

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/22/2026
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)		
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on interview and record review the facility failed to implement the facility's policy titled, Water Shut Off and Water Supply Interruption, last reviewed on 1/2026, by failing to provide documented evidence of staff's annual training on water outage response. This failure had the potential to place residents' safety, health, and well-being at risk during any planned or unplanned interruptions. Findings: During an interview on 7/22/2026 at 2:18 p.m. with Registered Nurse 2 (RN 2), RN 2 stated that she did not receive training on water outage response. During an interview on 7/22/2026 at 2:20 p.m. with RN 3, RN 3 stated that she did not receive training on water outage response. During a concurrent interview and record review on 7/22/2026 at 2:18 p.m. with the Director of Staff Development (DSD), the DSD reviewed the facility's policy and procedure (P&P) titled Water Shut Off and Water Supply Interruption, which indicated that staff should complete annual training on water outage response. The DSD stated that the facility does not conduct training specific for water outage response. The DSD continued to state that water outage response training is not part of the facility's annual compliance training. During an interview on 7/22/2026 at 3:05 p.m. with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated that he did not receive training on water outage response. During an interview on 7/22/2026 at 3:38 p.m. with the Director of Nursing (DON), the DON stated that an annual water outage response training should be conducted so that nurses will know what to do during an emergency water outage. During an interview on 7/22/2026 at 3:40 p.m. with the Assistant Director of Nursing (ADON), the ADON stated that an annual water outage response training should be conducted because if staff are not trained the residents may be placed in danger and at risk for harm. During a concurrent interview and record review on 7/22/2026 at 3:50 p.m., with the Administrator (ADM), the ADM reviewed the all staff in-service training report dated 7/10/2026. The ADM was unable to provide documented evidence that an annual training on water outage response was conducted. The ADM stated that it is important to conduct water outage response training so that staff are aware of what to do in case of a natural disaster or when a pipe bursts. The ADM stated that negative outcomes can potentially occur resulting in residents being endangered. During a review of the facility's policy and procedures (P&P) titled Water Shut Off and Water Supply Interruption, last reviewed on 1/2026, the P&P indicated it is the policy of the facility to ensure the safety, health, and well-being of residents during any planned or unplanned interruptions of water service. The P&P indicated staff responsibilities: Complete annual training on water outage response. During a review of the facility's Facility Assessment (a required, overall evaluation that looks at resident needs, staffing levels, and facility resources), last reviewed on 2/15/2026, the facility assessment indicated the facility makes a good faith effort to provide the staff training/education and competencies necessary to provide the level and types of support and care needed for our resident population.		

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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