

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2025
NAME OF PROVIDER OR SUPPLIER Astoria Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 14040 Astoria Street Sylmar, CA 91342	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a thorough investigation was completed following an allegation of financial abuse for one of three sampled residents (Resident 1). This deficient practice had the potential to place Resident 1 at risk for further financial abuse. Findings: During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 12/11/2022 and was readmitted on [DATE] with diagnoses including Alzheimer's Disease (a disease characterized by a progressive decline in mental abilities), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and anxiety (a common mental health condition characterized by excessive worry, fear, and unease). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 7/4/2025, the MDS indicated Resident 1 had the ability to understand and be understood. During a review of Resident 1 Visit and Patient Information dated 9/30/2024, the Visitation and Patient Information indicated Resident 1 can make needs known but cannot make medical decisions. During a review of Resident 1's Change in Condition (COC- when there is a sudden change in a resident's condition) Evaluation, dated 8/5/2025 at 3 p.m., the COC Evaluation indicated monitor Resident 1 for emotional distress and mental anguish related to alleged financial abuse of Resident 1's family. During a review of Resident 1's Social Services (SS) Notes dated 8/5/2024 at 3:04 p.m., the SS Notes indicated the Social Services Director (SSD) attention was called by the nurses and made aware that a male person (FM 2) was in Resident 1's room and asking him (Resident 1) to sign some paper. The SSD approached the guy and found out the guy was FM2. The SSD asked FM2 what was the paper that he (FM2) has for the resident to sign. FM2 stated that he (FM2) just wanted Resident 1 to sign the form Borrower Authorization to check his (Resident 1) bank information. The SSD said to FM2 that since Resident 1 had no capacity to make decisions medically and financially, the facility cannot have Resident 1 sign anything like that. When SSD asked FM2 if SSD could make a copy of the form, FM2 did not allow the SSD not even to hold the paper and was upset. During an interview on 8/18/2025 at 8:22 a.m. with the Director of Nursing (DON), the DON stated is not sure if the SSD did a five (5) day report on the alleged financial abuse for Resident 1. During an interview on 8/18/2025 at 11:17 a.m. with the SSD, the SSD stated was made aware of the alleged financial abuse of Resident 1 on 8/5/2025 in the afternoon after lunch when staff had paged for SSD and the DON. The SSD stated FM 2 was caught having Resident 1 try to sign a paper. The SSD stated the documents were from Bank Company 1 and it was titled borrower, it was a bank form to give authorization to review and access Resident 1's bank account. The SSD stated reported alleged financial abuse on the same day (8/5/2025) of incident because this was financial abuse. The SSD stated did not do a five (5) day report, the SSD stated was unaware she (SSD) had to do a five (5) day report thought she (SSD) just needed to send the SOC341 (a document used in California to report suspected abuse or neglect of an elder or dependent adult). The SSD stated the potential for not doing a five (5) day report is that the facility will not be able to show that the facility has done the interventions to keep Resident 1 safe and show that the facility has investigated the alleged abuse. During an interview on 8/18/2025 at 2:37 p.m. with the DON, the DON stated on 8/5/2025 the SSD informed the DON about Resident 1. The DON stated Resident 1 did not have the capacity to make decisions and FM2 was holding the borrower's paperwork in order to have Resident 1 sign the document. The DON stated the incident on 8/5/2025 with Resident 1 was an alleged possible abuse of financial abuse. The DON stated the facility must send a five (5) day report within five (5) days, should have been sent on 8/10/2025 but it was not done until today (8/18/2025). The DON stated there is potential for harm and or danger to residents if the facility is not following with the protocol. During a review of the facility's Policies and Procedures (P&P) titled, Abuse Prevention and Prohibition Program, last reviewed on 7/2025, the P&P indicated, each resident has the right to be free from abuse, neglect, mistreatment, and or misappropriation of property. The Administrator will provide the state survey agency, law enforcement and the Ombudsmen with a copy of the investigation report with five (5) days of the incident During a review of the facility's P&P titled, Definitions, last reviewed on 7/2025, the P&P indicated, financial abuse occurs when a person or entity does any of the following:A. Takes, secretes, appropriates, obtains, or retains real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud or both;B. Assist in taking, secreting, appropriating, obtaining, or retaining real or personal property of an elder or dependent adult by undue influence.</p>		