STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055022	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mary Health of the Sick Convalescent & Nursing Hos	2929 Theresa Drive Newbury Park, CA 91320

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food preparation and storage practices in the kitchen when: 1. A frozen concentrated orange drink was found opened, spilled in its tray, undated, and expired inside the kitchen's walk-in refrigerator.2. Food crumbs, dirt, and trash were found on the floor beneath the dishwasher, compartment sink, and walk-in refrigerator areas.3. The Cook's mustache was not covered with a beard net. These failures had the potential to cause foodborne illness (stomach illness acquired from ingesting contaminated food) in a vulnerable population of 49 residents who received food from the kitchen.Findings:During an initial observation tour of the kitchen and an interview with the Director of Food and Nutrition Services (DFNS), on 06/08/2026, at 8:02 AM, a frozen concentrated orange drink was found opened, spilled in its tray, undated, and expired inside the walk-in freezer. The DFNS stated he did not see the item when he checked the freezer.During an interview and record review with the DFNS on 06/10/2026, at 8:50 AM, the DFNS stated it is important to date food items upon opening and to routinely check expiration dates to ensure resident food safety. The DFNS reviewed and confirmed the facility's undated P&P, titled, Refrigerator and Freezer, indicated, Maintaining a clean refrigerator and freezer can improve the safety and quality of your foods. 1. Refrigerator and freezer should be on a weekly cleaning schedule.2. Wipe up spills immediately.3. Check all foods at least weekly, being mindful of expiration and use by dates. The DFNS confirmed the finding and stated the policy should have been followed.During an interview with the Director of Nursing (DON) on 6/11/2026, at 10:09 AM, the DON stated food items stored in the refrigerator should always be checked and dated upon receipt, upon opening and according to the expiration date. The DON further stated that expired food items should be discarded immediately to prevent food contamination.During a phone interview with the Registered Dietitian (RD), on 06/11/2026 at 11:10 AM, the RD stated that opened, undated and expired food packages should be thrown away. The RD also stated the expectation is the dietary staff should follow infection control precautions for food safety.A review of the facility's undated P&P titled, Labeling and Dating of Foods, indicated, All food items in the storeroom, refrigerator, and freezer need to be labeled and dated.Food delivered to facility needs to be marked with a received date. Newly opened food items will need to be closed and labeled with an open date and used by the date that follows the various storage guidelines.A review of the FDA Federal Food Code 2022, 3-101.11 titled Safe, Unadulterated, and Honestly Presented.Labeling-General, indicated, .Sources of packaged food must be labeled in accordance with law. Proper labeling of foods allows consumers to make informed decisions about what they eat. Many consumers, as a result of an existing medical condition, may be sensitive to specific foods or food ingredients . 2. During an initial observation tour of the kitchen and interview with the DFNS, on 06/08/2026, at 8:16 AM, food crumbs, dirt, and trash were found on the floor under the dishwasher, compartment sink and walk-in refrigerator areas. The DFNS stated areas in the kitchen should be kept clean and free of crumbs, trash, and dirt daily. The DFNS further stated, the kitchen floor and underneath areas should be swept up and mopped out after breakfast trays were taken out from the kitchen to maintain cleanliness. During a concurrent interview and record review with the DFNS on 06/10/2026, at 8:48 AM, the DFNS reviewed and (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055022	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mary Health of the Sick Convalescent & Nursing Hos	2929 Theresa Drive Newbury Park, CA 91320

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	confirmed the facility's undated policy and procedure (P&P), titled, General Cleaning of Food & Nutrition Services Department, indicated, Floors, floor mats.must be scheduled for routine cleaning and maintained in good condition.1. Floors must be mopped at least once per day.2. Sweep the floor.use a dustpan to remove and dispose of debris as it accumulates.8. Mop under and around equipment, along the walls and in corners. The DFNS confirmed the finding and stated the policy should have been followed.During a concurrent interview with the DON on 06/11/2026, at 10:09 AM, the DON stated that all areas beneath equipment and all corners of the kitchen should always be kept clean. The DON further stated that it is the responsibility of the Kitchen Director to inspect and monitor the kitchen to ensure cleanliness and food safety.During a concurrent phone interview with the RD, on 06/11/2026, at 11:10 AM, RD stated kitchen floors and areas underneath should always be kept clean. The RD acknowledged that multiple areas underneath kitchen equipment should be swept daily.A review of the Food Code, 2022, the Food Code indicated, 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (C) Nonfood-Contact Surfaces of Equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris and the Equipment is cleaned at a frequency necessary to preclude accumulation of soil residues. In addition, The objective of cleaning focuses on the need to remove organic matter from food-contact surfaces so that sanitization can occur and to remove soil from nonfood contact surfaces so that pathogenic microorganisms will not be allowed to accumulate, and insects and rodents will not be attracted. 3. During an initial observation tour of the kitchen and interview with the DFNS, on 06/08/2026, at 9:20 AM, the [NAME] prepared the puree meal and was not wearing a beard net (also known as a beard cover - a lightweight, protective covering worn over the lower face to safely contain facial hair). The DFNS stated the [NAME] should have covered his mustache to prevent hair from falling into the pureed food. During a concurrent interview and record review with the DFNS on 06/10/2026, at 8:48 AM, the DFNS reviewed and confirmed the facility's undated policy and procedure (P&P), titled, Dress Code, indicated, Personal hygiene and appropriate dress are a very important part of the total appearance of the Food & Nutrition Services Department. 8. If applicable, beards and mustaches (any facial hair) must wear beard restraint. The DFNS confirmed the finding and stated the policy should have been followed.During a concurrent interview with the DON on 06/11/2026, at 10:09 AM, the DON stated that facial hair should be covered with hairnets to ensure food safety for the residents.During a concurrent phone interview with the RD, on 06/11/2026, at 11:10 AM, RD acknowledged that kitchen staff with beards or mustaches should wear beard nets to prevent hair from contaminating resident's food and to reduce the risk of food contamination.A review of the Food Code, 2022, the Food Code indicated, 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (C) Nonfood-Contact Surfaces of Equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris and the Equipment is cleaned at a frequency necessary to preclude accumulation of soil residues. In addition, The objective of cleaning focuses on the need to remove organic matter from food-contact surfaces so that sanitization can occur and to remove soil from nonfood contact surfaces so that pathogenic microorganisms will not be allowed to accumulate, and insects and rodents will not be attracted.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055022	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mary Health of the Sick Convalescent & Nursing Hos	2929 Theresa Drive Newbury Park, CA 91320

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interview, and record review, the facility failed to ensure proper disposal of garbage when one of two trash receptacles had trash, and the lid was not closed.This failure had the potential to attract pests and rodents which could cause food borne illness for 49 medically compromised residents.Findings:During a facility tour and observation of the trash receptacle storage area outside the facility and interview with the Director of Maintenance (DM) on 06/08/2026, at 9:11 AM, one of two trash receptacles was observed to be open, and the trash was overflowing from the trash receptacle. The DM stated garbage was collected daily, except Sundays. The DM stated the staff who disposed of trash were responsible for ensuring the trash receptacle lids remained closed and that trash receptacles do not overflow. The DM further stated that unit supervisors should instruct staff not to overfill the trash receptacles and to ensure that trash was disposed of properly during weekends.During a concurrent interview with the DM on 06/10/2026 at 2:45 PM, the DM stated the trash receptacle lids should remain closed, should not overflow, and the surrounding area should be kept free of trash to prevent attracting flies and rodents. The DM acknowledged a plan should have been implemented to ensure the proper disposal of garbage during weekends.During an interview with the Director of Nursing (DON) on 06/11/2026 at 10:09 AM, the DON stated garbage bins should not be full or overflowing to prevent pest infestation. The DON further stated the Maintenance Director should inspect the garbage bins daily as the garbage collection was scheduled daily. The DON acknowledged garbage bins were not monitored adequately to ensure they were properly sealed and emptied.A review of the facility undated policy and procedure titled, Exterior Waste Storage and Sanitation Policy, indicated, .maintain exterior waste storage areas, dumpsters, garbage containers, and waste enclosures in a manner that promotes sanitation, safety, infection prevention, and regulatory compliance. 2. Garbage containers and dumpsters shall be maintained in a manner that prevents excessive accumulation of waste, litter, odors, and unsanitary conditions.3. Container lids, dumpster covers, and enclosure gates or doors should remain closed when practical and when not actively in use. 5. Any observed accumulation of debris, spills, overflowing waste, pest activity, or other sanitation concerns shall be reported promptly and addressed as appropriate.6. Maintenance staff shall coordinate waste removal services and take reasonable measures to ensure adequate waste disposal capacity is maintained. MONITORING.The facility will maintain oversight of exterior waste storage areas and address identified concerns in a timely manner to ensure a clean and sanitary environment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055022	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mary Health of the Sick Convalescent & Nursing Hos	2929 Theresa Drive Newbury Park, CA 91320

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure three of five sampled residents (Residents 4, 8, and 15) were free from unnecessary psychotropic medications (medications affecting brain activities associated with mental processes and behaviors) specifically lorazepam (generic for Ativan, a psychotropic medication to treat anxiety [feeling of fear, dread, or unease when stressed or anticipating a problem]) when:Resident 4 received seventeen doses of as needed lorazepam when Resident 4?s assessed condition did not meet the clinical indication (the medical reason for a specific treatment, condition, or procedure) of the medication;Resident 8 received two doses of as needed lorazepam without documented justification for the medication administration; andResident 15 received six doses of as needed lorazepam with no behavior monitoring in place.These failures had the potential for the residents to inappropriately receive as needed psychotropic medications and had a risk of inaccurate clinical assessment of medication efficacy.Findings:1. A review of Resident 4's admission Record, (a document showing a summary of the resident's information) dated 6/10/26, indicated Resident 4 was readmitted to the facility on [DATE].A review of Resident 4's Medication Administration Record, ([MAR] - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident), dated 3/1/2026 - 3/31/2026, indicated Resident 4 had a physician's order dated 12/30/25, for Lorazepam Solution 2 mg/ml [milligrams per milliliter, unit of measurement]. Give 0.25 ml sublingually [under the tongue] every 12 hours as needed for Anxiety (feeling of fear, dread, or unease you get when stressed or anticipating a problem) m/b [manifested by] increase worry and fear about her health. Further review of Resident 4's MAR, dated 3/1/2026 - 3/31/2026, indicated Resident 4 had a physician's order, dated 1/4/26, to Monitor for anxiety m/b increase worry and fear about her health every shift for Lorazepam use.During a concurrent interview and record review on 6/10/26 at 10:08 AM with Registered Nurse (RN) 1, Resident 4's MAR, dated 3/1/2026 - 3/31/2026, was reviewed. Resident 4's MAR, dated 3/1/2026 - 3/31/2026 indicated a licensed nurse administered a dose of as needed lorazepam when Resident 4 had the number 0 documented for behaviors of anxiety on the following dates and times:3/1/26 at 2100 (9:00 PM)3/2/26 at 2115 (9:15 PM)3/3/26 at 2036 (8:36 PM)3/6/26 at 2119 (9:16 PM)3/7/26 at 2105 (9:05 PM)3/8/26 at 2040 (8:40 PM)3/9/26 at 2130 (9:30 PM)3/10/26 at 2109 (9:09 PM)3/11/26 at 2130 (9:30 PM)3/12/26 at 2121 (9:21 PM)3/13/26 at 2050 (8:50 PM)3/16/26 at 2130 (9:30 PM)3/22/26 at 2051 (8:51 PM)3/23/26 at 2058 (8:58 PM)3/24/26 at 2058 (8:58 PM)3/25/26 at 2047 (8:47 PM)3/27/26 at 2118 (9:18 PM)RN 1 stated Resident 4's lorazepam was administered during the evening shift and verified Resident 4 did not exhibit episodes of anxiety behavior and the number 0 was documented on the MAR when lorazepam was administered. RN 1 stated the number 0 for behavior monitoring documented on Resident 4's MAR meant Resident 4 was not anxious during the evening shift. RN 1 verified Resident 4 received lorazepam when Resident 4 did not exhibit or verbalize feelings of anxiety.During an interview on 6/10/26 at 11:22 AM, with Licensed Vocational Nurse (LVN) 1 (LVN 1), LVN 1 stated licensed nurses documented the number of behavior episodes during each shift for all psychotropic medications. LVN 1 stated if the MAR indicated zero episodes during the shift, it meant there was no indication to give as needed lorazepam to a resident.2. A review of Resident 8's admission Record, dated 6/10/26, indicated Resident 8 was admitted to the facility on [DATE].A review of Resident 8's MAR, dated 6/1/2026 - 6/10/2026, indicated Resident 8 had a physician's order, dated 6/9/26, for Lorazepam Solution 2 mg/ml solution. Give 0.5 mg sublingually every 2 hours as needed for Anxiety m/b inability to relax with SOB.A review of Resident 8's MAR dated 6/1/2026 - 6/10/2026, indicated a licensed nurse administered four doses of as needed lorazepam on the following dates and times:6/10/26 at 0000 (12:00 AM)6/10/26 at 0400 (4:00 AM)6/10/26 at 0913 (9:13 AM)6/10/26 at 1149 (11:49 AM)Resident 8's MAR further indicated only (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055022	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mary Health of the Sick Convalescent & Nursing Hos	2929 Theresa Drive Newbury Park, CA 91320

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	two episodes of anxiety documented from 6/9/26 at 11:00 PM to 6/10/26 at 3:00 PM.During a concurrent interview and record review on 6/10/26 at 3:59 PM, with the DON, Resident 8's MAR, dated 6/1/2026-6/10/2026, was reviewed. The DON verified the records above indicated Resident 8 received four doses of lorazepam between 6/9/26 - 6/10/26 but only had two episodes of anxiety documented. The DON stated the lorazepam administrations and anxiety behaviors did not match and they should match. The DON stated monitoring of behaviors for psychotropic medications was supposed to be documented to account for appropriate behavior. The DON further stated behaviors were documented to follow the physician's orders. 3. A review of Resident 15's admission Record, dated 6/10/26, indicated Resident 15 was admitted to the facility on [DATE].A review of Resident 15's MAR, dated 4/1/2026 - 4/30/2026, indicated Resident 15 had a physician's order, with a start date of 4/6/26, for Lorazepam Solution 2 mg/ml. Give 0.25 ml sublingually every 2 hours as needed for Anxiety m/b 1. SOB [shortness of breath] 2. SEIZURE for 14 days. Further review of Resident 15's MAR, dated 4/1/2026 - 4/30/2026 indicated an additional physician's order dated 4/15/26, for Lorazepam Solution 2mg/ml. Give 0.25 ml sublingually every 6 hours as needed for Anxiety m/b excessive worry over health/family for 14 days.A review of Resident 15's MAR, dated 5/1/2026 - 5/31/2026, indicated Resident 15 had a physician's order, dated 4/29/26, for Lorazepam Solution 2 mg/ml. Give 0.25 ml sublingually every 6 hours as needed for anxiety m/b excessive worry over health/family.During a concurrent interview and record review on 6/10/26 at 10:50 AM with RN 1, Resident 15's MAR dated 4/1/2026 - 4/30/2026 was reviewed. Resident 15's MAR, dated 4/1/2026 - 4/30/2026 indicated a licensed nurse administered a dose of as needed lorazepam when Resident 15 had no documented behaviors of anxiety on the following dates and times:4/7/26 at 0705 (7:05 AM), 0949 (9:49 AM), 1227 (12:27 PM) and 1559 (3:59 PM)4/8/26 at 0401 (4:01 AM)4/9/26 at 0701 (7:01 AM)4/10/26 at 0915 (9:15 AM)4/26/26 at 1300 (1:00 PM)RN 1 verified Resident 15 received lorazepam on the dates and times mentioned above and stated Resident 15 was not monitored for behaviors of anxiety. RN 1 stated there was no documentation for behavior monitoring found in Resident 15's MAR dated 4/1/2026 - 4/30/2026.During a continued concurrent interview and record review on 6/10/26 at 10:50 AM with RN 1, Resident 15's MAR, dated 5/1/2026 - 5/31/2026 was reviewed. Resident 15's MAR indicated a licensed nurse administered Resident 15 one dose of as needed lorazepam on 5/3/26 at 0819 (8:19 AM) when Resident 15 had no documented behaviors of anxiety. RN 1 verified Resident 15 received lorazepam on 5/3/26 and stated Resident 15 was not monitored for behaviors of anxiety from 4/7/26 - 5/3/26. RN 1 stated nurses were supposed to monitor and document the number of anxiety behaviors on the MAR for residents receiving lorazepam on each shift.A review of the facility's policy and procedure (P&P) titled, Psychotropic Medications, dated November 2020, indicated, It is the policy of this facility not to administer psychoactive [psychotropic] medications in the absence of medical or clinical necessity. and, .check the physician orders for the medication includes the name of the medication.and behavior(s) for which the medication is being administered. The order shall also include monitoring requirements for the behavior(s).A review of the facility's P&P titled, Psychotropic Medication Monthly Review, dated November 2020, indicated, POLICY To ensure that Psychotherapeutic medications used in the skilled nursing facility are being monitored for proper use. and, The IDT [interdisciplinary team, a group of professionals who work together to share expertise, knowledge, and skills to address medical problems and create goals to improve care] and.clinician will meet.to review and discuss each resident that has a Psychotherapeutic medication order. During the meeting we will discuss the following:.Are we monitoring the right behavioral issues are they being documented correctly [sic].Any behavioral issues and number of incidents the [sic] within the past 90 days for each medication that is ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055022	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mary Health of the Sick Convalescent & Nursing Hos	2929 Theresa Drive Newbury Park, CA 91320

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an accurate assessment for one of four sampled residents (Resident 16) was completed when the Minimum Data Set ([MDS] - a federally mandated standardized assessment tool) assessment did not reflect the same hearing assessment conducted by the physician.This had the potential for unmet hearing services and appropriate interventions that may be necessary for Resident 16's care.Findings:During a concurrent observation and interview on 6/8/26 at 12:24 AM with Resident 16 at the facility dining area, Resident 16 was having difficulty hearing questions for an interview. Some questions had to be repeated several times before Resident 16 responded with an answer.During a review of Residents 16's admission Record, (a document showing a summary of the resident's information) dated 6/10/26, the admission Record indicated Resident 16 was admitted on [DATE].During a concurrent interview and record review on 6/9/26 at 4:40 PM with the MDS Coordinator (MDSC), Resident 16's History and Physical, ([H&P] - a formal medical document and evaluation process containing the physician's clinical assessment and plan for a patient), dated 5/8/25 was reviewed. The H&P indicated, .Physical Examination.8b. Ears: Hearing mildly impaired. The MDSC stated the H&P is one of the clinical documents reviewed when assessing residents.During the same concurrent interview and record review on 6/9/26 at 4:40 PM with the MDSC, the MDSC stated one of the periodic assessments of residents were done quarterly (every 3 months). A review Resident 16's MDS, 'Section B - Hearing, Speech, and Vision,' dated 6/10/25, indicated Resident 16 was assessed as .highly impaired- absence of useful hearing. Resident 16's MDS 'Section B - Hearing, Speech, and Vision,' dated 9/9/25, 12/9/25, and 3/10/26 also indicated Resident 16 was assessed as .highly impaired- absence of useful hearing. The MDSC stated there was inconsistency between the H&P and the MDS assessment, further stating that assessments should accurately reflect Resident 16's status.During a review of the facility's policy and procedure (P&P) titled, Resident Assessment, revised November 2024, the P&P indicated, .Purpose: To ensure resident assessments are completed accurately, timely, and consistently to identify resident needs and support appropriate care planning and interventions.3. Assessment findings shall be based on direct observation, resident interview when possible, medical record review, family input, consultant reports, and other relevant clinical information.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055022	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mary Health of the Sick Convalescent & Nursing Hos	2929 Theresa Drive Newbury Park, CA 91320

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement interventions according to the care plans for two of five sampled residents (Residents 1 and 16) when:1. Resident 1's oxygen saturation ([O2 sat] - a measurement of how much oxygen the blood is carrying as a percentage) was not checked every shift (the period of a scheduled time of the day a nurse/nurses work), as indicated in the care plan. This failure had the potential for Resident 1's oxygen saturation to go unnoticed even when not within normal limits.2. Resident 16 had edema (swelling from a buildup of extra fluid) on both lower legs and they were not elevated with pillows as indicated in the care plan. This failure had the potential to prevent improved blood flow in the legs that could reduce swelling from fluid buildup.Findings:1. During a review of Resident 1's admission Record, (a document showing a summary of the resident's information) dated 6/11/26, the admission Record indicated Resident 1 was admitted on [DATE], with diagnoses that included chronic obstructive pulmonary disease ([COPD] - a progressive lung disease which blocks air flow making breathing difficult).During a review of Resident 1's Care Plan Report, dated 10/7/19, the Care Plan Report indicated a care plan problem for, .Focus.at risk for alteration in respiratory status/difficulty of breathing related to (r/t) COPD/Asthma. Interventions included licensed nurse will .LN (licensed nurse) check oxygen saturation every shift.During a review of the facility's Monthly Schedule 2025 (sic), revised 6/5/2020, the schedule indicated there were three shifts per day. The shifts are as follows:7-3 shift (7 AM to 3 PM [Day shift])3-11 shift (3 PM to 11 PM [Evening shift])11-7 shift (11 PM to 7 AM of the succeeding day [Night shift])During an interview on 6/10/26 at 12:39 PM with Resident 1, Resident 1 stated the nurses checked his oxygen saturation twice a day.During a review of Resident 16's Weights and Vitals Summary for June 2026, the summary indicated that O2 sats were taken twice a day from 6/1/2026 to 6/9/2026.During a concurrent interview and record review on 6/10/26 at 3:00 PM with the DON, Resident 1's medical record was reviewed. The DON verified the oxygen saturation was not checked every shift as indicated in the plan of care.During a review of the facility's policy and procedure (P&P) titled, Care Plan Implementation, revised 2024, the P&P indicated, .Policy: [NAME] Health of the Sick shall ensure that each resident's individualized care plan is implemented by nursing staff and other appropriate personnel to meet the resident's identified needs, preferences, goals, and physician orders. Care provided shall be consistent with the resident's current plan of care and updated as needed.2. Nursing staff shall implement care plan interventions as written and provide care consistent with the resident's assessed needs, physician orders, and established goals.2. During an observation on 6/9/26 at 8:19 AM in Resident 16's room, Resident 16 was observed lying on her back in bed. Resident 16 was noted with edema on both lower legs, with both legs at the same level of Resident 16's waist.During a review of Residents 16's admission Record, dated 6/10/26, the admission Record indicated Resident 16 was admitted on [DATE].During a review of Resident 16's Telephone Physician's Order, dated 5/29/26, Resident 16 had an order for Bumetanide (a medication to treat fluid retention and swelling) Tablet 1 milligram (a unit of measurement) by mouth one time a day for BLE (bilateral lower extremity) edema.During a review of Resident 16's Care Plan Report, revised 5/19/26, the Care Plan Report indicated a care plan problem for, Chronic pitting edema (a type of swelling where pressing on a swollen body part leaves behind a dent or pit that takes time to refill) on RLE (right lower extremity) extended to foot. Interventions included to .elevate the extremities involved with pillow as needed. Further review of Resident 16's Care Plan Report indicated the same intervention for the chronic pitting edema on LLE (left lower extremity).During a concurrent observation, interview, and record review on 6/9/26 at 4:18 PM with Licensed Vocational Nurse 2 (LVN 2) inside Resident 16's room, Resident 16 was seen lying on her back in bed, with both legs not elevated with pillows. LVN 2 reviewed the active care plan for Resident 16, and then stated Resident (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055022	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mary Health of the Sick Convalescent & Nursing Hos	2929 Theresa Drive Newbury Park, CA 91320

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	16's legs should be elevated with pillows to reduce the swelling from edema.During a review of the facility's policy and procedure (P&P) titled, Care Plan Implementation, revised 2024, the P&P indicated, .Policy: [NAME] Health of the Sick shall ensure that each resident's individualized care plan is implemented by nursing staff and other appropriate personnel to meet the resident's identified needs, preferences, goals, and physician orders. Care provided shall be consistent with the resident's current plan of care and updated as needed.2. Nursing staff shall implement care plan interventions as written and provide care consistent with the resident's assessed needs, physician orders, and established goals.