

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Casitas Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10626 Balboa Blvd. 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 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor each resident's preferences, choices, values and beliefs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39550</p> <p>Based on observation, interview and record review, the facility failed to implement its policy on quality of life by failing to ensure three of four sampled residents (Resident 2, Resident 3 and Resident 4) were assisted by staff to participate in activities.</p> <p>This deficient practice had the potential to affect the resident's sense of well-being, self-esteem and self-worth.</p> <p>Findings:</p> <p>a. During a review of Resident 2's Admission Record, the Admission Record indicated the facility admitted Resident 2 on 2/23/2024 with diagnoses that included chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing) and encounter for palliative care (specialized medical care focused on relieving suffering and improving the quality of life for residents with serious illnesses).</p> <p>During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 2/5/2025, the MDS indicated Resident 2 had severely impaired cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses). The MDS also indicated Resident 2 was dependent on staff with oral hygiene, toileting hygiene, and personal hygiene.</p> <p>During a review of Resident 2's Order Summary Report, the Order Summary Report indicated Resident 2 may participate in activities not in conflict with treatment plan. Order date: 2/23/2024.</p> <p>During an observation on 3/24/2025 at 9:00 a.m., in Resident 2's room, observed Resident 2 in bed.</p> <p>During an observation on 3/24/2025 at 10:17 a.m., in Resident 2's room, observed Resident 2 in bed.</p> <p>During a concurrent observation and interview on 3/24/2025 at 1:16 p.m., with Registered Nurse 1 (RN 1), in Resident 2's room, observed Resident 2 still in bed. When asked why Resident 2 is still in bed at this time, RN 1 stated because she (referring to Resident 2) is a hospice resident (an individual receiving care focused on comfort and quality of life, rather than curative treatments, during the final stages of a terminal illness).</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 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. During a review of Resident 3's Admission Record, the Admission Record indicated the facility originally admitted Resident 3 on 8/24/2012 and readmitted the resident on 2/23/2025 with diagnoses that included dementia (a progressive state of decline in mental abilities) and encounter to gastrostomy (g-tube - a surgically placed tube inserted through the abdominal wall directly into the stomach, providing a pathway for delivering nutrition, fluids and medications).</p> <p>During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3 had severely impaired cognition. The MDS also indicated Resident 3 was dependent on staff with oral hygiene, toileting hygiene, and personal hygiene.</p> <p>During a review of Resident 3's Order Summary Report, the Order Summary Report indicated Resident 3 may participate in activities not in conflict with treatment plan. Order date: 2/23/2025.</p> <p>During an observation on 3/24/2025 at 10:18 a.m., in Resident 3's room, observed Resident 3 in bed, with the g-tube feeding turned off.</p> <p>During an observation on 3/24/2025 at 9:10 a.m., in Resident 3's room, observed Resident 3 in bed, with the g-tube feeding turned off.</p> <p>During an observation on 3/24/2025 at 11:25 a.m., in Resident 3's room, observed Resident 3 in bed, with the g-tube feeding turned off.</p> <p>During a concurrent observation and interview on 3/24/2025 at 11:46 a.m., with Certified Nursing Assistant 1 (CNA 1), in Resident 3's room, observed Resident 3 still in bed with the g-tube feeding turned off. CNA 1 stated that she (CNA 1) did not offer Resident 3 to get out of bed and that Resident 3 is still in bed because Resident 3 has a g-tube. CNA 1 continued to state that she (CNA 1) did not get Resident 3 out of bed and did not bring Resident 3 to activities because no one instructed her to do so.</p> <p>c. During a review of Resident 4's Admission Record, the Admission Record indicated the facility originally admitted Resident 4 on 8/23/2024 with diagnoses that included dementia, psychotic (severe mental disorders that cause abnormal thinking and perceptions) disturbance, mood disturbance (a significant change in a person's emotional state that persists for an extended period), and anxiety (a feeling of fear, dread, and uneasiness).</p> <p>During a review of Resident 4's MDS dated [DATE], the MDS indicated Resident 4 had severely impaired cognition. The MDS also indicated Resident 3 required substantial/maximal assistance from staff with eating, oral hygiene, and personal hygiene.</p> <p>During a review of Resident 4's Order Summary Report, the Order Summary Report indicated Resident 4 may participate in activities not in conflict with treatment plan. Order date: 8/23/2024.</p> <p>During an observation on 3/24/2025 at 9:13 a.m., in Resident 4's room, observed Resident 4 in bed.</p> <p>During an observation on 3/24/2025 at 10:19 a.m., in Resident 4's room, observed Resident 4 in bed.</p> <p>(continued on next page)</p>		

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<p>F 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 3/24/2025 at 11:50 a.m., with Certified Nursing Assistant 3 (CNA 3), observed Resident 4 still in bed. CNA 2 stated that she (CNA 2) did not get Resident 4 out of bed because Resident 4 needed a special chair and Resident 4 only gets out of bed once or twice a week. When asked if CNA 2 offered Resident 4 to get out of bed and attend the activities, CNA 2 stated that CNA 2 did not offer Resident 4 to get out of bed and bring to activities because Resident 4 does not speak. CNA 2 continued to state that residents only get up out of bed once or twice a week because it depends if the CNA has time.</p> <p>During an interview on 3/24/2025 at 1:16 p.m., with RN 1, RN 1 stated that residents do not typically have an order to get out of bed. RN 1 stated that CNAs should be getting residents out of bed and bringing to activities to promote the resident's quality of life. When asked why Resident 2, Resident 3 and Resident 4 were in bed and not brought to activities, RN 1 did not respond. RN 1 continued to state that all residents should be getting out of bed as part of morning care. RN 1 stated Just because a resident is on a g-tube doesn't mean the resident should stay in bed the whole day. Residents should be up out of bed in activities during the day.</p> <p>During a follow up interview on 3/27/2025 at 9:57 a.m., with CNA 3, CNA 3 stated that she (CNA 3) only gets residents out of bed when she is instructed to by licensed nursing staff. CNA 3 stated that sometimes she (CNA 3) offers to get residents out of bed and sometimes she doesn't depending on how busy she (CNA 3) is and how many showers she has to give to residents.</p> <p>During an interview on 3/27/2025 at 10:08 a.m., with the Activities Director (AD), the AD stated that she (AD) is unable to take residents to activities unless the residents are up out of bed on their wheelchair. The AD stated that residents should be up out of bed and brought to activities so that resident can participate and have some social interaction. Even if a resident is unable to actively participate in an activity, stimulation will help a resident. The AD further stated that it is important for the resident's quality of life.</p> <p>During an interview on 3/27/2025 at 10:14 a.m., with the Director of Staff Development (DSD), the DSD stated that part of the resident's morning care is to get residents groomed and out of bed. The DSD stated residents should be out and bed and encouraged to go to activities for stimulation. The DSD stated there is no excuse as to why residents should be in bed all day. The DSD continued to state that by not getting residents out of bed the facility is not providing residents with the best quality of life.</p> <p>During an interview on 3/27/2025 at 4:38 p.m., with the Director of Nursing (DON), the DON stated that it is basic nursing to get residents out of bed.</p> <p>During a concurrent interview and record review on 3/27/2025 at 4:45 p.m., with the Administrator (ADM), the ADM reviewed the facility's policy titled Quality of Life-Dignity, last revised in 8/2009. The ADM stated that the facility is not implementing the policy because facility staff should be assisting residents to get out of bed and bringing residents to participate in activities. The ADM stated staff should be offering residents to get out of bed for residents' stimulations to promote the health and enhance the residents' quality of life.</p> <p>(continued on next page)</p>		

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<p>F 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedure titled, Quality of Life- Dignity, last revised in 8/2009 indicated each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality. Residents shall be assisted in attending the activities of their choice, including activities outside the facility.</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>39550</p> <p>Based on interview and record review, the facility failed to implement its policy and procedure titled Activity Programs by failing to incorporate at least one activity a month held away from the facility and offer at least one evening activity per week to 93 residents residing in the facility for two of three sampled months (January 2025 and February 2025).</p> <p>This deficient practice had the potential to result in psychosocial decline and a decreased quality of life.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 3/27/2025 at 11:52 a.m., with the Activities Director (AD), the activity calendar for the month of January 2025 and February 2025 were reviewed. The AD stated that she (AD) is responsible in scheduling activities for the residents one month prior. The AD stated that there should be one scheduled activity held outside the facility such as outings for each month to provide a different environment to the residents. The AD stated that the facility should also schedule evening activities once a month. The AD stated that there were no outside activities such as outings and evening activities scheduled for the month of January 2025 and February 2025.</p> <p>The facility policy and procedure titled Activity Programs, last revised in 8/2006, indicated it is the policy of the facility that activity programs designed to meet the needs of each resident are available on a daily basis. Our activity programs are designed to encourage maximum individual participation and are geared to the individual resident's needs. Activities are scheduled seven days a week and residents are given an opportunity to contribute to the planning, preparation, conducting, cleanup and critique of the programs. Weather permitting, at least one activity per month is held away from the facility. At least one evening activity is offered per week, depending on population needs.</p>

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<p>F 0777</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain x-rays/tests when ordered and promptly tell the ordering practitioner of the results.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39550</p> <p>Based on interview and record review, the facility failed to ensure laboratory services (refers to the collection, testing, and analysis of a resident's specimen [such as blood, urine or stool] for health-care professionals to make decisions on the diagnosis and treatment of their residents) were provided to one of three sampled residents (Resident 1) timely per physician's order.</p> <p>This deficient practice resulted in the delay of necessary care and services for Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated that the facility originally admitted the resident on 4/4/2024 and readmitted on [DATE] with diagnoses that included acute respiratory failure with hypoxia (a condition where the lungs struggle to deliver enough oxygen to the blood, leading to low levels of oxygen in your body tissues), urinary tract infection (UTI - when bacteria gets into your urine and travels up to your bladder [a hollow, muscular organ in the lower abdomen that stores urine]) and chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 10/7/2024, the MDS indicated Resident 1 had intact cognitive (relating to the mental process involved in knowing, learning and understanding things) skills for daily decision making. The MDS further indicated that Resident 1 required supervision or touching assistance from staff with eating and oral hygiene, partial or moderate assistance with personal hygiene, and dependent on staff with toileting.</p> <p>During a review of Resident 1's Change in Condition (COC - when there is a change in a resident's condition) Evaluation document, dated 2/28/2025, timed at 11:19 p.m., the COC indicated that Resident 1 was noted with hematuria (blood in urine). The COC further indicated Resident 1's physician recommended to obtain Complete Blood Count (CBC- a blood test that measures various components of the blood to assess overall health and diagnose various conditions) and Chemistry 7 (Chem 7 - a blood test that measures seven key substances in the blood to assess overall health and kidney [a body organ that removes waste and extra water from the blood {as urine} and help keep chemicals balanced in the body] function, and electrolytes [minerals in the blood]) STAT (signifies an urgent or immediate need for the results, typically ordered in critical or life-threatening situations, requiring a rapid turnaround time).</p> <p>During a review of Resident 1's Physician's Order dated 2/28/2025, timed at 11:48 p.m., the Physician's Order indicated to obtain CBC with differential (CBC with diff - a blood test that measures the number of different types of white blood cells [WBC- essential for fighting infections] in your blood) and Comprehensive Metabolic Panel (CMP Panel- a blood test that measures 14 different substances to assess kidney and liver [a large organ located in the upper abdomen that cleanses the blood and aids in digestion] function, electrolyte levels and overall metabolism [chemical reactions in the body's cells that change food into energy]) one time only.</p> <p>(continued on next page)</p>		

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<p>F 0777</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's laboratory test Order Requisition, undated, indicated the following tests ordered:</p> <ul style="list-style-type: none"> - CBC with diff - STAT - CMP Panel - STAT <p>The Order Requisition indicated a blood collection date of 3/1/2025 at 8:25 a.m.</p> <p>During a concurrent interview and record review on 3/27/2025 at 11:23 a.m., with Registered Nurse 1 (RN 1), the COC dated 2/28/2025, Physician's Order dated 2/28/2025 and Laboratory Results Report dated 3/1/2025 were reviewed. RN 1 stated that Resident 1 was noted with hematuria on 2/28/2025. RN 1 stated that Resident 1's physician was made aware and ordered CBC and Chem 7 STAT on 2/28/2025. RN 1 stated that STAT labs should be collected within four (4) hours of the order. RN 1 stated that Resident 1's laboratory tests were ordered on 2/28/2025 and was not collected until 3/1/2025 at 8:25 a.m. RN 1 stated that sometimes we have a problem with our laboratory company as they do not come within the four hours timeframe for a STAT order. RN 1 further stated that STAT tests are crucial in the care of the resident and should have been obtained within the four hours timeframe from when the STAT blood tests were ordered.</p> <p>A review of the facility provided policy and procedure titled Availability of Services, Diagnostic last revised in 12/2009, indicated it is the policy of the facility that Clinical laboratory and radiology services to meet the needs of our residents are provided by our facility.</p>		