STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055142	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Gardens Convalescent Hospital	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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observation, interview, and record review, the facility failed to ensure privacy was maintained for one of four sampled residents (Resident 4) when Certified Nursing Assistant 5 (CNA 5) did not fully close the privacy curtain while providing post shower dressing care.This deficient practice had the potential to result in Resident 4 feeling embarrassed and having loss of self-esteem.Findings: During a review of Resident 4's Face Sheet, the Face Sheet indicated the facility originally admitted Resident 4 on 12/22/2022 and readmitted the resident on 1/11/2026 with diagnoses that included but not limited to urinary tract infection (UTI- an infection in the urinary tract system), hypertension (high blood pressure [the force of the blood pushing on the blood vessel walls is too high]), and transient ischemic attack (TIA- a temporary blockage of blood flow to the brain) and cerebral infarction (a serious medical condition that occurs when blood flow to the brain is blocked, leading to brain cell death). During a review of Resident 4's Minimum Data Set (MDS- a resident assessment tool) dated 4/8/2026, the MDS indicated Resident 4 had intact cognitive (ability to remember things, solve problems, or make decisions) skills for daily decision making. The MDS indicated Resident 4 required partial/moderate assistance (helper does less than half the effort) with showering/bathing self, required supervision with upper and lower body dressing and toileting hygiene and required setup or clean-up assistance (helper assists only prior to or following activity) with personal hygiene, putting on/taking off footwear and oral hygiene. During a review of Resident 4's care plan (a document that summarizes a resident's needs, goals, and care/treatment), initiated 1/23/2024, the care plan indicated Resident 4 had self-care deficits related to joint limitation and history of cerebral infarction. The care plan indicated a goal of minimizing risk of decline daily with interventions that included maintaining Resident 4's privacy and respecting their rights. During an observation on 5/7/2026 at 9:00 a.m., in Resident 4's room, observed the privacy curtain not fully closed and CNA 5 helping Resident 4 put on a gray shirt after Resident 4 had a shower. Resident 4's left side of the buttocks, left upper thigh, and left chest area were exposed and visible to anyone in the hallway due to the privacy curtain not being pulled closed all the way. During an interview on 5/7/2026 at 9:05 a.m., with CNA 5, CNA 5 stated that the privacy curtain should be closed all the way when putting clothes for a resident after a shower to provide privacy for the resident. CNA 5 stated the privacy curtain should have been closed all the way so Resident 4 would not have been exposed. During an interview on 5/7/2026 at 9:10 a.m., with Registered Nurse 1 (RN 1), RN 1 stated that the privacy curtain must be fully closed, or the door must be closed when staff are performing patient care to provide privacy for the residents and promote dignity. During an interview on 5/7/2026 at 4:15 p.m., with the Director of Nursing (DON), the DON stated the privacy curtain should be closed all the way or the door should be closed when staff are giving care for a resident at bedside to provide privacy and promote dignity for the resident. During a review of the facility's policy and procedure (P&P) titled, Dignity, revised 2/2021, the P&P indicated, Staff promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures.

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