

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056190	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2025
NAME OF PROVIDER OR SUPPLIER Chestnut Ridge Post Acute LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 525 South Central Avenue Glendale, CA 91204	

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. (continued on next page)

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 0740</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 resident who displayed behaviors of refusing medications received treatment and services to correct the assessed problem, was provided behavioral health services for one of three sampled residents (Resident 1) whose primary diagnosis was schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly) and bipolar disorder (a brain disorder that causes changes in a person's mood, energy, and ability to function) by failing to: 1.Notify the physician when Resident 1 refused Haloperidol (a medicine used to treat and manage various mental health and behavioral condition, including schizophrenia and bipolar disorder) 10 milligram (MG, a unit of measurement) one tablet by mouth two times a day for a total of 35 doses. 2. Notify the physician when Resident 1 refused Valproic Acid (a medicine used to treat bipolar disorder) 250 MG three capsules by mouth as two times a day for a total of 14 doses and partial administration of Valproic Acid for 4 doses. 3. Notify the physician when Resident 1 refused one dose of Venlafaxine (a medicine used to treat depression [a mood disorder that causes a persistent feeling of sadness and loss of interest] and anxiety [a common emotion characterized by feelings of unease, worry, or fear, which can range from mild to severe])5 MG one tablet by mouth two times a day. 4. Conduct an interdisciplinary team (IDT) meeting when Resident 1 continued to refuse psychotropic medications. 5. Assess and document the reason for Resident 1's constant refusal of psychotropic medications. These deficient practices resulted in Resident 1 pushing Resident 2 during a resident-to resident altercation on 6/20/2025. Subsequently, Resident 1 was transferred to a General Acute Care Hospital (GACH) and placed on a 5150 (the California Welfare and Institutions Code, which allows a qualified professional to place someone in an involuntary 72-hour psychiatric hold if they are a danger to themselves or others or are gravely disabled). During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 5/26/2025 with diagnoses that included schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly) and bipolar disorder (a brain disorder that causes changes in a person's mood, energy, and ability to function). During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 5/30/2025, the MDS indicated Resident 1 had moderately impaired cognition (ability to understand and make decisions) and memory. The MDS indicated Resident 1 exhibited little interest or pleasure in doing things and trouble falling or staying asleep, or sleeping too much nearly every day, feeling down, depressed, or hopeless, feeling tired or having little energy, poor appetite or overeating several days over the last two weeks. The MDS also indicated Resident 1 required supervision or touching assistance with eating, and partial/moderate assistance with oral hygiene, toileting hygiene, shower/bathe self, personal hygiene, and chair/bed-to-chair transfer. During a review of Resident 1's Order Summary Report, dated 6/20/2025, the Report indicated the physician ordered to administer the following medications: 1.Haloperidol (a medicine used to treat and manage various mental health and behavioral condition, including schizophrenia and bipolar disorder) 10 milligram (MG, a unit of measurement) one tablet by mouth two times a day for bipolar manifested by striking out at staff, starting on 5/27/2025. 2.Valproic Acid (a medicine used to treat bipolar disorder) 250 MG three capsules by mouth as two times a day for bipolar disorder manifested by inconsolable screaming, starting on 5/27/2025. 3. Venlafaxine (a medicine used to treat depression [a mood disorder that causes a persistent feeling of sadness and loss of interest] and anxiety [a common emotion characterized by feelings of unease, worry, or fear, which can range from mild to severe])5 MG one tablet by mouth two times a day for restlessness, starting on 5/27/2025. During a review of Resident 1's Medication Administration Record (MAR), dated 5/2025, the MAR indicated Resident 1 refused to take Haloperidol 10 MG one tablet on 5/27/2025 at 6 PM, 5/28/2025 at 9 AM at 6 PM, 5/29/2025 at 9 AM and 6 PM, 5/30/2025 at 9 AM. The MAR also indicated Resident 1 refused to take Valproic Acid 250 MG three capsules on 5/28/2025 9 AM and 5/29/2025 9 AM. During a review Resident 1's MAR, dated 6/2025, the MAR indicated Resident 1 refused to take Haloperidol 10 MG one tablet on: a. 6/1/2025 at 9 AM and 6 PM b. 6/2/2025 at 9 AM and 6 PM c. 6/3/2025 at 9 AM and 6 PM d. 6/4/2025 at 9 AM e. 6/5/2025 at 9 AM and 6 PM f. 6/6/2025 at 9 AM and 6 PM g. 6/7/2025 at 9 AM h. 6/8/2025 at 9 AM and 6 PM i. 6/10/2025 at 9 AM and 6 PM j. 6/11/2025 at 9 AM and 6 PM k. 6/12/2025 at 6 PM l. 6/13/2025 at 9 AM and 6 PM m. 6/14/2025 at 9 AM n. 6/15/2025 at 9 AM and 6 PM o. 6/16/2025 at 9 AM p. 6/17/2025 at 6 PM q. 6/19/2025 at 6 PM r. 6/20/2025 at 9 AM and 6 PM During a review of Resident 1's MAR dated 6/2025 the MAR indicated Resident 1 refused to take Valproic Acid 250 MG three capsules</p>