

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055360	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/16/2025
NAME OF PROVIDER OR SUPPLIER  Oakpark Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9166 Tujunga Canyon Blvd Tujunga, CA 91042	

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 three sampled residents (Resident 2).</p> <p>This deficient practice had the potential to delay the provision of services and resident's needs not being met.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record, the Admission Record indicated the facility admitted the resident on 8/24/2024 with diagnoses including encephalopathy (brain disorder that affect brain function), cerebrovascular disease (condition that affect blood flow to your brain), and hemiplegia (one-sided paralysis [complete or partial loss of muscle function]) and hemiparesis (one-sided muscle weakness) following cerebral infarction (disrupted blood flow to the brain) affecting the left dominant side.</p> <p>During a review of Resident 2's Minimum Data Set (MDS, a resident assessment tool) dated 12/29/2024, the MDS indicated that Resident 2 was cognitively (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) impaired and required moderate assistance from staff for transfer, toilet use, dressing, and bathing.</p> <p>During a concurrent observation and interview on 4/16/2025 at 10:15 a.m., with the Director of Nursing (DON), observed Resident 2 lying in bed with her call light on the floor. The DON stated the call light should have been within reach of Resident 2 to be able to call for assistance. The DON also stated without the call light within reach of Resident 2, it will result in delay of care.</p> <p>During a review of the facility's policy and procedure titled, Answering the Call Light, dated 10/30/2024, the policy indicated ensure timely responses to the resident's requests and needs. Ensure that the call light is accessible to the resident when in bed, from the toilet, from the shower or bathing facility and from the floor.</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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