

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 09/20/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>38469</p> <p>Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Notify the physician for one of four sampled residents (Resident 1) when Resident 1 verbalized getting skin reaction from the blood pressure cuff (a medical device used to measure blood pressure by wrapping it around the upper arm and inflating it). 2. Notify the physician for one of four sampled residents (Resident 1's) refusal to take her Furosemide (a medication used to treat fluid retention and swelling caused by certain disease or medical conditions) medication. <p>This deficient practice placed Resident 1 at risk for swelling of extremities caused by fluid retention, increase blood pressure (the force of your blood pushing against the walls of your arteries [artery - a blood vessel that carries blood from the heart to tissues and organs in the body]) and electrolyte imbalances (occurs when you have too much or not enough of certain minerals [a nutrient that is needed in small amounts to keep the body healthy] in your body).</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record indicated the facility originally admitted Resident 1 on 3/20/2024 and readmitted the resident on 4/22/2024 with diagnoses that included chronic respiratory failure (a serious condition that makes it difficult to breathe on your own) and chronic obstructive pulmonary disease (COPD- a common lung disease that causes breathing problems by restricting airflow).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 6/25/2024, indicated that Resident 1's cognitive (relating to the mental process involved in knowing, learning, and understanding things) skills was intact. The MDS indicated that Resident 1 required supervision for toileting hygiene, shower, dressing, and personal hygiene.</p> <p>During a review of Resident 1's Physician's Orders dated 6/3/2024, indicated to give Furosemide one tablet by mouth one time a day (at 9:00 a.m.) for respiratory failure, COPD. Check blood pressure and hold if Systolic Blood Pressure (SBP- measures the pressure your blood is pushing against your artery walls when the heart beats) is less than 110 millimeters of mercury (mmHg- unit of measure).</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/19/24 at 11:30 a.m. with Resident 1, Resident 1 stated that she requested Licensed Vocational Nurse 1 (LVN 1) not to use the blood pressure cuff that wraps around the arm because she gets skin irritation and skin reaction from it. Resident 1 stated that sometimes she would refuse her medication because LVN 1 does not accommodate her (Resident 1's) request for LVN 1 not to use the blood pressure cuff that Resident 1 is allergic to.</p> <p>During a concurrent interview and record review on 9/19/2024 at 2:09 p.m., with LVN 1, Resident 1's electronic Medication Administration Record (eMAR- a report detailing the medications administered to a resident at the facility) from 7/1/2024 to 7/31/2024 and Resident 1's Progress Notes from 7/1/2024 to 7/31/2024 were reviewed. LVN 1 stated that on 7/11/2024 at 8:00 a.m., 7/22/2024 at 8:00 a.m., and 7/24/2024 at 8:00 a.m., Resident 1 refused to have her blood pressure checked. Further review of the MAR indicated that Resident 1 refused to take her Furosemide on 7/15/2024 and 7/24/2024. LVN 1 stated that she should have notified Resident 1's physician of Resident 1's concern regarding getting skin irritation/skin reaction from the blood pressure cuff and Resident 1's refusals to take Furosemide as ordered. LVN 1 stated that Resident 1's refusal to take Furosemide as ordered placed Resident 1 at risk for developing fluid retention which could result to shortness of breath.</p> <p>A review of the facility's policy and procedure, titled Medication Administration, last revised on 1/20/2024, indicated that any irregularity in pouring or administering must be reported to the doctor.</p> <p>A review of the facility's policy and procedure, titled Medication and Treatments, Refusal of, indicated that It is the policy of this facility that incidents related to a resident's refusal of medication and/or treatments must be recorded in the resident's medical record .documentation each time the resident refused his or her treatment, the resident's condition and any adverse effects due to such refusal and the date and time the physician was notified as well as the physician's response .</p>		