

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 12/26/2025
NAME OF PROVIDER OR SUPPLIER Astoria Healthcare 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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident's Minimum Data Set (MDS - a resident assessment tool), accurately reflected the resident's medical diagnoses for one of four sampled residents (Resident 1). This deficient practice had the potential to delay the provision of necessary care and services to Resident 1 and negatively affect Resident 1's well-being. Findings: During a review of Resident 1's admission Record, dated 12/26/2025, the admission Record indicated the facility originally admitted Resident 1 on 7/2/2021, and readmitted on [DATE] with diagnoses including end stage renal disease (ESRD- irreversible kidney failure), dependence on renal dialysis, anemia (a condition where blood lacks enough healthy red blood cells to carry adequate oxygen to the body) and acute on chronic combined systolic and diastolic heart failure (a long-standing heart problem affecting both the heart's ability to pump (systolic) and relax/fill (diastolic), leading to fluid buildup and inefficient blood flow). During a review of Resident 1's History and Physical (H&P - a comprehensive assessment of a resident's medical condition), dated 8/11/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions. The H&P indicated Resident 1 had diagnoses of dementia (a progressive state of decline in mental abilities). During a concurrent interview and record review on 12/26/2025 at 12:42 p.m. with the MDS Coordinator, Resident 1's MDS, dated [DATE] was reviewed. The MDS indicated Resident 1 did not have diagnoses of dementia. The MDS Coordinator stated MDS diagnoses should reflect Resident 1's H&P provided by the primary physician. The MDS Coordinator stated the during the MDS assessment and documentation the facility staff should have reviewed Resident 1's H&P for potential new diagnoses such as dementia rather than reviewing Resident 1's diagnoses on the already existing admission Record (face sheet). The MDS Coordinator stated the failure to accurately update Resident 1's diagnoses in the MDS had the potential to delay Resident 1's care. During an interview on 12/26/2025 at 2:31 p.m. with the Director of Nursing (DON), the DON stated it is the MDS Coordinator's responsibility to review and update residents' diagnoses as needed. The DON stated Resident 1's diagnoses should be based on primary physician's notes and be reflective in Resident 1's MDS and Care Plan. The DON stated the MDS is the overall assessment of the resident's condition and should include all resident's diagnoses. The DON stated the failure to ensure MDS was accurate had the potential to delay care for Resident 1 due to inaccuracy of the assessment. During a review of the current facility-provided policy and procedure titled, RAI Process, last reviewed on 6/19/2025, the policy and procedure indicated, To ensure that the Resident Assessment Instrument (RAI) is used, in accordance with specified format and timeframes, in conducting comprehensive assessments as part of an ongoing process through which the facility identifies each resident's preferences and goals of care, functional and health status, strengths and needs, as well as offering guidance for further assessment once problems have been identified. C. All information recorded within the MDS Assessment must reflect the resident's status at the time of the Assessment Reference Data (ARD).</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 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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: 1. Implement the care plan (a plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial [relating to the interrelation of social factors and individual thought and behavior] and functional needs) for one of four sampled residents (Resident 1) which included interventions related to hemodialysis (a medical treatment that acts as an artificial kidney, filtering waste products and extra fluid from the blood when kidneys are not working well) care that required monitoring of Resident 1's left upper arm arteriovenous fistula (AV fistula or shunt - a surgically created connection between an artery and a vein to provide hemodialysis access where a needle is inserted allowing blood to be drawn, cleaned, and returned to the body) for bleeding upon return to the facility following hemodialysis treatment. On [DATE], at approximately 7:10 p.m., the facility failed to monitor Resident 1's AV Fistula site as indicated in the care plan. Resident 1, who had a diagnosis of anemia (a condition where blood lacks enough healthy red blood cells to carry adequate oxygen [a colorless, odorless reactive gas and the life-supporting component of the air] to the body), was receiving Eliquis (a medication used to prevent and treat blood clots [gel-like clumps of blood that forms inside the body when blood vessels [a tube through which the blood circulates in the body] are injured or damaged] by slowing down the body's clotting process and increase the risk for bleeding), and had a known history of removing the pressure dressing (specialized bandage applied to access site to provide firm, consistent pressure after dialysis to stop bleeding) from her (Resident 1) left upper arm AV fistula after a hemodialysis treatment, which had previously resulted in bleeding. As a result, on [DATE], at approximately 7:50 p.m., Certified Nurse Assistant 1 (CNA 1) found Resident 1 bleeding from the AV fistula site. Resident 1 was found, unresponsive, in a sitting position at the edge of the bed, with upper body leaning on the bed, without the pressure dressing in place at the AV fistula site and with blood all over the bed and floor in Resident 1's room. On [DATE] at 8:18 p.m., the paramedics (persons trained to give emergency medical care to people who are injured or ill, typically in a setting outside of a hospital) pronounced Resident 1 deceased in the facility. 2. Develop and implement a person-centered care plan for one of three sampled residents (Resident 5) to address Resident 5's admission to hospice (compassionate care for people who are near the end of life). This failure had the potential for delays in the delivery of necessary care and services to Resident 5. On [DATE] at 1:31 p.m., while onsite at the facility, the State Survey Agency (SSA) called an Immediate Jeopardy (IJ - a situation in which the facility's non-compliance with one or more requirements of participations has caused, or is likely to cause, serious injury, harm, impairment, or death of a resident) in the presence of the Director of Staffing Department (DSD), the Infection Preventionist (IP), and the Administrator (through telephone), due to the facility's failure to implement Resident 1's care plan related to hemodialysis care that required monitoring of Resident 1's left upper arm AV fistula for bleeding upon return to the facility following hemodialysis treatment on [DATE] under S483.21(b) Comprehensive Care Plans, which resulted in Resident 1's death on [DATE] at 8:18 p.m. (The Certificate of Death dated [DATE] indicated a time of death of 8:18 p.m., while the facility's Progress Note dated [DATE] indicated the time of death as 8:15 p.m.) On [DATE] at 5:22 p.m., the Administrator provided an acceptable IJ removal plan (a plan that identifies all actions the facility will take to immediately address the non-compliance that has resulted to the IJ situation) for the facility's failure to implement Resident 1's care plan related to hemodialysis care that required monitoring of Resident 1's left upper arm AV fistula for bleeding upon return to the facility following hemodialysis treatment on [DATE], which resulted in Resident 1's death on [DATE] at 8:18 p.m. On [DATE] at 6:27 p.m., while onsite at the facility, the SSA verified and confirmed the facility's full implementation of the IJ Removal Plan through observations, interviews, and record reviews, and determined the IJ situation regarding the facility's failure to implement Resident 1's care plan related to hemodialysis care that required monitoring of Resident 1's left upper arm AV fistula for bleeding upon return to the facility following hemodialysis treatment on [DATE], which resulted in Resident 1's death on [DATE] at 8:18 p.m. was no longer present. The SSA removed the IJ situation, while onsite, on [DATE] at 6:27 p.m. in the presence of the Administrator and the Director of Nursing (DON). The acceptable IJ Removal Plan included the following summarized actions: 1. On [DATE] at 4 p.m., the DON conducted a comprehensive review of Resident 1's hemodialysis-related care upon Resident 1's return from the hemodialysis treatment on [DATE]. The DON conducted interviews with Registered Nurse 1 (RN 1) and Licensed Vocational Nurse 1 (LVN 1) who were assigned to Resident 1 on</p>

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<p>F 0698</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>(continued on next page)</p>

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<p>F 0698</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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 one of four sampled residents (Resident 1) who returned to the facility after a hemodialysis (a medical treatment that acts as an artificial kidney, filtering waste products and extra fluid from the blood when kidneys are not working well) treatment on [DATE], at approximately 7:10 p.m., received necessary care and monitoring in accordance with professional standards of practice. Resident 1, who had anemia (a condition where blood lacks enough healthy red blood cells to carry adequate oxygen [a colorless, odorless reactive gas and the life-supporting component of the air] to the body) and was receiving Eliquis (a medication used to prevent and treat blood clots [gel-like clumps of blood that forms inside the body when blood vessels [a tube through which the blood circulates in the body] are injured or damaged] by slowing down the body's clotting process and increase the risk for bleeding), had a history of removing the pressure dressing (specialized bandage applied to access site to provide firm, consistent pressure after dialysis to stop bleeding) from her (Resident 1) left upper arm arteriovenous fistula (AV fistula or shunt - a surgically created connection between an artery and a vein to provide hemodialysis access where a needle is inserted allowing blood to be drawn, cleaned, and returned to the body) after a hemodialysis treatment, which had previously resulted in bleeding. The facility failed to: 1. Conduct a post-dialysis assessment (a crucial clinical evaluation after a hemodialysis treatment to check for complications and access site issues like bleeding) and ensure Resident 1 was not bleeding from the left upper arm AV fistula site when Resident 1 returned to the facility after a hemodialysis treatment on [DATE], at approximately 7:10 p.m. 2. Monitor Resident 1's left upper arm AV fistula site for bleeding and other complications upon return from a hemodialysis treatment on [DATE], at approximately 7:10 p.m. 3. Ensure a clearly documented communication process was in place and followed when Resident 1 returned to the facility from a hemodialysis treatment on [DATE], at approximately 7:10 p.m. 4. Follow the facility's policy and procedure (P&P) titled, Dialysis Care, last reviewed on [DATE], indicating, The Facility will be responsible for the overall care delivered to the resident, monitoring of the resident . after the completion of each dialysis treatment. 5. Follow the facility's P&P titled, End-Stage Renal Disease (ESRD - the final stage of chronic kidney disease [CKD] where kidneys fail permanently, requiring hemodialysis or a kidney transplant for survival), Care of a Resident with, last reviewed on [DATE], indicating, Residents with ESRD will be cared for according to currently recognized standards of care. As a result, on [DATE], at approximately 7:50 p.m., Certified Nurse Assistant 1 (CNA 1) found Resident 1 bleeding from the AV fistula site. Resident 1 was found, unresponsive, in a sitting position at the edge of the bed, with upper body leaning on the bed, without the pressure dressing in place at the AV fistula site, and with blood all over the bed and floor in Resident 1's room. On [DATE] at 8:15 p.m., the paramedics (persons trained to give emergency medical care to people who are injured or ill, typically in a setting outside of a hospital) pronounced Resident 1 deceased in the facility. On [DATE] at 1:31 p.m., while onsite at the facility, the State Survey Agency (SSA) called an Immediate Jeopardy (IJ - a situation in which the facility's non-compliance with one or more requirements of participations has caused, or is likely to cause, serious injury, harm, impairment, or death of a resident) in the presence of the Director of Staffing Department (DSD), the Infection Preventionist (IP), and the Administrator (through telephone), due to the facility's failure to ensure a resident who required hemodialysis treatment received care and services consistent with professional standards of practice under S483.25(l) Dialysis, by not providing the necessary care and monitoring to Resident 1, which resulted in Resident 1's death on [DATE] at 8:18 p.m. (the Certificate of Death dated [DATE] indicated a time of death of 8:18 p.m., while the facility's Progress Note dated [DATE] indicated the time of death as 8:15 p.m.). On [DATE] at 5:08 p.m., the Administrator provided an acceptable IJ removal plan (a detailed plan that identifies all actions the facility will take to immediately address the non-compliance that has resulted to the IJ situation) for the facility's failure to provide necessary care and monitoring to Resident 1, resulting in Resident 1's death on [DATE] at 8:15 p.m. On [DATE] at 6:27 p.m., while onsite at the facility, the SSA verified and confirmed the facility's full implementation of the IJ Removal Plan through observations, interviews, and record reviews, and determined the IJ situation regarding the facility's failure to provide necessary care and monitoring to Resident 1, resulting in Resident 1's death on [DATE] at 8:15 p.m., was no longer present. The SSA removed the IJ situation, while onsite, on [DATE] at 6:27 p.m. in the presence of the Administrator and the DON. The acceptable IJ Removal Plan included the following summarized actions: 1. On [DATE] at 4 p.m.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>(continued on next page)</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on interview and record review, the facility failed to ensure two of five sampled staff (Registered Nurse [RN] 1 and Licensed Vocational Nurse [LVN] 1) were competent (a combination of knowledge, skills, abilities, and behaviors that enable an individual to perform a task or role successfully) on dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney or kidneys have failed) care and assessment by:Failing to ensure newly hired staff had orientation (the process of introducing new employees to a company's culture, policies, colleagues, and their specific job role, typically in the first few days or weeks, to help them feel welcome, understand expectations, and integrate effectively into the organization) on dialysis care.Failing to ensure staff were in serviced on dialysis care before providing dialysis care.Failing to ensure staff were aware of dialysis site assessment.These failures had the potential to affect the care necessary to provide nursing care and related services to meet residents' needs safely. Findings:During a review of Registered Nurse 1's (RN 1) Initial Annual Skills Checklist, signed and dated on 2/17/2025, the Skill Checklist did not indicate anything on dialysis care, assessment and training.During a record review of Licensed Vocational Nurse 3 (LVN 3)'s Initial Annual Skills Checklist, signed and dated 5/29/2025, the Skills Checklist did not indicate anything on dialysis care, assessment and training.During a record review of RN 1's Job Description, signed and dated on 6/12/2025, the Job Description indicated, The Supervisor is an RN who is responsible for the overall supervision of nursing care in the facility during their shift. Responsible and accountable (responsible) for the provision (supplying something needed) of direct, age specific, resident care to those assigned to his/her care for each established shift. The RN provides resident care according to the nursing processes of the facility and is responsible for the coordination of the team approach to meet each resident's individual needs.Position and Responsibilities/Duties.2. Completes initial and ongoing assessments in a timely manner, incorporating functional/development age factors into the assessment process.During a record review of RN 4's Initial Annual Skills Checklist, signed and dated 6/14/2025, the Skill Checklist did not indicate anything on dialysis care, assessment and training.During a record review of LVN 1's Job Description, signed and dated on 6/17/2025, the Job Description indicated, b. Completes initial and ongoing assessments by gathering data in a timely manner, incorporating functional/development age factors into the assessment process.Maintains knowledge of, and implements resident care activities to promote, maintain and/or restore health for assigned residents.During a review of LVN 1's Initial Annual Skills Checklist, signed and dated 11/18/2025, the Skill Checklist did not indicate anything on dialysis care, assessment and training.During an interview on 12/25/2025, at 11:11 a.m., with the Director of Staff Development (DSD), the DSD stated dialysis care, assessment and training was not part of the orientation process. The DSD stated dialysis care, assessment and training should be part of the nursing orientation since the facility had admitted residents who go out for dialysis services. The DSD stated there was no dialysis care, assessment and training provided by the facility to the nursing staff. The DSD stated she (DSD) had never provided in-services for dialysis for Certified nursing Assistants (CNAs) until 12/24/2025.During an interview on 12/26/2025, at 11:26 a.m., with RN 1, RN 1 stated she (RN 1) had been with the facility for five years and did not receive any orientation on dialysis care and assessment. RN 1 stated there was no in-service on how to check the dialysis site for thrill (the palpable [able to be touched or felt] vibration felt with the hand over that same turbulent flow) and bruit (a noisy, whooshing sound heard with a stethoscope [medical instrument used to listen to internal body sounds] from turbulent blood flow in a vessel). RN 1 stated there was no in-service provided on what to do to a resident going out for dialysis and what to do when resident return from dialysis. RN 1 stated it would help a lot if she (RN 1) was provided orientation and training on dialysis care and assessment. RN 1 stated the facility did not provide instruction that we (staff) had to inform assigned nurses of the residents return from dialysis. RN 1 stated RNs responsibility when resident return from dialysis was to assess the dialysis site for any complication (a new or worsening medical problem that arises during a disease, treatment, or procedure) like bleeding or absence of thrill and bruit.During an interview on 12/26/2025, at 12:06 p.m., with LVN 1, LVN 1 stated the facility did not provide training on dialysis care. LVN 1 stated they had in-services on what supply should be available at resident bedside. LVN 1 stated she (LVN 1) does check the dialysis site for thrill and bruit. LVN 1 stated she (LVN 1) does feel the bruit and listen with the stethoscope to check for the thrill.During an interview on 12/26/2025, at 12:44 p.m. with RN 1, RN 1 stated when assessing dialysis site, she (RN 1) would feel the bruit and listen with a stethoscope for the thrill During an interview on 12/26/2025 at 1:40 p.m</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>(continued on next page)</p>

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on interview and record review, the facility failed to accurately update the Facility Assessment Tool (an evaluation of the physical environment necessary to meet the needs of the residents) by:Failing to ensure the Facility Assessment indicated the approved facility's name of Skilled Nursing Facility 2 (SNF 2) after a change of ownership on 6/2025.Failing to ensure Facility Assessment was followed, on staff dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed) care, training and competency (a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully).Failing to ensure Facility Assessment indicated the type of electronic health information technology used by the facility.These failures had the potential to delay necessary care and services and misinformation.Findings:During a review of facility's Facility Assessment Tool, dated 6/1/2025, the Facility Assessment Tool indicated, Facility Name: (Skilled Nursing Facility 1 [SNF 1])Services and Care We Offer Based on our Resident's Needs.Part 2: Resident support/care needs.2.1 List the types of care that your resident population requires and that you provide for your resident population.General Care: .Other Special Care Needs: Dialysis.Part 3: Facility Resources Needed to Provide Competent Support and Care for our Resident Population Every Day and During EmergenciesStaff training/education and competencies. 3.4. Describe the staff training/education and competencies that are necessary to provide the level and types of support and care needed for your resident population.Consider the following competencies.Specialized care . dialysis care.During a concurrent interview and record review on 12/25/2025, at 10:37 a.m., with the Administrator (ADM), Facility Assessment Tool, dated 6/1/2025 was reviewed. The ADM stated the Facility Assessment Tool indicated the previous facility name SNF 1. The ADM stated the current facility name is SNF 2. The ADM stated the facility name change was already approved. The ADM stated the Facility Assessment Tool dated 6/1/2025 should have been updated when the change of facility name was approved. During a concurrent interview, and record review on 12/25/2025, at 10:41 a.m., with the Director of Nursing (DON), Facility Assessment, dated 6/1/2025 was reviewed. The DON stated the Facility Assessment indicated dialysis care as part of care provided by the facility. The DON stated the Facility Assessment did not indicate dialysis training. The DON stated the Facility Assessment Tool should have been updated to reflect services provided by the facility. The DON stated updating Facility Assessment ensures staff are aware and trained in caring for dialysis residents. The DON stated the facility also transitioned from paper medical record to electronic medical record and it was not indicated in the Facility Assessment. The DON stated the facility started the electronic medical record on 7/2025. The DON stated the Facility Assessment should have been updated on 7/2025. The DON stated the Facility Assessment should be updated yearly and when changes happen within the facility. The DON stated if Facility Assessment was not updated it could misinform the public and contain inaccurate information about the facility.During an interview on 12/26/2025 at 1:40 p.m., the DON stated the ADM should have updated the Facility Assessment Tool.During a review of facility's policy and procedure (P&P), titled, Facility Assessment, dated 10/2018, and last reviewed on 6/19/2025, the P&P indicated, A facility assessment is conducted annually to determine and update our capacity to meet the needs of and competently care for our residents during day-to-day operations. Determining our capacity to meet the needs of and care for our residents during emergencies is included in this assessment.1. Once a year, and as needed, a designated team conducts a facility-wide assessment to ensure that the resources are available to meet the specific needs of our residents.3. The facility assessment includes a detailed review of the resident population. This part of the assessment includes: a. resident census data from the previous 12 months; b. resident capacity of the facility and its occupancy rate for the past 12 months; c. factors that affect the overall acuity of the residents, such as the number and percentage of residents with: . (5) conditions or diseases that require specialized care (example given dialysis.).4. The facility assessment also includes a detailed review of the resources available to meet the needs of the residents' population. This part of the assessment includes the following: . f. A breakdown of the training, licensure, education, skill level and measures of competency for all personnel; g. The current status of health information technology, including: (1) electronic health records; (2) electronic exchange of information with other organizations; and (3) personnel access to devices and equipment, internet and other tools.6. The facility assessment is intended to help our facility plan for and respond to changes in the needs of our resident population and helps to determine budget, staffing, training, equipment and supplies needed</p>		