

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Chatsworth Park Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10610 Owensmouth Chatsworth, CA 91311	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42275</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident who is incontinent (having no or insufficient voluntary control) of bladder and bowel (B&B) function, receives appropriate care and services to prevent urinary tract infection (UTI- an infection in any part of the urinary system) for one of seven sampled residents (Resident 3) by failing to implement its policy and procedures (P&P) on Perineal (the area of the body between the anus and the genitals) Care when two Certified Nursing Assistants (CNA 2 and CNA 3) used a soiled towel to wipe the perineal area and did not rinse the perineal area while providing perineal care.</p> <p>This deficient practice had the potential to result in urinary tract infection, skin irritation and unpleasant odor.</p> <p>Findings:</p> <p>During a review of Resident 3's Admission Record indicated the facility admitted the resident on 7/18/2021 and readmitted on [DATE] with diagnoses that included UTI.</p> <p>During a review of Resident 3's Minimum Data Set (MDS- a standardized assessment and screening tool) dated 8/22/2024, the MDS indicated Resident 3's cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired. The MDS further indicated that Resident 3 was dependent on staff with toileting hygiene, lower body dressing, and mobility (movement). The MDS indicated Resident 3 was always incontinent of B&B function.</p> <p>During a review of Resident 3's Nursing Home to Hospital Transfer Form dated 8/10/2024, indicated the facility transferred Resident 3 to General Acute Care Hospital 2 (GACH 2) due to abnormal vital signs (measurements of the body's basic functions, such as breathing rate, temperature, heart rate, and blood pressure).</p> <p>During a review of GACH 2's Infectious Disease Progress Note dated 8/13/2024, indicated Resident 3 was diagnosed with UTI.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Chatsworth Park Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10610 Owensmouth Chatsworth, CA 91311	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the ongoing Care Plan, dated 4/22/2023, last revised on 2/25/2024, developed for Resident 3's B&B incontinence due to dementia (the loss of cognitive functioning [thinking, remembering, and reasoning] to such an extent that it interferes with a person's daily life and activities), included checking Resident 3 as required for incontinence. The interventions included were to wash, rinse and dry the perineum and to change the clothing as needed after episodes of incontinence.</p> <p>During a concurrent observation and interview on 9/4/2024 at 5:03 p.m., of Resident 3's perineal care provided by CNA 2, CNA 2 stated that Resident 3 had a moderate amount of bowel movement (BM). Observed CNA 2 provide Resident 3's perineal care in the bed. CNA 2 prepared one big towel (half wet) inside the bathroom of Resident 3's room. CNA 2 used the same big towel while providing Resident 3's perineal care. CNA 2 wiped the front area and folded the towel, the proceeded to wipe the BM (same towel), and refolded the towel, and used a different area (wet part) of the same towel to wipe the front area to the anal and buttocks areas. CNA 2 then dried the perineal area with the dry part of the same towel. CNA 2 did not rinse Resident 3's perineal area. When CNA 2 was further interviewed after completing Resident 3's perineal care, CNA 2 confirmed the finding and stated that she (CNA 2) used only one big towel to clean Resident 3's BM and did not rinse Resident 3's perineal area.</p> <p>During a concurrent observation and interview on 9/5/2024 at 1:44 p.m., of Resident 3's perineal care provided by CNA 3 assisted by CNA 4, CNA 3 stated that Resident 3 had a small amount of BM. Observed CNA 3 provide Resident 3's perineal care in the bed. CNA 3 prepared one big towel (half wet) inside the bathroom of Resident 3's room. CNA 3 cleaned the resident's BM with the wet area of the towel from front to backward with one stroke then folded, cleaned with the other area of the wet towel two more times in the same manner, then pat Resident 3's perineal area with the dry part of the same towel. CNA 3 did not rinse Resident 3's perineal area. When CNA 3 was done providing Resident 3's perineal care, CNA 3 was asked how many towels were used to clean Resident 3's perineal area, CNA 3 stated that used one big towel but CNA 3 did not use the same area of the towel while cleaning the resident.</p> <p>During an interview on 9/5/2024 at 5:25 p.m., with the Director of Staff Development (DSD), the DSD stated that staff should have used soap and warm water to clean the resident's perineal areas and should have used a new towel each stroke especially when a resident had a BM, rinsed the area with warm water completely, then pat dry with a new towel, otherwise the residue of soap water would irritate the resident's skin and could cause a UTI if staff did not provide a thorough perineal care.</p> <p>During a review of the facility's P&P titled, Perineal Care, last reviewed 2/2024, indicated, It is the policy of the facility to: Cleanse the perineum, eliminate odor, prevent irritation or infection, and enhance a resident's self-esteem Wet washcloth and soap lightly Use long strokes from the most anterior (front side) down to the base of the labia . After each stroke, refold the cloth to allow use of another area. Follow same sequence for rinsing area. Dry area thoroughly.</p> <p>During a review of the facility's P&P titled, Incontinent Care, last reviewed 1/11/2024, indicated, Wash peri-area using front to back strokes, rinse, pat dry.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Chatsworth Park Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10610 Owensmouth Chatsworth, CA 91311	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>42275</p> <p>Based on interview and record review, the facility failed to provide pharmaceutical services that assured the accurate administration of Sinemet (medication used to treat symptoms of Parkinson's disease [a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination]) and Midodrine (used to treat low blood pressure when standing up from a sitting position or when already standing) for one of eight sampled residents (Resident 1).</p> <p>This deficient practice had the potential to result in ineffective treatment and management of Resident 1's Parkinson's disease and hypotension (low blood pressure).</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record indicated the facility admitted the resident on 9/14/2023 with diagnoses that included Parkinson's disease and orthostatic hypotension (a condition where blood pressure drops when standing up from a sitting or lying position).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a standardized assessment and screening tool) dated 6/6/2024, indicated Resident 1's cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was moderately impaired. The MDS further indicated that Resident 1 required moderate assistance from staff with personal hygiene, and supervision or touching assistance from staff with toileting hygiene and upper/lower body dressing.</p> <p>During a review of Resident 1's General Acute Care Hospital 1's (GACH 1) After Visit Summary Medication List dated 8/29/2024, timed at 3:34 p.m., indicated to take Sinemet 25-250 (the combination medications of carbidopa-levodopa) milligram (mg- a unit measurement of mass) two tablets at 7:30 a.m., 12:30 p.m., 5:30 p.m., half tablet at 10:00 p.m., and one tablet as needed for symptoms and Midodrine 10 mg one tablet by mouth three times a day.</p> <p>During a review of Resident 1's Physician's Orders indicated the following:</p> <ol style="list-style-type: none"> 1. Give Sinemet 25-250 mg two tablets by mouth three times a day for Parkinson's disease, with an order date of 10/12/2023. 2. Give Sinemet 25-250 mg half tablet by mouth at bedtime for Parkinson's disease, with an order date of 2/28/2024. 3. Give Sinemet 25-250 mg one tablet by mouth every 12 hours for breakthrough tremors (a neurological condition that includes shaking or trembling movements in one or more parts of your body), with an order date of 6/1/2024. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Chatsworth Park Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10610 Owensmouth Chatsworth, CA 91311	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Give Midodrine ten (10) mg one tablet by mouth three times a day for hypotension, hold if systolic blood pressure (SBP - the force of the blood flow when blood is pumped out of the heart, normal SBP - 120 millimeters of mercury [(mmHg - a unit of measurement for pressure)] is higher than 160 mmHg, with an order date of 7/24/2024.</p> <p>During a review of Resident 1's Medication Administration Record (MAR - a report detailing the medications administered to a resident by a healthcare professional) audit records for the periods of 8/27/2024 to 9/10/2024 indicated, Sinemet 25-250 mg two tablets were not administered to Resident 1 on the scheduled time:</p> <ol style="list-style-type: none"> 1. On 8/27/2024, scheduled for 5:30 p.m., administered at 7:51 p.m. 2. On 8/28/2024, scheduled for 5:30 p.m., administered at 7:08 p.m. 3. On 8/29/2024, scheduled for 7:30 a.m., administered at 8:50 a.m. 4. On 9/1/2024, scheduled for 7:30 a.m., administered at 9:07 a.m. 5. On 9/1/2024, scheduled for 5:30 p.m., administered at 7:36 p.m. 6. On 9/5/2024, scheduled for 5:30 p.m., administered at 11:28 p.m. 7. On 9/7/2024, scheduled for 7:30 a.m., administered at 8:31 a.m. 8. On 9/8/2024, scheduled for 7:30 a.m., administered at 9:06 a.m. 9. On 9/8/2024, scheduled for 12:30 p.m., administered at 1:33 p.m. 10. On 9/9/2024, scheduled for 7:30 a.m., administered at 8:33 a.m. 11. On 9/9/2024, scheduled for 12:30 p.m., administered at 2:17 p.m. 12. On 9/10/2024, scheduled for 7:30 a.m., administered at 8:44 a.m. <p>During a review of Resident 1's MAR audit records for the periods of 8/27/2024 to 9/10/2024 indicated, Sinemet 25-250 mg half tablet were not administered to Resident 1 on the scheduled time:</p> <ol style="list-style-type: none"> 1. On 9/5/2024, scheduled for 10:00 p.m., administered at 11:28 p.m. 2. On 9/6/2024, scheduled for 10:00 p.m., administered at 11:51 p.m. <p>During a review of Resident 1's MAR audit records for the periods of 8/27/2024 to 9/10/2024 indicated, Midodrine ten (10) mg one tablet were not administered to Resident 1 on the scheduled time:</p> <ol style="list-style-type: none"> 1. On 8/27/2024, scheduled for 5:30 p.m., administered at 7:50 p.m. 2. On 8/28/2024, scheduled for 5:30 p.m., administered at 7:07 p.m. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Chatsworth Park Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10610 Owensmouth Chatsworth, CA 91311	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. On 8/29/2024, scheduled for 7:30 a.m., administered at 8:50 a.m.</p> <p>4. On 9/1/2024, scheduled for 7:30 a.m., administered at 9:06 a.m.</p> <p>5. On 9/1/2024, scheduled for 5:30 p.m., administered at 7:36 p.m.</p> <p>6. On 9/8/2024, scheduled for 7:30 a.m., administered at 9:06 a.m.</p> <p>7. On 9/8/2024, scheduled for 12:30 p.m., administered at 1:33 p.m.</p> <p>8. On 9/9/2024, scheduled for 7:30 a.m., administered at 8:33 a.m.</p> <p>9. On 9/9/2024, scheduled for 12:30 p.m., administered at 2:17 p.m.</p> <p>10. On 9/10/2024, scheduled for 7:30 a.m., administered at 8:44 a.m.</p> <p>During a concurrent interview and record review on 9/10/2024 at 2:01 p.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 reviewed Resident 1's MAR audit records for Sinemet and Midodrine administration by LVN 1. LVN 1 stated that he did not administer Sinemet and Midodrine as scheduled for 7:30 a.m. on 8/29/2024, 9/8/2024, 9/9/2024, and 9/10/2024, and as scheduled for 12:30 p.m. on 9/8/2024 and 9/9/2024. LVN 1 further stated that the medications should be given within one hour before and one hour after of scheduled time. LVN 1 stated that it was hard to give Resident 1's medications at the scheduled time because the resident was in deep sleep, not in the room when passing medications, or went out with the responsible party. When LVN 1 was asked why it was important to give Sinemet on a scheduled time, LVN 1 stated that it was important to give medications on time to keep therapeutic blood levels within range and to prevent tremors.</p> <p>During a concurrent interview and record review on 9/10/2024 at 2:45 p.m., with the Assistant Director of Nursing (ADON), the ADON reviewed Resident 1's MAR audit records for Sinemet and Midodrine from 8/27/2024 to 9/10/2024. The ADON confirmed the finding and stated that the licensed nurses should have administered both (Sinemet and Midodrine) medications timely, as scheduled.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Six Rights of Medication Administration, last reviewed 2/2024, indicated, It is the policy of this facility to ensure that the six rights of medication administration are followed in order to ensure safety and accuracy of administration Right Time - Medications are administered within prescribed time frames.</p> <p>During a review of the facility's P&P titled, Medication Administration, last reviewed 1/11/2024, indicated, Medications are administered within 60 minutes of scheduled time (one hour before and one hour after) except before or after meal orders, which are administered based on mealtimes. Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule for the facility.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Chatsworth Park Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10610 Owensmouth Chatsworth, CA 91311	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42275</p> <p>Based on observation, interview, and record review, the facility failed to implement infection control practices by failing to ensure two of two sampled staff (Certified Nursing Assistant 2 [CNA 2] and CNA3) performed hand hygiene (HH - cleaning hands by either washing with soap and water, or by using a hand sanitizing [removing germs] gel) after providing Resident 3's perineal (the area of the body between the anus and the genitals) care and before touching Resident 3's body to fix the resident's position while in the bed.</p> <p>These deficient practices had the potential to result in the spread of infection placing residents, staff, and visitors at risk to be infected with germs.</p> <p>Findings:</p> <p>During a review of Resident 3's Admission Record indicated the facility admitted the resident on 7/18/2021 and readmitted on [DATE] with diagnoses that included urinary tract infection (UTI- an infection in any part of the urinary system).</p> <p>During a review of Resident 3's Minimum Data Set (MDS- a standardized assessment and screening tool) dated 8/22/2024, the MDS indicated Resident 3's cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired. The MDS further indicated that Resident 3 was dependent on staff with toileting hygiene, lower body dressing, and mobility (movement). The MDS indicated Resident 3 was always incontinent of B&B function.</p> <p>During a review of Resident 3's Nursing Home to Hospital Transfer Form dated 8/10/2024, indicated the facility transferred Resident 3 to General Acute Care Hospital 2 (GACH 2) due to abnormal vital signs (measurements of the body's basic functions, such as breathing rate, temperature, heart rate, and blood pressure).</p> <p>During a review of GACH 2's Infectious Disease Progress Note dated 8/13/2024, indicated Resident 3 was diagnosed with UTI.</p> <p>During a concurrent observation and interview on 9/4/2024 at 5:03 p.m., of Resident 3's perineal care provided by CNA 2, CNA 2 stated that Resident 3 had a moderate amount of bowel movement (BM). Observed CNA 2 provide Resident 3's perineal care in the bed. CNA 2 prepared one big towel (half wet) inside the bathroom of Resident 3's room. CNA 2 used the same big towel while providing Resident 3's perineal care. CNA 2 wiped the front area and folded the towel, the proceeded to wipe the BM (same towel), and refolded the towel, and used a different area (wet part) of the same towel to wipe the front area to the anal and buttocks areas. CNA 2 then dried the perineal area with the dry part of the same towel. CNA 2 did not rinse Resident 3's perineal area. Observed that CNA 2 did not perform HH and/or changed to new gloves after completing the resident's perineal care then touched and positioned Resident 3 in the bed. When CNA 2 was further interviewed after completing Resident 3's perineal care, CNA 2 stated that she should have performed HH then changed to new gloves, but CNA 2 did not do it and that it was against infection control. When asked what CNA 2 should do after providing the resident with perineal care and before touching and covering the resident with a blanket and fixing the resident's position, CNA 2 stated she should have performed HH.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Chatsworth Park Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10610 Owensmouth Chatsworth, CA 91311	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 9/5/2024 at 1:44 p.m., of Resident 3's perineal care provided by CNA 3 assisted by CNA 4, CNA 3 stated that Resident 3 had a small amount of BM. Observed CNA 3 provide Resident 3's perineal care in the bed. When CNA 3 stated that she was done providing perineal care for Resident 3, CNA 3 was asked if CNA 3 performed HH after cleaning Resident 3's perineal area and before fixing the resident's position, CNA 3 stated that she (CNA 3) did not perform HH or change to new gloves. CNA 3 and CNA 4 stated that it was against the infection control policy and that staff should perform HH after cleaning perineal areas and before touching the resident's body.</p> <p>During an interview on 9/5/2024 at 5:25 p.m., with the Director of Staff Development (DSD), the DSD stated that staff should perform HH in between providing perineal care, after completing perineal care and before moving forward to touch a resident's body. The DSD stated that staff should use new gloves, otherwise, it was against the infection control prevention practices.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Hand Hygiene, last reviewed 12/2023, indicated, It is the policy of this facility to provide the necessary supplies, education, and oversight to ensure healthcare workers perform hand hygiene, which is one of the most effective measures to prevent the spread of infection, based on accepted standards Before moving from a contaminated body sites to a clean body site during resident care,</p> <p>During a review of the facility's P&P titled, Infection Prevention and Control Program, last reviewed 1/11/2024, indicated, The infection prevention and control program is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program It is the policy of this facility to provide the necessary supplies, education, and oversight to ensure healthcare workers perform hand hygiene based on accepted standards.</p>		