

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  10/11/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42275</b></p> <p>Based on interview, and record review, the facility failed to implement its policy and procedures (P&amp;P) for ensuring the reporting of a reasonable suspicion of a crime in accordance with Section 1150B of the Act by failing to report to the State Survey Agency (SSA) an allegation of physical abuse (deliberately aggressive or violent behavior with the intention to cause harm) within two (2) hours of the incident for one of four sampled residents (Resident 1).</p> <p>This deficient practice resulted in a delay of an onsite inspection by the SSA to ensure the safety of the other residents and had the potential to result in unidentified abuse.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record indicated the facility originally admitted Resident 1 on 3/21/2023 and readmitted on [DATE] with diagnoses that included end stage renal (the kidney) disease (ESRD - irreversible kidney failure) and dependence on renal dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/10/2024 indicated that Resident 1 was rarely understood by others and rarely understands others. The MDS further indicated that Resident 1's cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired and needed maximum assistance from staff with oral hygiene, upper body dressing, personal hygiene and bed mobility (movement). The MDS indicated Resident 1 was dependent on staff with toileting hygiene, showering, lower body dressing, and transferring.</p> <p>During a review of Resident 1's Skin Evaluation dated 10/9/2024 timed at 11:14 a.m., indicated, Resident 1's left eyelid brow was noted with purplish skin discoloration (any change in natural skin tone) and dry scab (a hard, dried blood clot that can form over a cut or broken skin to stop bleeding and protect the tissues underneath from germs) on Resident 1's nose bridge. Resident 1's physician was notified and received new orders for monitoring.</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  10/11/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Change in Condition (COC - when there is a sudden change in a resident's health) Evaluation form dated 10/9/2024 timed at 1:00 p.m., indicated Resident 1 had a dry scab on the nose bridge (length: one centimeter [cm - a metric unit used to measure length] and width: 0.2 cm [1 x 0.2]), below the left eyelid brown discoloration (one cm by one cm [1 x 1]), and yellow skin discoloration on the forehead (measurement not indicated).</p> <p>During a review of the Transmission Result Verification Report (sent by the facility to the SSA) dated 10/10/2024 indicated that the facility reported the alleged physical abuse to the SSA via the facsimile (known as fax - the telephonic transmission of scanned-in printed material) on 10/10/2024 at 12:39 p.m. (24 hours after receipt of the reported from facility staff).</p> <p>During a concurrent interview and record review on 10/11/2024 at 1:18 p.m., with Registered Nurse 1 (RN 1), RN 1 reviewed Resident 1's COC Evaluation form dated 10/9/2024. RN 1 stated she (RN 1) received the report regarding Resident 1's skin conditions noted on the resident's face including a dry scab on the nose bridge, a discoloration under left eyebrow, and faded discoloration (light yellowish to bluish color) on Resident 1's forehead from Certified Nursing Assistant 2 (CNA 2) on 10/9/2024 between 8:30 a.m. to 9:00 a.m. RN 1 stated Resident 1 was not able to describe what happened. RN 1 stated she (RN 1) then reported Resident 1's skin COC to the Director of Nursing (DON) on 10/9/2024 at around 9:00 a.m. RN 1 stated she (RN 1) informed Resident 1's family and notified Resident 1's physician as well.</p> <p>During a concurrent interview and record review on 10/11/2024 at 3:30 p.m., with the DON, the DON reviewed the Transmission Result Verification Report (sent by the facility to the SSA) dated 10/10/2024 timed at 12:39 p.m. The DON stated that the facility initiated the investigation immediately in the morning of 10/9/2024 upon receiving the report regarding Resident 1's skin conditions on the face. The DON stated that she (DON) did not think that the changes in Resident 1's face was a result of physical abuse, so the facility did not report within two (2) hours of receipt of the report from facility staff. The DON stated the facility reported to the SSA on the following day, 10/10/2024, at 12:39 p.m., but it should have been reported within two (2) hours since Resident 1 was not able to explain how he (Resident 1) obtained the injuries on his (Resident 1's) face and there was no witness to the incident.</p> <p>During a review of the facility's P&amp;P titled, Reporting Alleged Violations of Abuse, neglect (failure to provide adequate care or services), exploitation (taking advantage of a resident), or mistreatment last reviewed on 12/2023, indicated, If there is an allegation or suspicion of abuse, the facility will make a report to the appropriate agencies as designated by State and Federal laws Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and the misappropriation of resident property, are reported immediately but: Not later than two (2) hours after the allegation is made if the events that cause the allegation involves abuse or result in the serious bodily injury.</p>		