

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 10/08/2024
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49135</p> <p>Based on interview and record review the facility failed to ensure that one of four sampled residents (Resident 2), who was experiencing significant weight loss (when a resident experiences unplanned and undesired weight loss of five percent [%-unit of measure] total weight in a one-month period) and severe weight loss(when a resident experiences unplanned and undesired weight loss of 10% in six months), was weigh weekly as per facility policy and procedure.</p> <p>This deficient practice placed Resident 2 at increased risk for undetected weight loss.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record, the Admission Record indicated that Resident 2 was admitted to the facility on [DATE], with diagnoses that included orthostatic hypotension (a condition where blood pressure drops when standing or sitting up), intestinal obstruction (blockage of the tube-shaped organ) and Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements).</p> <p>During a review of Resident 2's Minimum Data Set (MDS - a federally mandated assessment tool), dated 9/5/2024, the MDS indicated that Resident 2 was cognitively (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) impaired and required supervision or touching assistance from staff for transfer, dressing, toilet use, personal hygiene, and bathing.</p> <p>A review of Resident 1's weigh summary report indicated the following:</p> <ol style="list-style-type: none"> On 3/1/2024, Resident 2's weight was 146 pounds (lbs.-unit of measure). On 8/1/2024, Resident 2's weight was noted at 138 lbs. On 9/5/2024, Resident 2's weight was noted at 131 lbs. (5.15 % weight loss from 8/1/2024 and 10.3 % weight loss from 3/1/2024) On 9/16/2024, Resident 2's weight was noted at 132 lbs. On 9/18/2024, Resident 2's weight was noted at 133 lbs. <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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6. On 10/3/2024, Resident 2's weight was noted at 132 lbs.</p> <p>During a concurrent interview and record review on 10/8/2024 at 12:45 p.m. with the Registered Dietician (RD), Resident 2's weigh summary report was reviewed. The RD stated that Resident 2 should have been weighed weekly for accuracy of nutritional assessment and timeliness of nutritional interventions. RD stated that because Resident 2 was not weight weekly, there was a potential to delay in providing care related to nutrition and weight loss for Resident 2.</p> <p>During a review of the facility's policy and procedure, titled Nutritional Status Management, dated 1/2024, the policy indicated that the facility is to assess each resident's nutritional status and needs; any resident meeting the criteria for weight loss and any resident at risk will be weighed weekly. Weekly weights will be reviewed by the RD/designee.</p>