

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055142	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Magnolia Gardens Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 17922 San Fernando Mission Rd Granada Hills, CA 91344	

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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>49135</p> <p>Based on observation, interview, and record review, the facility failed to ensure a call light (a device used by a resident to signal his/her need for assistance from staff) was within a resident's reach while in bed for one of four sampled residents (Resident 4).</p> <p>This deficient practice had the potential to delay the provision of services and residents' needs not being met.</p> <p>Findings:</p> <p>During a review of Resident 4's Admission Record, the Admission Record indicated the facility admitted the resident on 7/10/2016 with diagnoses including seizures (a sudden, temporary disruption in brain electrical activity that can cause involuntary changes in body movement, behavior, sensation, or awareness), hypothyroidism (a condition where the thyroid gland [butterfly shape in front the neck which regulates growth and development] does not produce enough thyroid hormones [body's chemical messengers that coordinate different functions in your body] to support the body's normal function), and osteoporosis (a disease in which your bones become weak and are likely to fracture [break]).</p> <p>During a review of Resident 4's Minimum Data Set (MDS, a resident assessment tool) dated 4/25/2025, the MDS indicated that Resident 4 was cognitively (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) impaired and was dependent on staff for transfer, toilet use, dressing, and bathing.</p> <p>During a concurrent observation and interview on 5/13/2025 at 1:45 p.m., with the CNA 3 (CNA 3), observed Resident 4 lying in bed with her call light underneath her legs. CNA 3 stated the call light should have been within reach of Resident 4 to be able to call for assistance. CNA 3 also stated that without the call light within reach of Resident 4, it will result in a delay of care.</p> <p>During an interview on 5/13/2025 at 4:15 p.m., with the Assistant Director of Nursing (ADON), the ADON stated the call light should have been within reach of Resident 4 to be able to call for assistance. The ADON stated without the call light within reach of Resident 4, it would result in a delay of care or response to her requests and needs.</p> <p>(continued on next page)</p>

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
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure titled, Answering the Call Light, dated 3/12/2025, the policy indicated the purpose of this procedure is to ensure timely response to the resident's requests and needs. Ensure that the call light is accessible to the resident when in bed or wheelchair in room, from the toilet or shower room if necessary.</p>		