

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 07/29/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure dialysis (a procedure to remove waste products and excess fluid from the blood when the kidneys [bean-shaped organs, typically two in number, located in the back of the abdomen] stop working properly) residents received care in accordance with standards of practice for two of three sampled residents (Resident 1 and Resident 2) by failing to ensure that Post Dialysis Assessments (refers to evaluations conducted after a dialysis treatment to monitor a resident's condition and effectiveness of the dialysis process) were accurately and completely documented. This deficient practice had the potential to result in an increased risk of harm due to potential undetected post-dialysis complications. a. During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted Resident 1 on 2/5/2024 and readmitted Resident 1 on 3/26/2025 with diagnosis including end stage renal disease (ESRD- a severe, permanent condition where the kidneys can no longer adequately filter waste and excess fluid from the blood, requiring either dialysis or a kidney transplant for survival) and dependence on renal (kidney) dialysis. During a review of Resident 1 Minimum Data Set (MDS- a resident assessment tool) dated 5/14/2025, the MDS indicated Resident 1 had intact cognition (the mental process involved in knowing, learning, and understanding things). The MDS indicated Resident 1 required setup or clean-up assistance from staff with oral hygiene and personal hygiene and required substantial/maximal assistance from staff with toileting and showering or bathing. During a concurrent interview and record review on 7/29/2025 at 11:35 a.m., with the Assistant Director of Nursing (ADON), Resident 1's Dialysis Communication Record dated 7/2/2025 was reviewed. The ADON stated that Resident 1's Post Dialysis Assessment Section, which is to be completed by facility staff upon Resident 1's return from dialysis was incomplete. The ADON stated that Resident 1's vital signs (measurements of the body's most basic functions) were not documented, and the section was left blank. The ADON stated that upon a resident's return from dialysis, facility staff should perform an assessment that includes vital signs, an assessment of the resident's dialysis access site and an assessment of the resident's cognitive status. The ADON further stated that the Post Dialysis Assessment should be documented on the Dialysis Communication Record. The ADON further stated that the Post Dialysis Assessments are necessary to identify any changes from Resident 1's baseline (condition of a resident before any intervention or treatment is applied) and to ensure it is safe for the resident to remain in the facility. b. During a review of Resident 2's admission Record, the admission Record indicated the facility originally admitted Resident 2 on 3/29/2014 and readmitted Resident 2 on 5/1/2025 with diagnosis including end stage renal disease and dependence on renal dialysis. During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 had intact cognition. The MDS indicated Resident 2 required setup or clean-up assistance from staff with eating and toileting hygiene and required supervision or touching assistance from staff with oral hygiene, upper and lower body dressing and personal hygiene. During a review of Resident 2's Care Plan for hemodialysis (a medical procedure used to remove waste products and excess fluid from the blood when the kidneys are unable to perform adequately), initiated on 6/26/2023 due to a diagnosis of ESRD, the Care Plan indicated a goal to minimize the risks and complications associated with dialysis treatment such as hypotension (a medical condition characterized by low blood pressure), muscle cramps and vomiting. The Care Plan interventions included documenting the date, time, and condition of the resident upon return from dialysis. During a concurrent interview and record review on 7/29/2025 at 11:47 a.m. with the ADON, Resident 2's Dialysis Communication Record dated 7/21/2025 was reviewed. The ADON stated that on 7/21/2025, Resident 2's Post Dialysis Assessment section was not completed and was left blank. The ADON further stated that it is the responsibility of the licensed nurse assigned to Resident 2 to ensure that Resident 2's Post Dialysis Assessment is completed and properly documented to help ensure Resident 2's safety. During a review of the facility's policy and procedure (P&P) titled, Care of Resident Receiving Renal Dialysis, last reviewed on 3/12/2025, indicated to ensure that nursing staff are aware of special needs of residents receiving renal dialysis, and provide care accordingly. Complete post dialysis assessment on return from treatment. Nursing staff will observe the resident for the following: a. Change in level of consciousness; b. Change in cardiovascular or respiratory status; c. Change in mental status; d. Change in renal status; e. Marked change in blood pressure; f. Bleeding at access site; g. Skin changes; h. Absence of bruit (whooshing or swishing heard during auscultation [listening with a stethoscope /a medical instrument used</p>		

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. (continued on next page)		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to follow the prescribed renal diet (a specialized diet designed for residents with kidney [bean-shaped organs, typically two in number, located in the back of the abdomen] disease) for two of three sampled residents (Resident 2 and Resident 3) as outlined in the facility's printed menu by serving broccoli instead of green beans, rice instead of wheat pasta, and omitting the parsley garnish on the resident's plate. This deficient practice had the potential to result in residents receiving foods high in potassium (a vital mineral [electrolytes] that the body needs for various functions, including nerve and muscle function, maintaining a regular heartbeat, and transporting nutrients in and out of cells, also crucial for regulating blood pressure), phosphorus (a mineral that needs careful management due to its impact on kidney health) which can contribute to serious complications such as electrolyte imbalances (occur when the levels of essential minerals in the body like potassium are too high or too low), fluid retention (when the body holds onto excess fluid, often causing swelling in various parts of the body), hypertension (high blood pressure) or cardiac arrhythmias (abnormal patterns of the heartbeat). a. During a review of Resident 2's admission Record, the admission Record indicated the facility originally admitted Resident 2 on 3/29/2014 and readmitted Resident 2 on 5/1/2025 with diagnosis including end stage renal disease (ESRD- a severe, permanent condition where the kidneys can no longer adequately filter waste and excess fluid from the blood, requiring either dialysis [a procedure to remove waste products and excess fluid from the blood when the kidneys organs, stop working properly] or a kidney transplant for survival) and dependence on renal (kidney) dialysis. During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 had intact cognition (the mental process involved in knowing, learning, and understanding things). The MDS indicated Resident 2 required setup or clean-up assistance from staff with eating and toileting hygiene and required supervision or touching assistance from staff with oral hygiene, upper and lower body dressing and personal hygiene. During a review of Resident 2's Physician's Order dated 4/15/2025, timed 9:19 a.m., the Physician's Order indicated that Resident 2 was prescribed a renal diet with 80 grams (g - unit of measurement for the weight of nutrients) of protein, Consistent Carbohydrate (CCHO - diet consistency that helps control blood sugar levels), mechanical soft (a diet that involves eating foods that have been modified to be easy to chew and swallow) texture, and thin fluid consistency. During a review of the facility's Summer Menu for the week of 7/29/2025, the Summer Menu indicated the following food items were to be served to residents on a renal diet: Herb & spice roast beef, Herb & spice gravy, Wheat pasta with margarine, [NAME] beans, Parsley garnish, Fruit mix crumble cake. During an observation 7/29/2025 at 12:15 p.m., observed Resident 2's lunch tray with chopped meat protein, rice, and broccoli. b. During a review of Resident 3's admission Record, the admission Record indicated the facility admitted Resident 3 on 5/29/2025 with diagnosis including ESRD and dependence on renal dialysis. During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3 had intact cognition. The MDS indicated Resident 3 required setup or clean-up assistance with eating and required partial/moderate assistance from staff with oral hygiene and personal hygiene and was dependent on staff with toileting hygiene, shower/bathing self and lower body dressing. During a review of Resident 3's Physician's Order dated 6/5/2025, timed 6:14 p.m., the Physician's Order indicated that Resident 3 was prescribed a renal diet with 80 g of protein, CCHO diet, regular diet texture, and thin fluid consistency. During a review of the facility's Summer Menu for the week of 7/29/2025, the Summer Menu indicated the following food items were to be served to residents on a renal diet: Herb & spice roast beef, Herb & spice gravy, Wheat pasta with margarine, [NAME] beans, Parsley garnish, Fruit mix crumble cake. During a concurrent observation and interview on 7/29/2025 at 12:25 p.m., with Resident 3, Resident 3's meal tray was observed. Resident 3 stated that her (Resident 3's) meal tray consists of roast beef, rice and broccoli. Resident 3 stated that the food items served were not consistent with the renal diet menu. Additionally, no parsley garnished was observed on Resident 3's tray, as indicated in the facility's printed menu. c. During a review of the facility's Summer Menu for the week of 7/29/2025, the Summer Menu indicated the following food items were to be served to residents on renal CCHO diet: Herb & spice roast beef, Herb & spice gravy, Mashed potatoes, Spinach AuGratin, Parsley garnish, Fruit mix crumble cake. During a concurrent observation and interview on 7/29/2025 at 1:50 p.m., with the Director of Nursing (DON), a test tray was observed. The DON stated that there was no parsley garnish present on the test tray. During an interview on 7/29/2025 at 2:10 p.m. with the Registered Dietitian (RD) the RD stated that the kitchen</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that one of three sampled residents (Resident 3) food preferences were honored when rice, a documented disliked food item, was served during lunch on 7/29/2025. This deficient practice resulted in Resident 3 being served rice, which had the potential to lead to decreased food intake and subsequent weight loss. During a review of Resident 3's admission Record, the admission Record indicated the facility admitted Resident 3 on 5/29/2025 with diagnosis including end stage renal disease (ESRD- a severe, permanent condition where the kidneys can no longer adequately filter waste and excess fluid from the blood, requiring either dialysis [a procedure to remove waste products and excess fluid from the blood when the kidneys {bean-shaped organs, typically two in number, located in the back of the abdomen} stop working properly] or a kidney transplant for survival) and dependence on renal (kidney) dialysis. During a review of Resident 3's Minimum Data Set (MDS- a resident assessment tool) dated 6/4/2025, the MDS indicated Resident 3 had intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience and the senses). The MDS indicated Resident 3 required setup or clean-up assistance with eating and required partial/moderate assistance from staff with oral hygiene and personal hygiene and was dependent on staff with toileting hygiene, shower/bathing self and lower body dressing. During a review of Resident 3's Nutrition/Dietary Note dated 6/20/2025 timed at 8:54 a.m., the Nutrition/Dietary Note indicated that Resident 3 dislikes both pasta and rice. During a review of Resident 3's Meal Ticket (refers to a physical or digital document that indicates a resident's dietary restrictions, allergies, and preferences, ensuring they receive the appropriate meals) dated 7/29/2025 for lunch, the Meal Ticket indicated that Resident 3 dislikes both pasta and rice. During a concurrent observation and interview on 7/29/2025 at 12:25 p.m., with Resident 3, during lunch, observed Resident 3's lunch plate consisting of a protein, rice and broccoli. Resident 3 stated that the facility always serves Resident 3 rice, even though the facility knows Resident 3 does not like rice. Resident 3 further stated Resident 3 will not eat the rice because Resident 3 does not like rice. During a concurrent interview and record review on 7/29/2025 at 2:02 p.m., with the Registered Dietitian (RD), Resident 3's Nutritional/Dietary Note dated 6/20/2025 timed at 8:54 a.m. was reviewed. The Nutritional/Dietary Note indicated that Resident 3's dislikes both pasta and rice. The RD stated that the facility should have honored Resident 3's documented dietary preferences and that Resident 3 should not have been served rice. The RD further stated that kitchen staff should have communicated with Resident 3 and should have offered an appropriate substitute such as wheat bread or corn. The RD stated that kitchen staff are expected to follow residents' dietary preferences at all times. During a review of the facility's Policies and Procedures (P&P) titled Resident Food Preferences last reviewed on 3/12/2025, the P&P indicated Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team. Modifications to diet will only be offered with the residents' or representative's consent. Policy Interpretation: 1.1. Upon the resident's admission (or within twenty-four (24) hours after his/her admission) the dietitian or nursing staff will identify resident's food preferences. 2.2. When possible, staff will interview the residents directly to determine current food preferences based on history and life patterns related to food and mealtimes. 310. The food service department will offer a variety of foods at each meal, as well as access to nourishing snacks throughout the day and night.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to follow proper sanitation and food handling practices by failing to ensure dietary staff did not have their personal cell phone in the preparation area for one of three sampled staff. This deficient practice had the potential to result in foodborne illness (refers to illness caused by the ingestion of contaminated food or beverages) and had the potential of spreading infection for 95 out of 95 in-house residents living in the facility. During an observation on 7/29/2025 at 12:30 p.m., in the kitchen, observed DA's personal cell phone in the food preparation area. During a concurrent observation and interview on 7/29/2025 at 12:31 p.m., in the kitchen, observed DA reaching for her (DA) personal cellphone, which was located on the food preparation area. The DA stated that the cellphone belonged to her (DA) and stated that cellphone should not have been in the food preparation area. DA stated, I'm sorry. During an interview on 7/29/2025 at 2:18 p.m., with the Registered Dietician (RD), the RD stated that personal items should not be placed in or near the food preparation area. The RD stated that all personal belongings, including cellphones, must be kept away from food preparation areas due to the risk of cross-contamination (the transfer of harmful bacteria from one food item to another, or from a food item to a surface, utensil, or even a person's hands, and then to another food item). During a review of the facility's policy and procedure (P&P) titled, Sanitation and Infection Control, last reviewed on 3/12/2025, the P&P indicated food service employees will follow infection control policies to ensure the department operates under sanitary conditions at all times. Employee personal belongings (i.e. clothing, food, cell phone, etc.) should be stored in a separate area away from food or items used in food service.</p>		