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	06/18/2026

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 0555 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to choose his or her attending physician. Based on interview and record review the facility failed to ensure one of three sampled residents (Resident 1's) Responsible Party (RP 1) was provided the facility's form titled Resident's Right to Choose a Physician (a from used by the facility for the resident or responsible party to provide information regarding their request of using their own physician). This deficient practice resulted in Resident 1 not having the opportunity to choose Resident 1's own physician and had the potential to delay the provision of necessary care and services, which could adversely affect Resident 1's overall health status.Findings:During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 2/26/2026 with diagnoses that included cerebral infraction (stroke- occurs when a blood vessel in the brain is blocked or narrowed), dementia (a progressive state of decline in mental abilities), dysphagia (difficulty swallowing) type 2 diabetes (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing) and bipolar disorder (a mental health condition that causes extreme, unusual shifts in mood, energy, and activity levels). During a review of Resident 1's History and Physical (H&P- a comprehensive document or examination that outlines a resident's current medical issues, past medical background, and the findings of a physical exam) dated 3/2/2026, the H&P indicated Resident 1 does not have the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 5/28/2026, the MDS indicated Resident 1's cognition (ability to think and make decisions) was severely impaired. The MDS further indicated that Resident 1 required set up assistance with eating, maximal assistance from staff for oral hygiene, toileting hygiene, upper body dressing, lower body dressing and was dependent on staff for showring and personal hygiene. During an interview on 6/18/2026 at 2:40 p.m., with the Assistant Director of Nursing (ADON), the ADON confirmed that RP 1 emailed the facility administrator requesting that Resident 1's primary care physician continue as Resident 1's physician while residing at the facility. The ADON stated RP 1 was not provided the facility's Resident's Right to Choose a Physician form. The ADON confirmed residents have the right to choose their physician. The ADON further stated that RP 1 should have been provided the Resident's Right to Choose a Physician form, and the facility's social worker and nursing staff should have assisted RP 1 in contacting the requested physician to determine whether the physician would continue providing care to Resident 1 while admitted to the facility. During a review of the facility's policy and procedure (P&P) titled Resident Rights last reviewed on 1/15/2026, the P&P indicated it is the policy of this facility that all resident rights to be followed per state and federal guidelines as well as other regulative agencies.The Resident has the right to choose a personal attending physician (and be informed how to contact him or her), to be fully informed in advance about care and treatment, and, unless adjudicated incompetent or otherwise found incapacitated under state law, participate in planning medical treatment.

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