

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  03/31/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on interview and record review, the facility failed to develop a comprehensive person-centered care plan (a written course of action that helps a resident achieve outcomes that improve their quality of life) for one of three sampled residents (Resident 1) that adequately addressed the resident's individual care preferences. This deficient practice had the potential to negatively affect the delivery of care and services provided to Resident 1. 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 in the right eye, and a 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 interview on 3/31/2026 at 9:00 a.m. with the Social Services Director (SSD), the SSD stated that on 3/17/2026 the Interdisciplinary Team (IDT- professionals from multiple disciplines working collaboratively toward shared, resident-centered goals) met with Family Member 1 (FM1). The SSD stated that during the IDT meeting, FM 1 informed the IDT of specific care preferences on how to care for Resident 1. During a concurrent interview and record review on 3/31/2026, at 9:45 a.m., with the Director of Staff Development (DSD), the DSD stated that on 3/17/2026 (time not specified), a meeting was conducted with FM 1 to discuss Resident 1's care. The DSD stated that during the IDT meeting, FM 1 communicated specific care preferences for Resident 1. The DSD reviewed Resident 1's care plans from 8/31/2025 to 3/31/2026 and stated that there was no documented care plan addressing Resident 1's care preferences discussed on 3/17/2026. The DSD stated that a care plan should have been developed to reflect Resident 1's care preferences. The DSD continued to state that it is important to develop a care plan specific to Resident 1's care preferences to ensure that all staff involved in Resident 1's care are informed and able to provide care in accordance with those preferences. The DSD stated that the care plan would also provide a mechanism for monitoring Resident 1's care and facilitating communication among staff. The DSD stated that it is the responsibility of the MDS nurse to develop Resident 1's care plan. The DSD further stated that the absence of a care plan addressing Resident 1's care preferences may result in those preferences not being honored. During an interview on 3/31/2026 at 1:56 p.m., with the Administrator (ADM), the ADM stated that the development of a care plan is essential, as it is systemically utilized by facility staff as guide to understand and implement the resident's plan of care, ensuring that all staff are informed of the resident's needs and how to appropriately provide care. During a review of the facility's policy and procedure (P&amp;P) titled Comprehensive Person-Centered Care Plan, last reviewed on 1/15/2026, (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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the P&amp;P indicated it is the policy of this facility that the interdisciplinary team shall develop a comprehensive person centered care plan for each resident that includes measurable objectives and time frames to meet a residence medical, Nursing, Mental, and psychosocial needs that are identified in the comprehensive assessment.</p>