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	05/05/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify a physician regarding a resident's fluid intake that was below the Registered Dietitian's (RD's) estimated fluid needs for one of four sampled residents (Resident 1).This deficient practice placed the resident at risk for worsening dehydration (a condition that occurs when your body loses or uses more fluids than it takes in, leaving it without enough water to function normally), increased risk of hospitalization and related complications, and a decline in the resident's overall health status.During a review of Resident 1's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated that the facility admitted Resident 1 on 1/17/2026 with diagnoses that included myocardial infarction (MI - heart attack), dysphagia (difficulty swallowing), acute (sudden, intense flare-up) kidney failure (a condition where the kidneys lose their ability to filter waste products, excess fluid, and toxins from the blood), and stage four (4) chronic kidney failure (severe and permanent loss of kidney function resulting in impaired waste filtration).During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 1/21/2026, the MDS indicated Resident 1 had moderately impaired cognition (ability to think, reason, and function). The MDS further indicated that Resident 1 required maximal assistance from staff with upper and lower body dressing, and moderate assistance with oral care, personal hygiene, bed mobility (movement) and transfers, and supervision or touching assistance with eating.During a review of Resident 1's Weights and Vitals Summary, printed on 5/5/2026, the Weight Summary indicated that Resident 1 weighed 126 pounds (lbs - unit of measurement).During a review of Resident 1's Nutritional Evaluation and Registered Dietitian Nutritionist (RDN - a credentialed food and nutrition expert qualified to provide medical nutrition therapy, personalized meal planning, and dietary counseling to improve health or manage diseases) assessment dated [DATE], the RDN Nutritional Assessment and evaluation for hydration indicated Resident 1's estimated daily fluid requirement was 1,425 milliliters (ml - a unit of measurement) and 1,710 ml based on a body weight of 57 kilograms (kg - a unit of measurement), equivalent to approximately 125.6 lbs.During a review of Resident 1's Intake and Output (I&O) records, the weekly I&O evaluations indicated the following average 24-hour fluid intake and output amounts: On 1/25/2026, Resident 1's average intake was 975 ml, and average output was 1,050 ml. On 1/31/2026, Resident 1's average intake was 1,100 ml, and average output was 1,000 ml. On 2/7/2026, Resident 1's average intake was 1,021 ml, and average output was 900 ml. On 2/14/2026, Resident 1's average intake was 992 ml, and average output was 900 ml. On 2/18/2026, Resident 1's average intake was 980 ml, and the average output was 860 ml.During a concurrent interview and record review on 5/5/2026 at 2:05 p.m., with the Assistant Director of Nursing (ADON), the ADON reviewed Resident 1's intake output records from 1/18/2026 through 2/18/2026 and Nutritional Evaluation and RDN assessment dated [DATE]. When asked what nursing staff should do if a resident's fluid intake remained below the amount estimated and recommended by the RD during ongoing I&O monitoring, the ADON stated the facility staff did not notify the physician that Resident 1's fluids intake had remained below the estimated fluid requirements for approximately one month while I&O monitoring was being (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	conducted. During a review of the facility's policy and procedures (P&P) titled, Change in Condition last reviewed on 1/15/2026, the P&P indicated, If, at any time, it is recognized by any one of the team members that the condition or care needs of the resident have changed, the Licensed Nurse or Nurse Supervisor should be made aware. Changes in weight and/or intake; signs and symptoms of dehydration and/or decreased fluid intake,During a review of the facility's P&P titled, Intake and Output last reviewed on 1/15/2026, the P&P indicated, It is the policy of this facility to maintain an intake and output (I&O) record when needed to monitor residents for adequate fluid balance. I&O shall be recorded by each shift. Weekly and monthly assessments will be done by the licensed nurse to determine on-going need for I&O monitoring. I&O records shall be assessed by a licensed nurse on a weekly basis to determine adequate hydration and fluid balance. I&O assessments will be documented in the resident's medical record. May include average intake, average output, quality, color, odor, consistency of urine, resident's hydration status. Deficiencies in fluid intake or fluid balance will be reported to the physician by the licensed nurse and recorded in the medical record.

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a resident's comprehensive care plan (a document designed to facilitate communication among members of the care team that summarizes a resident's health conditions, specific care needs, and current treatments) to address residents' food preferences and dislikes related to fish for two of four sampled residents (Resident 2 and Resident 3).This deficient practice had the potential to result in the residents not receiving appropriate nutritional services and accommodations consistent with their dietary preferences and needs. a. During a review of Resident 2's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the facility originally admitted Resident 2 on 12/31/2024 and readmitted on [DATE] with diagnoses that included diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing), anemia (a condition where the body does not have enough healthy red blood cells), end stage of renal disease (ESRD - irreversible kidney failure), and dependence on renal (relating to kidney) dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed).During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 3/24/2026, the MDS indicated Resident 2 had intact cognition (ability to think, reason, and function). The MDS further indicated Resident 2 required maximal assistance from staff with toileting hygiene, showering and bathing, and lower body dressing. The MDS also indicated Resident 2 required supervision or touching assistance with upper body dressing, personal hygiene, and bed mobility (movement), and required setup or clean-up assistance with eating and oral hygiene. During a review of Resident 2's diet slip dated 5/5/2026, the diet slip indicated fish was listed under the resident's food dislikes for both lunch and dinner meals.During an interview on 5/5/2026 at 8:52 a.m., in Resident 2's room, with Resident 2, Resident 2 stated that Resident 2 did not like fish, however, the kitchen staff continued to periodically serve fish when it was the main entree. Resident 2 further stated Resident 2 had informed the kitchen staff multiple times that Resident 2 did not want fish served as a main meal item.b. During a review of Resident 3's Face Sheet, the Face Sheet indicated the facility admitted Resident 3 on 12/08/2025 with diagnoses that included DM, unspecified protein-calorie malnutrition (a condition resulting from inadequate intake of protein and calories, often due to decreased oral intakes or malabsorption of nutrient), and major depressive depression (a mood disorder that causes a persistent feeling of sadness and loss of interest).During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3 had intact cognition. The MDS further indicated Resident 3 required moderate assistance from staff with toileting hygiene, showering/bathing, lower body dressing, and personal hygiene. The MDS also indicated Resident 3 required supervision or touching assistance with upper body dressing, bed mobility and transfers, as well as setup or clean-up assistance with eating and oral hygiene. During a review of Resident 3's diet slip dated 5/5/2026, the diet slip indicated fish was listed under the resident's food dislikes for both lunch and dinner meals.During an interview on 5/5/2026 at 9:07 a.m., in Resident 3's room, with Resident 3, Resident 3 stated that the kitchen staff continued to serve fish despite being informed at the time of admission (on 12/8/2025) that the resident did not like fish. Resident 3 further stated the resident's family completed dietary preference forms requesting that fish not be served. Resident 3 stated fish had continued to be served recently, including the previous week, and expressed confusion as to why the kitchen staff continued to serve fish despite being aware of Resident 3's food preference. During a concurrent interview and record review on 5/5/2026 at 10:26 a.m., with the Dietary Supervisor (DS), the DS reviewed the care plans related to the nutritional needs of Resident 2 and Resident 3 and stated there were no care plans addressing either resident's dislike of fish. The DS further stated the Registered Dietitian (RD) was responsible for developing and implementing care plans related to (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	nutritional concerns, including residents' food preferences and dislikes.During a concurrent interview and record review on 5/5/2026 at 3:06 p.m., with the Assistant Director of Nursing (ADON), the ADON reviewed the nutritional care plans for Resident 2 and Resident 3 and stated there were no individualized, person-centered care plans addressing either resident's dislike of fish. The ADON further stated the RD should develop and implement residents' food preferences and dislikes within the resident's care plan, because the care plan serves as a means of communicating dietary information to nursing staff. The ADON stated that without inclusion in the care plan, nursing staff could miss information identified and documented by the kitchen personnel. During a review of the facility's policy and procedures (P&P) titled, Comprehensive Person-Centered Care Planning last reviewed on 1/15/2026, the P&P indicated, It is the policy of this facility that the interdisciplinary team (IDT - a group of different professionals - nurses, doctors, therapists, and social workers - who meet regularly to create a personalized care plan for a resident) shall develop a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment. Person-centered care that means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to honor residents' documented food preferences by continuing to serve fish to two of four sampled residents (Resident 2 and Resident 3) despite the residents' expressed dislikes.This deficient practice had the potential to result in decreased meal intake which could lead to weight loss and malnutrition (a serious condition resulting from an imbalance between the nutrients the body needs to function and the nutrients it receives).a. During a review of Resident 2's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the facility originally admitted Resident 2 on 12/31/2024 and readmitted on [DATE] with diagnoses that included diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing), anemia (a condition where the body does not have enough healthy red blood cells), end stage of renal disease (ESRD - irreversible kidney failure), and dependence on renal (relating to kidney) dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed).During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 3/24/2026, the MDS indicated Resident 2 had intact cognition (ability to think, reason, and function). The MDS further indicated Resident 2 required maximal assistance from staff with toileting hygiene, showering and bathing, and lower body dressing. The MDS also indicated Resident 2 required supervision or touching assistance with upper body dressing, personal hygiene, and bed mobility (movement), and required setup or clean-up assistance with eating and oral hygiene. During a review of Resident 2's diet slip dated 5/5/2026, the diet slip indicated fish was listed under the resident's food dislikes for both lunch and dinner meals.During an interview on 5/5/2026 at 8:52 a.m., in Resident 2's room, with Resident 2, Resident 2 stated Resident 2 did not like fish, however, kitchen staff continued to periodically serve fish when it was the main entree. Resident 2 further stated the resident had informed the kitchen staff on multiple occasions that Resident 2 did not want fish served as a main meal item.b. During a review of Resident 3's Face Sheet, the Face Sheet indicated the facility admitted Resident 3 on 12/08/2025 with diagnoses that included DM, unspecified protein-calorie malnutrition (a condition resulting from inadequate intake of protein and calories, often due to decreased oral intakes or malabsorption of nutrient), and major depressive depression (a mood disorder that causes a persistent feeling of sadness and loss of interest).During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3 had intact cognition. The MDS further indicated Resident 3 required moderate assistance from staff with toileting hygiene, showering/bathing, lower body dressing, and personal hygiene. The MDS also indicated Resident 3 required supervision or touching assistance with upper body dressing, bed mobility and transfers, as well as setup or clean-up assistance with eating and oral hygiene. During a review of Resident 3's diet slip dated 5/5/2026, the diet slip indicated fish was listed under the resident's food dislikes for both lunch and dinner meals.During an interview on 5/5/2026 at 9:07 a.m., in Resident 3's room, with Resident 3, Resident 3 stated that the kitchen staff continued to serve fish despite being informed at the time of admission (on 12/8/2025) that the resident did not like fish. Resident 3 further stated the resident's family completed dietary preference forms requesting that fish not be served. Resident 3 stated fish had continued to be served recently, including the previous week, and expressed confusion as to why the kitchen staff continued to serve fish despite being aware of Resident 3's food preference. During a concurrent interview and record review on 5/5/2026 at 10:10 a.m., with Dietary Aide 1 (DA 1), DA 1 reviewed the diet slips hanging in the meal cart for Resident 2 and Resident 3 and stated both residents' diet slips indicated fish as a food dislike. DA 1 stated fish was listed as the lunch entree on Thursday (4/30/2026), and DA 1 has been working that day. DA 1 further stated fish should not have been served to either resident; however, DA 1 could not recall whether fish had been served to (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 3 or whether an alternate entree had automatically been substituted. DA 1 stated dietary staff should review and follow the diet slips to ensure resident's food preferences are honored. During a concurrent interview and record review on 5/5/2026 at 10:26 a.m., with the Dietary Supervisor (DS), the DS reviewed the care plans related to the nutritional needs of Resident 2 and Resident 3 and stated there were no care plans addressing either resident's dislike of fish. The DS further stated the Registered Dietitian (RD) was responsible for developing and implementing care plans related to nutritional concerns, including residents' food preferences and dislikes.During a review of the facility's policy and procedures (P&P) titled, Food and Nutrition Services Menu last reviewed on 1/15/2026, the P&P indicated, It is the policy of this facility to assure that menus are developed and prepared to meet the nutritional needs of the residents and resident choices including their nutritional, religious, cultural, and ethnic needs while using established national guidelines.During a review of the facility's P&P titled, Nutrition Status Management last reviewed on 1/15/2026, the P&P indicated, Dietary Evaluation. Evaluations will include determining ideal body weight range, usual body weight, current diet order, percentage of food eaten, possible dental problems, current illness, resident likes and dislikes, psychosocial needs, and any other change in medical condition that may impact weight gain or loss. The interdisciplinary team (IDT - a group of different professionals - nurses, doctors, therapists, and social workers - who meet regularly to create a personalized care plan for a resident) will update and revise care plan as appropriate.