presence of the a full body assessment on VC. The DON stated that the ent 1 resulting in the resident's t at continued risk for infection due

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	l tact the nursing home or the state survey a	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	A review of the facility policy and procedure titled, Admission Assessment, last reviewed 1/18/2023, licensed nursing staff will complete an admission assessment for residents upon admission to the factors pertaining to medical, behavioral, and social r the resident. The assessment process must include direct and indirect observation and communicat the residents, as well as communication with licensed and non-licensed direct care staff members of shifts. Assessment findings may necessitate communication with attending physician for treatment orders.		
	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 r e guidelines for routine assessment of cordance with standard of care practice ess of examining entire skin for abnorm ed nurse completes routine weekly asse ploration 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
	indicated the facility ensures each	rocedure titled, Accuracy of Assessmer resident receives an accurate assessm nt, by staff qualified to assess relevant strengths, and areas of decline.	ent, reflective of the resident's
	RUC when she first started caring t	3 at 9:45 a.m., CNA 1 stated that Resid for him six months ago. CNA 1 stated th g the time she cared for the resident.	
	records from 4/5/2022 to 4/17/2023 physician orders for Resident 1's C line flushing, or monitoring for signs	iew on 4/17/2023 at 10:10 a.m. with the 8 were reviewed. DON stated there was VC care that should have included cen s and symptoms of infection prior to 4/1 1/2023 and at the time it was not cover	s no documented evidence of a tral line dressing changes, central 1/2023. The DON stated she
	concerning that Resident 1 had a C Resident 1 at increased risk for infe assessment of Resident 1 upon ad	23 at 10:45 a.m., the Nurse Practitione CVC without a dressing or monitoring be actions. NP stated that the facility shoul mission that included a full skin check. Resident 1's CVC during their full skin c	eing done because the CVC places Id have conducted a full physical The NP stated that the facility
	admission to the facility on [DATE]. without a dressing for a couple of n	t 11:20 a.m., LVN 1 stated she had car LVN 1 stated she has seen Resident 7 nonths. LVN 1 stated she notified the re stated there were no orders for dressing to 4/11/2023.	1's CVC on his right upper chest egistered nurse to assess and
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056367	A. Building 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 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	<ul> <li>Wound and Weekly Monitoring Ass stated that there was no document Monitoring Assessment forms. The done by a licensed nurse and docu important to find wounds or anythin because the nurses either did not a CVC to his RUC, or the nurses did licensed nurses should have done a again on 5/30/2022 which was thre machine filters the waste from your the licensed nurses were really doin nurses would have detected Reside conduct a thorough body assessme to provide the needed care and treat infection.</li> <li>During an interview on 4/17/2023 a monitored, flushed, and have week because the resident's CVC could I</li> <li>During a concurrent interview and r reviewed Resident 1's GACH Disch 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 shu and readmission and should have tweek weekly skin assessments on Resid stated central lines need dressings into the heart and you do not want 4 stated an LVN should be able to ide notified of a CVC, an RN should have physician for clarification and order Resident 1's CVC that included the</li> </ul>	ecord review on 4/18/2023 at 11:12 a.r large to Skilled Nursing Facility Summa ary indicated Resident 1 was admitted admitting nurse should have done a sk identify any central lines such as Resi buld have alerted the admitting nurses e also performed a head-to-toe assess been able to identify the CVC. RN 2 sta ent 1 and had multiple opportunities to to keep them covered, secure, and saf germs and bacteria getting in there due gerns and bacteria getting in there due statify a central line and should notify th ve assessed the resident, looked for do s. RN 2 stated there were multiple miss admitting nurse on 4/5/2022 and 5/28/ nurses conducting weekly skin assess	2023 were reviewed. The DON on the Wound and Weekly skin assessments is that they are d weekly forms because it is e nurses were not doing their job lid not know the resident had a C CVC. The DON stated that he physician on 4/28/2022 and obilitysis (HD- a process where a d) treatments. The DON stated if is ordered, then the licenses icenses nurse's failure to identify or neglect because the facility failed e resident at continued risk for 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 in assessment on 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 ted TN 1 should have performed identify the resident's CVC. RN 2 fe. RN 2 stated a central line goes to the risk of infection. RN 2 e RNs. RN 2 stated if an RN was pocumentation, then notified the sed opportunities to identify 2022, TN 1 upon admission on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056367	A. Building B. Wing	04/19/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP 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 cont		tact the nursing home or the state survey a	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	rth Hills     9655 Sepulveda Boulevard North Hills, CA 91343       e's plan to correct this deficiency, please contact the nursing home or the state survey agency.       SUMMARY STATEMENT OF DEFICIENCIES		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 needed 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 ous Access Devices, last reviewed erformed by an RN after each the attending physician. The nding physician. Document in the ures or type of securement device, plaints of pain. Document on the site checks and any amount of that a CVC until the end of ntral lines, and that it was the 1 stated she notified the registered er who she notified or what they e was a day (resident unable to to be covered, to which LVN 1

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	l 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	<ul> <li>there was no documented evidence in Resident 1's medical records from 4/5/2022 to 4/19/2023 to that LVN 1 had notified an RN regarding Resident 1's CVC. LVN 1 stated that since there was no documented evidence of her informing the RNs, it means that it was not done, and she had not infor RNs of Resident 1's CVC.</li> <li>During an interview on 4/19/2023 at 10:38 a.m., LVN 2 stated that he was aware that Resident 1 had on his RUC, and during the times he observed the CVC, it was not covered or dressed. LVN 2 stated not inform any other facility staff of the presences of Resident 1's CVC. LVN 2 stated he should have checked Resident 1's physician orders to ensure there were orders for treatment and care for Resident 0.000 cVC when he observed the line uncovered without a dressing. LVN 2 stated he could not recall when not inform an RN regarding Resident 1's CVC. LVN 2 stated that he was under the impression that facility was already aware that Resident 1 had a CVC. LVN 2 stated he should have questioned whot</li> </ul>		, physician orders, progress notes, ved. LVN 1 stated that she did not lical 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 d or dressed. LVN 2 stated he did /N 2 stated he should have atment and care for Resident 1's red he could not recall why he did under the impression that the
	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 from microorganisms) are the dress the initial dressing application at the Routine central catheter dressing c dressing. During every dressing ch of the catheter out of the skin befor cap change. To be considered qual another qualified RN. If a chlorhexid the day it was placed. Label with a initials of the RN performing the pro- flush and suture stability. Document securement device change, cap ch skin before the insertion site and th and document notification of the MI report confirm tip placement are the 4. During an interview on 4/17/2022 admission to the facility on [DATE]. end of 2022. LVN 1 stated that she dressing for a couple of months. LV asked her on multiple occasions wh	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 f the insertion site, is breathable, and p sing of choice for all central catheters. If hanges shall be done every seven day ange, facility staff is to document conce the insertion into the skin. Only qualit lified, the RN or IV certified LVN shall he dine gluconate protective disk was use dressing to indicate the type of device, poedure. Document the site appearance it in the IV Medication Administration R ange for all lumens, flush for all lumens arm circumference. Notify the Medica D. Check the patient's chart to confirm	so known as CVC), last reviewed al 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. s 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 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 al 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 his right upper chest without a of January 2023, Resident 1 had
	(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 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	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	During an interview on 4/17/2023 at 12:00 p.m., the DON stated that when Resident 1 complained to LVN 1 that the facility was not treating or caring for his CVC, LVN 1 should have notified the RN Supervisor. The DON stated LVN 1 did not provide the care Resident 1 needed because she left the resident's CVC uncovered and did not notify the RN Supervisors.		
Residents Affected - Some	that it needed to be covered. Resid supervisors, but nobody came back	t 1 p.m., Resident 1 stated that he spo ent 1 stated that LVN 1 informed him to c. Resident 1 stated the facility absolute y were supposed to know how to take of	hat she would speak with the ely did not provide good care and
	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.		
	concerns and complaints regarding have followed up with the RN supe monitoring or treatment was done f associated with having a CVC and CVC left untreated. DON stated that	t 11:25 a.m. the DON stated LVN 1 shi his CVC. The DON stated if LVN 1 kn rvisor. DON stated that because LVN 1 or Resident 1's CVC. The DON stated she should have followed up with Resi at LVN 1 did not follow up with an RN S becessary treatment to Resident 1's CV	ew about the CVC, LVN 1 should I did not follow up with an RN, no LVN 1 knew the adverse effects dent 1's concerns of having his Supervisors or the DON so that
	purpose of the policy was to provid integrity and promote healing in acc 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 r e guidelines for routine assessment of cordance with standard of care practice ess of examining entire skin for abnorn ed nurse completes routine weekly asse oloration 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 nalities) of the resident's skin durin essments. Skin integrity should be g or use of medical devices applie ings in the resident's medical -risk areas are documented on a
	once a week and covered the resid with LVN 1 regarding Resident 1's shower. CNA 1 stated that she info LVN 1 instructed her to cover Residen knew she should not cover Residen Resident 1's CVC because LVN 1 of	at 8:58 a.m., CNA 1 stated she gave ent's CVC on his RUC herself. CNA 1 CVC and how she was worried that the rmed LVN 1 that Resident 1 wanted his dent 1's CVC with the dressings provid nt 1's CVC herself as it is outside her s did not do it. CNA 1 stated she had spo e his CVC covered during his shower.	stated she had previously spoken e CVC was uncovered during his s CVC covered. CNA 1 stated tha ed by the family. CNA 1 stated sh cope of practice, but she covered
	(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 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 contact the nursing home or the state survey agency.			agency.
(X4) ID PREFIX TAG			on)
F 0694 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Jan 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 interview on 4/19/2023 at 9:11 a.m., LVN 1 stated that she had reported Resident 1's CVC RN Supervisor but was unable to recall who. LVN 1 stated that to her knowledge, the RN Supervisor assess Resident 1 CVC. LVN 1 stated dressing. LVN 1 stated covering a CVC, LVN 1 w over the resident's CVC with a gauze dressing. LVN 1 stated covering a CVC. LVN 1 stated she cover Resident State dressing LVN 1 stated covering a CVC. LVN 1 stated she cover Resi[TRUNCATED]		reported Resident 1's CVC to an wledge, the RN Supervisors did not esident 1's CVC, LVN 1 would CVC was not within her scope of