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 03/17/2026
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed notify the physician after a change in condition for one of three sampled residents (Resident 1) who was a diabetic (someone whose body cannot properly manage blood sugar levels) and had an episode of hypoglycemia (a condition where blood sugar drops below normal levels, typically under 70 mg/dL(unit of measurement used to show the concentration of a substance) on 3/6/2026 This deficient practice had the potential for Resident 1's hypoglycemic episode to recur resulting in weakness, confusion or even coma (unconsciousness) that could negatively affect Resident 1's quality of life.FINDINGS: During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 3/4/2026 with diagnoses that included type1 diabetes (a chronic autoimmune condition where the immune system destroys insulin-producing beta cells in the pancreas, leading to little or no insulin production), duodenal ulcer (ulcer that appears in the first part of the small intestine, called the duodenum), and muscle weakness. During a review of Resident 1's History and Physical Examination (H&P), dated 3/6/2026, the H&P indicated Resident 1 was alert and oriented to person and place. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 3/6/2026, the MDS indicated Resident 1's cognitive status (the mental process of thinking and understanding) was intact. The MDS indicated Resident 1 required set-up or clean-up assistance (helper sets up and clean up) with eating, and partial/moderate assistance (helper does less than half the effort) with toileting, bathing and dressing. During a review of Resident 1's facility document titled Order Summary Report (a physician order), dated 3/6/2026 -active orders, indicated the following orders:call provider immediately if resident is hypoglycemic (less than 70 mg/dl), call provider as soon as possible when blood glucose values are regularly 70- 100 mg/dl (for possible regimen adjustment).Inject Insulin Glargine (long-acting insulin) subcutaneously (SC) (under the skin) 30 units (dose strength) at bedtime.Inject Insulin Lispro (rapid acting insulin) 11 units SC before breakfast and before dinner.Inject Insulin Lispro 14 units SC before lunch. During a review of Resident 1's Care Plan (CP) for Resident 1's diabetes, dated 3/5/2026, the CP intervention indicated to call provider immediately if resident was hypoglycemic (less than 70 mg/dl), call provider as soon as possible when blood glucose values are regularly 70- 100 mg/dl (for possible regimen adjustment). During a review of Resident 1's facility document titled Progress Notes (PN) dated 3/6/2026 timed at 3:49 PM, the PN indicated Resident 1's blood sugar before lunch was 371 mg/dL, and insulin was administered. The PN indicated after lunch Residents blood sugar was checked again and it was 60 mg/dL, then Resident 1 was given juice and a parfait. Resident 1s blood sugar was reassessed and the blood sugar increased to 72 mg/dL. Resident 1 was monitored with no signs of distress. The PN did not indicate that the medical doctor (MD) was notified regarding Resident 1's hypoglycemic episode. During an interview on 3/17/2026 at 11:30 AM with Licensed Vocational Nurse (LVN) 1, LVN 1 stated on 3/6/2026 around 11:30 AM, prior to lunch, Resident 1's blood sugar was 371mg/dL, so LVN 1 administered 14 units of insulin to Resident 1's as ordered, then LVN 1 rechecked Resident 1's blood sugar around 1 PM after lunch, and Resident 1's blood sugar was 60mg/dL. LVN 1 stated she gave Resident 1 some juice and a parfait as (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. Building B. Wing	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chestnut Ridge Post Acute LLC	525 South Central Avenue Glendale, CA 91204

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	part of her nursing measure to increase Resident 1's blood sugar. LVN 1 stated Resident 1 was asymptomatic. LVN 1 stated she rechecked Resident 1's blood sugar and was 72mg/dL. LVN 1 continued to monitor Resident 1 for any distress. LVN 1 stated, she forgot to notify the MD of Resident 1's change of condition (COC). LVN 2 stated by not notifying the MD of Resident 1's COC, Resident 1 could potentially remain hypoglycemic. LVN 1 stated, if MD was made aware of the COC, MD could have made changes on Resident 1's insulin regimen to prevent another hypoglycemic episode. During a concurrent interview and record review, on 3/17/2026 at 12:30 PM with the Director of Nurses (DON), Quality Assurance nurse (QA) and medical record director (MRD), Resident 1's electronic health record (EHR) from admission on [DATE] until discharge on [DATE] was reviewed. The EHR did not indicate that MD was made aware of Resident 1's COC on 3/6/2026. MRD stated, she did not see any COC, and she did not see any documentation that MD was notified of Resident 1's COC. QA stated the MD should have been notified immediately regarding Resident 1 being hypoglycemic as ordered by the physician when Resident 1's blood sugar was less than 70mg/dL. QA stated there was no documentation in Resident 1's EHR that the MD was made aware of the hypoglycemic episode. DON stated, even though Resident 1 had a planned discharge later that day, MD still should have been notified that Resident 1 was hypoglycemic, so MD could make adjustments, if needed, to Resident 1's insulin regimen and to prevent the potential of the hypoglycemic episode to reoccur, which could lead to weakness, confusion or even coma. A review of the facility's policy and procedure (P&P) titled, Management of Hypoglycemia, dated 10/2025 indicated; a) classification of level 1 hypoglycemia : blood glucose less than 70 mg/dl, but greater than 54 mg/dl, b) for level 1 hypoglycemia give resident an oral form of rapidly absorbed glucose and notify the provider immediately. A review of the facility's policy and procedure (P&P) titled, Change in a Resident's Condition or Status, dated 5/2017, indicated: a) the facility shall promptly notify his or her attending physician of changes in the resident's medical condition, b) the nurse will notify the resident's attending physician or physician on call when there has been a specific instruction to notify Physician of changes in the resident's condition.