STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056351	A. Building B. Wing	02/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chatsworth Park Health Care Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide care and services to maintain good grooming and personal hygiene for two of three sampled residents (Resident 1 and Resident 3) by failing to ensure residents' fingernails were properly trimmed. This deficient practice resulted in Resident 1 and Resident 3 having long, untrimmed fingernails which had the potential to negatively impact the residents' self-esteem and sense of self-worth.a. During a review of Resident 1's admission Record, the admission Record indicated the facility readmitted Resident 1 on 8/31/2025 with diagnoses including metabolic encephalopathy (any disease, damage, or malfunction of the brain that alters its structure or function), Alzheimer's Disease (a disease characterized by a progressive decline in mental abilities), blindness right eye, and personal history of transient ischemic attack (TIA- a temporary blockage of blood flow to the brain that causes stroke-like symptoms such as sudden numbness, weakness, or confusion, but lasts only a few minutes to an hour), and cerebral infarction (loss of blood flow to a part of the brain) without residual deficits. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 10/30/2025, the MDS indicated Resident 1's cognition (a mental process of acquiring knowledge and understanding through thought, experience and senses) was severely impaired. The MDS indicated Resident 1 was dependent on staff for assistance with oral hygiene, toileting hygiene, personal hygiene, and movement. During an observation on 2/24/2026 at 8:00 a.m., in Resident 1's room, observed Resident 1's fingernails to be long and untrimmed. During a concurrent observation and interview on 2/24/2026 at 10:01 a.m., with Licensed Vocational Nurse 2 (LVN 2), in Resident 1's room, Resident 1's fingernails were observed. LVN 2 stated that Resident 1 needed her fingernails trimmed because they were long. LVN 2 stated that Resident 1's fingernails extended past the fingertips and that the underneath of Resident 1's nails are brown and dirty. LVN 2 further stated that LVN 2 would ask Resident 1's Certified Nurse Assistant (CNA) to trim Resident 1's fingernails. b. During a review of Resident 3's admission Record, the admission Record indicated the facility readmitted Resident 3 on 1/9/2026 with diagnoses including Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements) without dyskinesia (a movement disorder characterized by involuntary, erratic, and uncontrollable muscle movements), functional quadriplegia (paralysis [inability to move] from the neck down, including legs, and arms, usually due to a spinal cord injury), and lack of coordination. During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3's cognition was severely impaired. The MDS indicated Resident 3 was dependent on staff for assistance with eating, oral hygiene, toileting hygiene, and personal hygiene. During an observation on 2/24/2026 at 8:47 a.m., in Resident 3's room, observed Resident 3's fingernails to be long and untrimmed. During a concurrent observation and interview on 2/24/2026 at 9:32 a.m., with the Assistant Director of Nursing (ADON), in Resident 3's room, the ADON observed Resident 3's fingernails and stated that Resident 3's fingernails were dry, (continued on next page)

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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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	long, and uneven with sharp edges. The ADON stated that nail care should be provided to residents once a week. The ADON further stated that residents' fingernails should be kept short to prevent injury, such as residents scratching themselves. During a review of the facility's policy and procedure (P&P) titled Nail Care, last reviewed on 1/15/2026, the P&P indicated it is the policy of this facility to promote cleanliness, safety, and neat appearance of our residents.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on interview and record review the facility failed to implement its policy on skin and wound monitoring and management by failing to ensure the treatment nurse (a specialized nurse who focuses on providing direct, hands-on clinical care, such as wound care) measured the area of skin redness on 2/5/2026 for one of three sampled residents (Resident 1). This failure had the potential to place Resident 1 at risk for worsening of skin redness due to lack of proper assessment and monitoring.Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility readmitted Resident 1 on 8/31/2025 with diagnoses including metabolic encephalopathy (any disease, damage, or malfunction of the brain that alters its structure or function), Alzheimer's Disease (a disease characterized by a progressive decline in mental abilities), blindness right eye, and personal history of transient ischemic attack (TIA- a temporary blockage of blood flow to the brain that causes stroke-like symptoms such as sudden numbness, weakness, or confusion, but lasts only a few minutes to an hour), and cerebral infarction (loss of blood flow to a part of the brain) without residual deficits. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 10/30/2025, the MDS indicated Resident 1's cognition (a mental process of acquiring knowledge and understanding through thought, experience and senses) was severely impaired. The MDS indicated Resident 1 was dependent on staff for assistance with oral hygiene, toileting hygiene, personal hygiene, and movement. During a review of Resident 1's Physician's Order dated 2/5/2026, the Physician's Order indicated to apply Triple Antibiotic External Ointment (a topical [applied directly to the surface of the skin] first-aid cream used to prevent and treat infections in minor cuts, scrapes, and burns) to the right lateral abdomen topically every day shift for irritation/scratch for 14 days. Order date: 2/5/2026. Timed at: 4:52 p.m. During a review of Resident 1's Change in Condition (COC- decline or improvement in a resident's status that will not resolve without intervention) Evaluation form dated 2/5/2026, timed at 10:28 a.m., the COC form indicated that certified nursing assistant (referring to Certified Nursing Assistant 1 [CNA 1]) reported to the treatment nurse (referring to Treatment Nurse 1 [TN 1]) that the resident had redness on the right lateral abdomen. During a review of Resident 1's COC dated 2/8/2026 at 12:57 p.m., the COC indicated that the treatment nurse (referring to TN 1) during wound care that the resident's right lateral abdominal irritation had increased in size. During a concurrent interview and record review on 2/23/2026 at 2:12 p.m., with TN 1, TN 1 stated that when a skin-related COC is reported, treatment nurses are notified by other facility staff. TN 1 stated that upon notification, they (treatment nurses) are responsible for assessing the skin related COC, measuring the affected area, notifying the resident's physician to obtain orders, and informing the resident and/or responsible party. TN 1 stated that TN 1 was informed of Resident 1's skin's COC by CNA 1 on 2/5/2026. TN 1 reviewed Resident 1's COC dated 2/5/2026 at 10:28 a.m., which documented that CNA 1 reported redness on Resident 1's right lateral abdomen. TN 1 stated that TN 1 did not measure the redness on Resident 1's right lateral abdomen at that time. When asked why TN 1 did not measure Resident 1's redness on Resident 1's right lateral abdomen, TN 1 stated that that TN 1 did not think it was necessary and believed Resident 1's skin condition was not serious. TN 1 reviewed Resident 1's COC dated 2/8/2026 at 10:28 a.m. and stated that the redness had increased in size. When asked how TN 1 determined the increase in size without performing measurements, TN 1 did not provide an answer. During a concurrent interview and record review on 2/24/2026 at 4:45 p.m., with the Assistant Director of Nursing (ADON), the ADON reviewed Resident 1's COC dated 2/5/2026 at 10:28 a.m. The ADON stated there were no measurements documented for Resident 1's skin-related COC on 2/5/2026. The ADON further stated that TN 1 should have measured the affected area (Resident 1's skin COC). (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The ADON stated that it is important to measure all skin-related COCs to determine whether a wound or skin condition is improving or worsening. The ADON stated that obtaining measurements is an essential part of a skin assessment and is necessary to accurately inform the physician of any changes in the resident's skin condition. During a review of the facility's policy and procedure (P&P) titled Skin and Wound Monitoring and Management, last reviewed on 1/15/2026 indicated a licensed nurse will assess/evaluate each pressure injury and/or non-pressure injury that exits on the resident. This assessment/evaluation should align with the scope of practice and include but not be limited to 1) Measuring the skin injury; 3) Describing the nature of the injury; 4) Describing the location of the skin alteration; 5) Describing the characteristics of the skin alteration.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on interview and record review the facility failed to implement its employee handbook by failing to ensure direct resident care staff maintained fingernails that did not extend beyond the end of each finger for two of three sampled staff (Certified Nursing Assistant 3 [CNA 3] and Licensed Vocational Nurse 1 [LVN 1]). This deficient practice had the potential to contribute to the spread of infection and cross contamination (the transfer of harmful bacteria, viruses, or allergens from one person, surface, or object to another, facilitating the spread of infection) among residents.Findings:During a concurrent observation and interview on 2/24/2026 at 9:35 a.m., with the Assistant Director of Nursing (ADON), the ADON observed CNA 3's fingernails and stated that CNA 3's fingernails were long, uneven and extended past CNA 3's fingertips. Th ADON stated that staff who provide direct resident care should keep their fingernails short and trimmed for infection control and resident safety. During a concurrent observation and interview on 2/24/2026 at 9:37 a.m., with LVN 1, LVN 1 stated that she provides direct resident care to residents. LVN 1 stated that her fingernails were long and extended past her fingertips. LVN 1 stated that she was aware that staff fingernails are required to be kept short for infection control purposes. When asked why her fingernails were long and extended past her fingertips, LVN 1 stated that she had just had her nails done. During an interview on 2/24/2026 at 9:49 a.m., with the Infection Preventionist (IP), the IP stated that nursing staff who provide direct resident care should not have long fingernails and that fingernails should not extended past the fingertips. The IP further stated that staff should keep their fingernails short and trimmed for infection control to help decrease the risk of infection and to promote resident safety by protecting residents' skin integrity. During a review of the facility's policy and procedures (P&P) titled, Infection Control, last reviewed on 1/15/2026, the P&P 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. Under Goal: Decrease the risk of infection to residents and personnel; Recognize infection control practices while providing care; Monitor personnel health and safety. The infection prevention and control program is comprehensive in that it addresses detection, prevention, and control of infections among residents and personnel. During a review of the facility's Skilled Nursing Facility Employee Handbook, last updated on 9/1/2021, the Skilled Nursing Facility Employee Handbook indicated under personal appearance and uniforms: For safety and infection control, dietary employees and those who provide direct resident care must keep their fingernails clean and trimmed. Fingernails must not extend beyond the end of each finger.