

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 12/16/2024
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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>42275</p> <p>Based on interview and record review, the facility failed to provide one of three sampled residents (Resident 1) copies of Resident 1's clinical records to Resident 1's representative upon written request.</p> <p>This deficient practice violated the rights of Resident 1's representative to obtain copies of Resident 1's clinical records when requested.</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 (a progressive disease of the nervous system marked by tremor [shaking or trembling movements], muscular rigidity, and slow, imprecise movements) and bipolar disorder (a mental illness that causes unusual shifts in mood).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 12/2/2024, indicated the resident's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) skills for daily decision making was moderately impaired. The MDS further indicated that the resident needed setup or clean-up assistance with eating, oral hygiene, bed mobility (movement), and transfer, and needed supervision or touching assistance with upper/lower body dressing, personal hygiene, and walk.</p> <p>During a review of Resident 1's Authorization for Release of Information (AFROI) dated 11/22/2024, indicated, that Resident 1 authorized that the facility to disclose the requested clinical records to Resident Representative (RR - an individual chosen by the resident to act on his or her behalf in order to support the resident with decision making) 1.</p> <p>During a phone interview on 12/16/2024 at 10:45 a.m., with RR 1, RR 1 stated that Resident 1 filled out the AFROI facility and requested the copies of his (Resident 1's) clinical records about a month ago but did not receive any documents until 12/16/2024. RR 1 further stated that she (RR 1) had conversations with the Director of Nursing (DON) and the Medial Records Director (MRD) several times, but the facility did not provide the requested information written on the AFROI that included the medication administration records (a report detailing the drugs administered to a resident by a healthcare professional at a facility) and blood pressure (the pressure of blood on the walls of your arteries [a blood vessel] as your heart pumps blood around your body) readings.</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 12/16/2024
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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 12/16/2024 at 2:52 p.m., with the MRD, the MRD reviewed Resident 1's AFROI dated and signed on 11/22/2024. The MRD stated that the MRD was on vacation when the request was submitted. The MRD stated that he (MRD) contacted RR 1 on 11/27/2024 and provided RR 1 clarification regarding Vitamin B6 (also known as pyridoxine - vitamin that's essential for the body to function and stay healthy). The MRD further stated, him (MRD) and the DON were on the phone with RR 1 the following day and provided clarification again regarding Vitamin B6. The MRD stated RR 1 verbalized understanding and thanked the MRD, so the MRD thought that RR 1 did not need any other information on the form of AFROI and did not pay attention on the other requested information written in the AFROI form. The MRD stated that the facility did not release any copies of Resident 1's clinical record including information requested as indicated in the AFROI dated 11/22/2024 until 12/16/2024.</p> <p>During a concurrent interview and record review on 12/16/2024 at 5:07 p.m., with the Administrator (ADM), the ADM reviewed the facility's policy and procedure (P&P) regarding the release of a resident's clinical information and stated that the facility should have provided Resident 1 or RR 1 the requested copies of Resident 1's clinical record as indicated in the AFROI form within 48 hours after receiving the written notice/request, but the facility did not provide the requested copies of Resident 1's clinical records to RR 1 until 12/16/2024.</p> <p>During a review of the facility's P&P, titled Resident Rights, Subject: Information, Release of last reviewed on 1/11/2024, indicated, It is the policy of this facility that the facility maintains the confidentiality of each resident's personal and clinical records The resident may initiate a request to release such information contained in his/her records and charts to anyone he/she wishes. Such requests will be honored only upon the receipt of a written, signed, and dated request from the resident or representative (sponsor) A resident may obtain photocopies of his or her records by providing the facility with a forty-eight (48) hour (excluding weekends and holidays) advance notice of such request.</p>		