

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

Printed: 10/09/2026
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 07/02/2026
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 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 the physician when two of 29 sampled residents (Resident 117 and Resident 79) repeatedly refused prescribed medications. This failure placed Resident 117 and Resident 79 at risk for delayed care and worsening health conditions. Findings: ^ a. During^a`review of Resident`117's`Face Sheet, the`Face Sheet`indicated the facility originally admitted Resident 117 on 3/13/2026 with diagnoses including `hypertension (HTN-high blood pressure), thyrotoxicosis (a condition of excess thyroid hormone) unspecified with thyrotoxic crisis (life-threatening emergency characterized by an extreme and sudden worsening of thyroid hormone), and severe protein-calorie malnutrition(serious condition where both protein and energy intake are insufficient to meet the body's needs). ^^ During a review of Resident 117's History and Physical (H & P) dated 3/18/2026, the H&P`indicated`Resident 117 can make needs known but cannot make medical decisions. ^During a review of Resident`117's Minimum Data Set`(MDS &ndash; a resident assessment tool), dated`5/07/2026,`the MDS indicated Resident`117's`cognition (mental action or process of acquiring knowledge and understanding) for daily decision was severely impaired. ^ During a review of Resident 117's Order Summary Report (OSR) active order as of 7/2/2026, the Physician Order Report indicated the following orders: -Order date of 3/13/2026- MethIMazole Oral Tablet 10 milligrams (mg-unit of measurement). Give one 1 tablet by mouth one time a day for hyperthyroidism. -Order date of 3/13/2026- Multiple Vitamins-Minerals Tablet Give 1 tablet by mouth one time a day for supplement. (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
--	-------	-----------

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 07/02/2026
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Order date of 5/7/2026- traZODone HCl Oral Tablet 50 mg. Give 1 tablet by mouth at bedtime for depression manifested by inability to sleep. -Order date of 3/13/2026- Lubiprostone Oral Capsule 8 micrograms (mcg-unit of measurement). Give 1 capsule by mouth two times a day for chronic idiopathic constipation (a long-term condition characterized by infrequent or difficult bowel movements). Give with food, do not open capsule -Order date of 3/13/2026- Propranolol HCl Oral Tablet 10 mg. Give 1 tablet by mouth every 12 hours for HTN hold for SBP less than 110 or HR less than 60. The MDSN nurse stated Resident 117 tends to refuse medications. The MDSN stated when a resident refuses medication licensed nurses should notify physician after 3 refusals, document in progress note or create a Change of Condition Evaluation (COC) and create a care plan. The MDSN stated the physician should be notified of the resident's refusal to take medications in case the physician would want to make any changes in the plan of care. The MDSN stated if Resident 117 do not take medications for hypertension, hyperthyroidism, malnutrition, constipation, and depression, Resident 117's conditions may worsen, including but not limited to uncontrolled blood pressure and thyroid storm (life-threatening condition where the thyroid gland suddenly releases too much hormone, causing the body to speed up dangerously) with complications such as agitation and delirium (a sudden temporary state of severe confusion and reduced awareness). During a concurrent interview and record review on 7/2/2026 at 10:14 a.m., with the MDSN, Resident 117's COC dated 6/11/2026 was reviewed. The MDSN stated that Resident 117's COC dated 6/11/2026 indicated that Resident 117 refused medication and staff paged the physician and waited for reply, however it did not indicate if the staff was able to reach the physician. The MDSN stated there was no COC created prior to 6/11/2026. During a concurrent interview and record review on 7/2/2026 at 10:22 a.m. with the Director of Nursing (DON), Resident 117's medical record including nurses note and COC from 06/01/2026 to 06/30/2026 were reviewed. The DON stated that there was no documentation showing that Resident 117's physician was notified prior to 6/11/2026. The DON also stated there was no documentation indicating that the physician provided any instructions regarding the resident's multiple medication refusals throughout June 2026. The DON stated that refusing several medications in a row can put the resident at risk for negative health complication. The DON stated that staff should notify the physician after three consecutive medication refusals and document the refusals in the progress notes or create a COC. During a review of the facility's P&P titled, Care and treatment Refusal of, reviewed on 1/15/2026, the P&P indicated pattern of refusal for 3 days require physician notification. The facility will notify the resident attending physician of refusal and document in progress note. Nursing notes related to physician notification will include date time, who contacted and specific of refusal. When a resident refuses care or treatment, the interdisciplinary team will notify the resident or appropriate surrogate about the benefits of the treatment, possible clinical consequences of refusal of treatment, and alternate treatments currently available. This notification will be documented in the progress notes. (continued on next page)		

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 07/02/2026
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. During a review of Resident 79's Face Sheet, the Face Sheet indicated the facility originally admitted the resident on 10/24/2024 and readmitted on [DATE], with diagnoses including dysphagia (difficulty swallowing), anxiety disorder (persistent, excessive worry or fear that interferes with daily life, relationships, or work) and anemia (a condition where your body lacks enough healthy red blood cells or hemoglobin to carry adequate oxygen to your tissues). During a review of Resident 79's MDS dated [DATE], the MDS indicated the resident's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) skills for daily decision making was intact. During a review of Resident 79's Order Summary Report as of 6/24/2026, the Order Summary Report indicated the following orders: -Losartan (used to treat high blood pressure) Potassium Oral Tablet 25 milligram (mg), 1 tablet by mouth at bedtime for hypertension, hold if systolic blood pressure (measures the pressure in the arteries when the heart beats) is less than 110 millimeters of mercury mmHg (a unit of pressure). -Vitamin B12 oral Tablet 100 microgram (mcg-unit of measurement), 1 tablet by mouth one time a day for supplement. -Vitamin D3 Oral Tablet 50 mcg, give 1 tablet by mouth one time a day for supplement. -Multivitamins with Minerals Oral Tablet, 1 tablet by mouth one time a day for supplement. During a concurrent interview and record review 7/02/2026 at 10:18 a.m. with the Assistant Director of Nursing (ADON), reviewed Resident 79's Medication Administration Record (MAR-a legal document that tracks medications given to a patient, including dosage, time, route, and who administered it) for the month of May 2026. The MAR indicated that Resident 79 refused the following medications on the following dates: -Losartan Potassium Oral Tablet 25 mg was refused on 5/1/2026 to 5/6/2026, 5/13/2026 to 5/13/2026, and 5/23/2026 to 5/28/2026. -Vitamin B12 oral Tablet 100 mcg was refused on 5/01/2026 to 5/04/2026, 5/08/2026 to 5/10/2026, 5/18/2026 to 5/21/2026, and 5/23/2026 to 5/31/2026. -Vitamin D3 Oral Tablet 50 mcg was refused on 5/01/2026 to 5/04/2026, 5/08/2026 to 5/10/2026, 5/18/2026 to 5/21/2026, and 5/23/2026 to 5/31/2026. -Multivitamins with Minerals Oral Tablet was refused on 5/01/2026 to 5/04/2026, 5/08/2026 to 5/10/2026, 5/18/2026 to 5/21/2026, and 5/23/2026 to 5/31/2026. The ADON stated that the progress notes did not have documentation that the licensed nurses notified the resident's physician regarding Resident 79's refusal of the above medications. The ADON (continued on next page)		

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 07/02/2026
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	stated that the licensed nurses should have reported the refusals so that the physician can prescribe alternative therapies or medications. The ADON stated that if the resident continuously refuses her medications, it could potentially worsen her diagnosis of anemia and experience symptoms such as fatigue, weakness, shortness of breath, and dizziness). The ADON stated that it is the facility's standard of practice to notify the physician if a medication has been refused for three consecutive days. 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 that the facility will notify the resident's attending physician of refusals of care, treatments or procedures, and will document physician notification in the progress notes.		

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 07/02/2026
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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one (1) of five (5) sampled residents' (Resident 69) drug (medication) regimen was free from the use of unnecessary (any medication in excessive dose, excessive duration, without adequate monitoring) psychotropic (any medication capable of affecting the mind, emotions, and behavior) medications in accordance with the facility policy and procedure (P&P) by failing to provide a detailed clinical rationale documented for continuing olanzapine (a psychotropic medication used to treat behaviors related to psychosis [disconnection from reality]) as originally prescribed on 2/25/2025 without attempting Gradual Dose Reduction ([GDR] - stepwise tapering of a medication dose to determine if symptoms or conditions can be managed by a lower dose, or if the drug can be safely discontinued). This failure had the potential to place Resident 69 at risk for significant adverse consequences (unwanted, uncomfortable, or dangerous effects that a drug may have) from the use of unnecessary psychotropic medications, resulting in impairment or decline in the residents' mental, physical condition, functional, and psychosocial status. Findings: During a review of Resident 69's Face Sheet (a document containing demographic and diagnostic information,) dated 6/29/2026, the Face Sheet indicated Resident 69 was admitted to the facility on [DATE] with a diagnosis including psychosis. During a review of Resident 69's Order Summary Report (a report listing the physician order for the resident,) dated 6/29/2026, the report indicated Resident 69 was prescribed olanzapine 2.5 milligram ([mg] - a unit of measure of mass) to give one (1) tablet orally at bedtime every day related to psychosis from calm to hostile behavior, starting 2/25/2025. During a review of Resident 69's Minimum Data Set (MDS - a comprehensive resident assessment tool), dated 5/27/2025, 8/22/2025, 11/19/2025 and 2/16/2026 indicated Resident 69 was severely impaired with cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDSs indicated Resident 69 had no physical and verbal behavioral symptoms documented, such as hitting, kicking, pushing, pacing, scratching, grabbing, threatening, screaming, or cursing at others, was taking antipsychotics, and no GDR was attempted. During a review of Resident 69's Care Plan (a document outlining a detailed approach to care customized to an individual resident's need) revised 9/4/2025, the Care Plan indicated Resident 69 was on antipsychotic medication olanzapine for psychosis from calm to hostile behavior with a goal of decreased episodes of sign and symptoms of diagnosis. During a review of Resident 69's Medication Administration Record (MAR - a record of medications administered to residents), between May 2025 and June 2026, the MARs indicated: Resident 69 was prescribed olanzapine 2.5 mg one (1) tablet orally at bedtime related to psychosis from calm to hostile behavior, to be given at 9 p.m. every day. To monitor episodes of psychotic behavior manifested by mood swings from calm to hostile behavior every shift (3 times a day) for olanzapine use, starting 2/25/2025. During the same review, the MARs indicated the following: Resident 69 received olanzapine 2.5 mg daily at 9 p.m. between 5/1/2025 and 6/30/2026. Resident 69 had zero (0) documented behaviors of psychotic behavior manifested by mood swings from calm to hostile behavior that were monitored three (3) times per day between 5/1/2025 and 5/31/2025 Resident 69 had zero (0) documented behaviors of psychotic behavior manifested by mood swings from calm to hostile behavior that were monitored three (3) times per day between 6/1/2025 and 6/30/2025 Resident 69 had zero (0) documented behaviors of psychotic behavior manifested by mood swings from calm to hostile behavior that were monitored three (3) times per day between 7/1/2025 and (continued on next page)		

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 07/02/2026
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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7/31/2025 Resident 69 had one (1) documented behaviors of psychotic behavior manifested by mood swings from calm to hostile behavior on 8/28/2025 that were monitored three (3) times per day between 8/1/2025 and 8/31/2025 Resident 69 had zero (0) documented behaviors of psychotic behavior manifested by mood swings from calm to hostile behavior that were monitored three (3) times per day between 9/1/2025 and 9/30/2025 Resident 69 had zero (0) documented behaviors of psychotic behavior manifested by mood swings from calm to hostile behavior that were monitored three (3) times per day between 10/1/2025 and 10/31/2025 Resident 69 had zero (0) documented behaviors of psychotic behavior manifested by mood swings from calm to hostile behavior that were monitored three (3) times per day between 11/1/2025 and 11/30/2025 Resident 69 had five (5) documented behaviors of psychotic behavior manifested by mood swings from calm to hostile behavior on 12/15/2025, six (6) on 12/16/2026 and four (4) on 12/17/2026 that were monitored three (3) times per day between 12/1/2025 and 12/31/2025 Resident 69 had zero (0) documented behaviors of psychotic behavior manifested by mood swings from calm to hostile behavior that were monitored three (3) times per day between 1/1/2026 and 1/31/2026 Resident 69 had zero (0) documented behaviors of psychotic behavior manifested by mood swings from calm to hostile behavior that were monitored three (3) times per day between 2/1/2026 and 2/28/2026 Resident 69 had zero (0) documented behaviors of psychotic behavior manifested by mood swings from calm to hostile behavior that were monitored three (3) times per day between 3/1/2026 and 3/31/2026 Resident 69 had zero (0) documented behaviors of psychotic behavior manifested by mood swings from calm to hostile behavior that were monitored three (3) times per day between 4/1/2026 and 4/30/2026 Resident 69 had zero (0) documented behaviors of psychotic behavior manifested by mood swings from calm to hostile behavior that were monitored three (3) times per day between 5/1/2026 and 5/31/2021 Resident 69 had zero (0) documented behaviors of psychotic behavior manifested by mood swings from calm to hostile behavior that were monitored three (3) times per day between 6/1/2026 and 6/30/2026. During a concurrent interview and record review on 6/30/2026 at 3 p.m. with the Director of Nursing (DON) and Assistant DON (ADON,) Resident 69's MDSs dated 5/27/2025, 8/22/2025, 11/19/2025 and 2/16/2026, Care Plan revised 9/4/2025, and MARs between May 2025 and June 2026 were reviewed. The DON acknowledged the documentation indicated that Resident 69 had no documented behaviors of psychotic behavior manifested by mood swings from calm to hostile behavior since December 17, 2025 and no documented behaviors of psychotic behavior manifested by mood swings from calm to hostile behavior between 5/1/2025 and 12/15/2025, and no documented physical and verbal behavioral symptoms documented on MDSs since May 2025, and a Care Plan (revised 9/4/2025) with a goal of decreased episodes of signs and symptoms of the diagnosis. The DON acknowledged the Care Plan goals for decreased episodes of sign and symptoms of diagnosis were met. The DON acknowledged Resident 69 continued to receive olanzapine 2.5 mg daily as originally prescribed since 2/25/2025. The DON stated Resident 69's clinical record did not indicate a specific clinical rationale for continuing olanzapine as originally prescribed or a clinical contraindication or risk for attempting a GDR. The DON stated it was important to identify the absence of behaviors and when individual resident goals were met and consider GDR for psychotropic medications to ensure residents receive treatment optimal for their condition while maintaining their highest level of well-being. The DON stated the goal for GDRs was to provide behavior management at the lowest possible dose with the least number of adverse consequences for residents. The DON stated when GDRs were not attempted due to clinical contraindications, the contraindications must be thoroughly documented in the resident's clinical record. The DON stated that the facility should have attempted a GDR for olanzapine 2.5 mg daily or provided documentation indicating a clinical rationale (continued on next page)		

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 07/02/2026
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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	for continuing olanzapine 2.5 mg daily or what specific contraindications prevented the attempt for GDR for Resident 69. The DON stated the facility failed to attempt a GDR annually for olanzapine and/or to indicate a clinical rationale for continuing olanzapine or what clinical contraindications prevented a GDR. The DON stated as a result, Resident 69 was placed at risk of continuing unnecessary psychotropic medication that could result in adverse consequences and side effects, negatively impacting Resident 69's well-being. The DON stated the DON will immediately communicate with Resident 69's physician for assessment of GDR for olanzapine use. During a review of facility provided Progress Note dated 7/1/2026 for Resident 69, the note indicated that telehealth encounter was conducted by Medication Doctor (MD) 1 with the responsible party to discuss the clinical rationale for a new GDR attempt for olanzapine noting that a significant period had passed since previous GDR attempt, warranting a reassessment, with a plan to initiate GDR of olanzapine to 2.5 mg at bedtime Monday through Saturday. During a review of the facility's Policy and Procedures (P&P) titled Psychotropic Medication Management, last reviewed 1/15/2026, the P&P indicated: Residents who use psychotropic drugs receive gradual dose reductions (GDR), and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. Purpose -To ensure residents only receive psychotropic medications when other nonpharmacological interventions are clinically contraindicated and that residents only remain on psychotropic medications when a gradual dose reduction has been ineffective or clinically contraindicated. Definitions -Gradual Dose Reduction (GDR) is the stepwise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued. -Psychotropic Medication: Any drug that affects brain activities associated with mental processes and behavior. This category includes medications in the categories of antipsychotics, anti-depressants, antianxiety, and hypnotics. Procedure 11. Quarterly thereafter, or with any significant change in condition, the residents will be calendared by the SSD for IDT review to assess for continued need/ justification of the medication and possible Gradual Dose Reduction.		

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 07/02/2026
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to conduct an accurate Minimum Data Set (MDS- a resident assessment tool) assessment, reflecting a resident's status at the time of assessment for three (Resident 8, Resident 30, and Resident 117) of 29 sampled residents by failing to: a. Indicate that Resident 8 was receiving restorative nursing program including passive range of motion exercises. This failure had the potential to negatively affect Resident 8's plan of care and the delivery of necessary care and services. b. Accurately assess Resident 30's fall risk evaluation dated 6/5/2026. This failure had the potential to affect the provision of Resident 30's care and provided inaccurate information to the Federal database. c. Ensure Resident 117's diagnosis of depression (a mood disorder that causes a persistent feeling of sadness and loss of interest) was reflected in the resident's list of active diagnoses in the MDS and Face Sheet (a document containing demographic and diagnostic information). This failure resulted in Resident 117 having an inaccurate MDS and diagnostic assessment. Findings: a. During a review of Resident 8's admission Record indicated the resident was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included end stage renal disease (when kidneys no longer function well enough to meet a body's needs) and dependence on renal dialysis (a life-sustaining treatment required when the kidneys lose the ability to filter waste and excess fluid from the blood). During a review of Resident 8's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 5/26/2026, indicated that the resident's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and senses) skills for daily decision making were severely impaired. The MDS in Section GG (Functional Abilities) indicated that the resident required substantial/maximal assistance (helper does more than half the effort) for toileting hygiene and shower, upper body dressing, lower body dressing, and putting on/taking off footwear. The MDS also indicated in Section O (Special Treatments, Procedures, and Programs) that the resident has not performed any passive and active range of motion exercises. During a review of Resident 8's Order Summary Report (OSR), as of 7/1/2026, the OSR indicated the following restorative nursing programs orders: 1.6/20/2026- RNA program for passive range of motion (PROM) exercises on right upper extremities (RUE) followed by carrot hand roll up to 4 hours once a day 7x/week as tolerated with skin check for redness or skin breakdown every day shift. 2.6/20/2026- RNA program for passive range of motion (PROM) exercises on right lower extremities (RLE) followed by right knee extension splint up to 4 hours once a day 7x/week as tolerated with skin checks for redness or skin breakdown every day shift. 3.Restorative Nursing Administration Record for the month of May 2026. During a concurrent interview and record review on 07/01/2026 at 1:03 p.m. with the Assistant Director of Nursing (ADON), reviewed Resident 8's MDS Section O, dated 5/26/2026, OSR for the RNA programs, dated 6/20/2026, and Restorative Nursing Record for the month of May 2026. ADON (continued on next page)		

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 07/02/2026
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	stated that the MDS in Section O do not reflect the resident's status because the coding indicated that no restorative nursing program were provided when in fact the Restorative Nursing Record for the month of May 2026 was signed off as provided. ADON stated that the MDS dated [DATE] was inaccurate. During a review of the Resident Assessment Instrument (RAI) Manual for the MDS, revised 10/2025, the RAI Manual indicated in the Steps for Assessment that For the 7-day look-back period, enter the number of days on which the technique, training or skill practice was performed for a total of at least 15 minutes during the 24-hour period. b. During a review of Resident 30's Face Sheet, the Face Sheet indicated that the facility admitted Resident 30 on 6/4/2026, with diagnoses including nontraumatic subarachnoid hemorrhage (a rare but life-threatening type of cerebral vascular accident [CVA - blood flow to a part of the brain is suddenly interrupted] where bleeding occurs suddenly in the space between the brain and the skull) and type 2 diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 30's History and Physical (H&P) dated 6/8/2026, the H&P indicated Resident 30 did not have the capacity to understand and make decisions. During a review of Resident 30's Minimum Data Set (MDS - a resident assessment tool) dated 6/9/2026, the MDS indicated that Resident 30 usually understood others and was usually understood by others. The MDS indicated that Resident 30 was dependent (helper does all the effort) on staff for toileting hygiene, lower body dressing, and putting on/taking off footwear. During a concurrent interview and record review of Resident 30's Fall Risk Evaluation dated 6/5/2026 on 7/2/2026 at 1:36 p.m. with the Minimum Data Set Nurse (MDSN), the MDSN reviewed Resident 30's Fall Risk Evaluation. The MDSN stated the section for predisposing disease was filled out incorrectly. None present was selected when in fact Resident 30 has a listed predisposing disease, CVA. The MDSN stated all assessments should be filled out correctly because it affects the overall score and how much of a risk factor the resident is. During an interview on 7/2/2026 at 3:02 p.m. with the Director of Nursing (DON), the DON stated all staff members are expected to assess fill out evaluations accurately to ensure residents get the appropriate care and services. The DON stated Resident 30's fall risk evaluation should have included his predisposing diseases. During a review of the facility's Policy and Procedure (P&P) titled Fall Management Systems, last reviewed on 1/15/2026, the P&P indicated the facility is to provide each resident with appropriate assessments and interventions to prevent falls. c. During a review of Resident 117's Face Sheet dated 6/30/2026, the Face Sheet indicated Resident (continued on next page)		

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 07/02/2026
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	117 was originally admitted on [DATE] with diagnoses including, but not limited to, heart failure and hypertension (high blood pressure.) During a review of Resident 117's Neurobehavioral Status Exam (a document used by neuropsychologist [an expert who studies how the brain affects the way one thinks, acts, and feels] to evaluate the resident,) dated 4/28/2026, the document indicated Resident 117 had depressed mood, impaired (weakened) judgement (ability to think and make decisions,) moderate to severe cognitive (processed related to thinking, learning, remembering, understanding and making decisions) impairment, significant major depression and an active diagnosis of depression. ^ During a review of Resident 117's MDS, dated [DATE], the MDS indicated the resident 117 cognition was severely impaired. The MDS did not indicate the residents had depression under the Active Diagnoses section. The MDS indicated the resident was taking antidepressants (medications used for depression.) During a review of Resident 117's Order Summary Report (a report listing the physician order for the resident,) dated 6/30/2026, the report indicated Resident 117 was prescribed trazodone (a medication used for depression) 50 milligram ([mg] &ndash; a unit of measure of mass) to give one (1) tablet orally at bedtime for depression manifested by inability to sleep, starting 5/7/2026. During a review of Resident 117's ([MAR] - a document of the medications administered to a resident that is part of the resident's permanent medical record], for June 2026, the MAR indicated Resident 117 was prescribed trazodone 50 mg one (1) tablet orally at bedtime for depression manifested by inability to sleep, to be given at 9 p.m. During a concurrent interview and record review on 6/30/2026 at 3 p.m. with the Director of Nursing (DON) and Assistant DON (ADON,) Resident 117's Neurobehavioral Status Exam dated 4/28/2026, MDS dated [DATE], Order Summary 6/30/2026, MAR June 2026, was reviewed. The DON acknowledged that the Face Sheet and MDS did not indicate a diagnosis of depression under the Active Diagnoses section, despite Neurobehavioral Status Exam indicating Resident 117 had active depression and was prescribed trazodone for the depression. The DON and ADON both stated that a diagnosis of depression should be included in the MDS and Face Sheet because Resident 117 has diagnosis of depression. The DON added that the MDS should include a diagnosis of depression so that the assessment contains all necessary information so that the care plan includes appropriate monitoring of the resident's behavior, and because CMS (Centers for Medicare & Medicaid Services) requires facilities to report all active diagnoses on the MDS. The DON stated the MDS was not accurately coded. During an interview on 7/1/2026 at 9:36 a.m., with Minimum Data Set Nurse (MDSN,) MDSN stated that the 5/7/2026 MDS was not accurate. The MDSN stated that she overlooked to include diagnosis of depression in the active diagnosis in the MDS and the Face Sheet, and updated the MDS and Face sheet yesterday (6/30/2026) to include diagnosis of depression, after it was brought to her attention by the surveyor. The MDSN stated that Resident 117 was prescribed trazodone for depression starting 5/7/2026 and Neurobehavioral Status Exam dated 4/28/2026 also indicated diagnosis of depression. (continued on next page)		

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

Printed: 10/09/2026
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 07/02/2026
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's policy and procedure (P&P) titled, MDS Assessment Instrument/MDS 3.0 last reviewed on 1/15/2026, the P&P indicated: To ensure accurate, timely, and compliant completion of the Minimum Data Set (MDS) assessments in accordance with the Centers for Medicare & Medicaid Services (CMS) Resident Assessment Instrument (RAI) Manual and applicable federal and state regulations. 7. Corrections and modifications will be completed in accordance with CMS correction policies and procedures outlined in the CMS Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, Version 1.20.1 (October 2025), and subsequent CMS updates. 9. The facility will conduct ongoing monitoring and auditing of MDS processes to promote accuracy, compliance, and quality outcomes. ..		

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 07/02/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 observation, interview and record review, the facility failed to develop and implement a comprehensive care plan (CP - a plan of care that summarizes a resident's health conditions, specific care and services facility staff need to provide) for six of 29 sampled residents (Resident 108, 1, 117, 90, 48) by failing to: a. Develop a CP to address positioning Resident 108's bed against the wall. This failure had the potential to negatively affect the delivery of care and services to Resident 108. b. Develop a CP to identify the goals of treatment and the interventions necessary for Resident 1's use of oxygen therapy. This failure had the potential to result in failure to deliver the necessary care and services to Resident 1. c. Ensure Resident 117's CP included interventions to address the resident's repeated medication refusals. This failure had the potential to result in Resident 117 not receiving appropriate care and services. d. Develop a CP for Resident 90 regarding the administration of Zofran (Ondansetron - a medication used to prevent and treat nausea and vomiting.) This failure had the potential to result in Resident 90 not receiving appropriate care and services. e. Ensure Resident 48 had an individualized CP which included interventions for turning and repositioning at least every two hours in accordance with standards of practice. This failure had the potential to result in Resident 48's increased risk of new pressure ulcer (PU) development and worsening of Resident 48's present sacral (the area between the lower back and buttocks) PU. f. Ensure that Resident 117's CP included objective measurable goals for insomnia. As a result, Resident 117 did not have an identified goal measuring the minimum number of hours the resident spent sleeping, to monitor the effectiveness of Resident 117's medication therapy related to insomnia. This failure had the potential to result in Resident 117 receiving suboptimal (less than the highest standard or quality) care, not knowing how effective the current medication therapy for her insomnia was, possibly leading to medication overdose (giving doses beyond the necessary amount) or underdose (not giving enough of a dose), resulting in excessive sedation or tiredness, and inability to function and participate in normal daily activities. Findings: a. During a review of Resident 108's Face Sheet, the Face Sheet indicated that the facility admitted Resident 108 initially on 8/15/2025 and readmitted on [DATE], with diagnoses including dementia (a progressive state of decline in mental abilities) type 2 diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and difficulty in walking. During a review of Resident 108's Minimum Data Set (MDS &ndash; a resident assessment tool) dated 6/8/2026, the MDS indicated that Resident 108 usually understood others and was usually understood by others. The MDS indicated that Resident 108 did not have a restraint and/or alarm. During a review of Resident 108's History and Physical (H&P) dated 6/11/2026, the H&P indicated Resident 108 had the capacity to understand and make decisions.^^ During a concurrent interview and observation on 6/29/2026 at 8:32 a.m. in resident 108's room with Licensed Vocational Nurse (LVN 2), Resident 108 was observed asleep in bed. LVN 2 stated Resident (continued on next page)		

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 07/02/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	108's right side of the bed was against the wall. During a concurrent interview, and record review on 6/30/2026 at 9:02 a.m., with the Minimum Data Set Nurse (MDSN), the MDSN reviewed Resident 108's care plans. The MDSN stated there was not a care plan regarding a bed against the wall, with interventions, but there should be. The MDSN stated that accurate and complete care plans are extremely important, because the care provided on how to take care of the resident is based on the care plan. During an interview on 7/2/2026 at 2:51 p.m. with the Director of Nursing (DON), the DON stated her licensed nurses are expected to complete a care plan regarding positioning a bed against the wall prior to placing the bed against the wall. During a review of the facility's policy and procedure (P&P), titled, Comprehensive Person-Centered Care Planning, last reviewed on 1/15/2026, the P&P indicated that it is the policy of this facility that the Interdisciplinary Team (IDT) shall develop a comprehensive 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. b. During a review of Resident 1's Face Sheet (FS- admission record), the FS indicated that the facility originally admitted the resident on 3/22/2023 and readmitted on [DATE] with diagnoses that included hypertension (high blood pressure) and acute respiratory failure with hypoxia (a critical condition where the lungs cannot adequately transfer oxygen to the bloodstream). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 6/15/2026, the MDS indicated the resident's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) skills for daily decision making were intact and the resident was totally dependent (helper does all the effort) on staff for eating, oral hygiene, toileting hygiene, shower, upper and lower body dressing, putting on/taking off footwear, and personal hygiene. During a review of Resident 1's Physician's Order dated 4/19/2026, included an order to infuse oxygen (a treatment that provides extra oxygen to breathe in, often needed for conditions causing low blood oxygen levels) at 2 Liters per minute (LPM) as needed via nasal cannula (a medical device that delivers supplemental oxygen therapy to people with low oxygen levels) to keep oxygen saturation (the amount of oxygen that's circulating in your blood) above 90% every shift for shortness of breath and revised on 5/16/2026. During a concurrent interview and record review on 7/01/2026 at 8:36 a.m. with the Assistant Director of Nursing, Resident 1's oxygen orders and care plans were reviewed. The ADON stated that for any resident on oxygen therapy, a care plan must be developed to ensure the goals of treatment are identified, and interventions are provided to achieve the goals. The ADON stated that there was no care plan developed for Resident 1's oxygen therapy use. The ADON stated that without a care plan, the staff caring for the resident may not be able to provide the necessary care and services to the resident, such as ensuring infection prevention and control is adhered to, for example changing tubing when soiled and keeping tubing above the floor. (continued on next page)		

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 07/02/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's policy and procedure (P&P), titled, Comprehensive Person-Centered Care Planning, last reviewed on 1/15/2026, the P&P indicated that it is the policy of this facility that the Interdisciplinary Team (IDT) shall develop a comprehensive 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. c. During a review of Resident 117's Face Sheet, the Face Sheet indicated the facility originally admitted Resident 117 on 3/13/2026 with diagnoses including hypertension (HTN-high blood pressure), thyrotoxicosis (a condition of excess thyroid hormone), severe protein-calorie malnutrition (serious condition where both protein and energy intake are grossly insufficient to meet the body's needs). During a review of Resident 117's History and Physical (H & P) dated 3/18/2026, the H&P indicated Resident 117 can make needs known but cannot make medical decisions. During a review of Resident 117's Minimum Data Set (MDS - a resident assessment tool), dated 5/07/2026, the MDS indicated Resident 117's cognition (mental action or process of acquiring knowledge and understanding) for daily decision was severely impaired. During a review of Resident 117's Order Summary Report (OSR) active order as of dated 7/2/2026, the Physician Order Report indicated the following orders: 1.Order date of 3/13/2026- Methimazoles Oral Tablet 10 Mg. (Methimazole). Give one 1 tablet by mouth one time a day for hyperthyroidism. 2.Order date of 3/13/2026- Multiple Vitamins-Minerals Tablet Give 1 tablet by mouth one time a day for supplement.3.Order date of 5/7/2026- trazodone HCl Oral Tablet 50 Mg. (Trazodone HCl). Give 1 tablet by mouth at bedtime for depression manifested by inability to sleep. 4.Order date of 3/13/2026- Lubiprostone Oral Capsule 8 Mcg. (Lubiprostone). Give 1 capsule by mouth two times a day for chronic idiopathic constipation. Give with food, do not open capsule. 5.Order date of 3/13/2026- Propranolol HCl Oral Tablet 10 Mg. (Propranolol HCl). Give 1 tablet by mouth every 12 hours for HTN, hold for SBP less than 110 or HR less than 60. During a concurrent interview and record review on 6/2/2026 at 10:02 a.m., with the Minimum Data Set Nurse (MDSN), Resident 117's Medication Administration Record (MAR) dated 6/01/2026 to 6/30/2026 was reviewed. The MDSN stated Resident 117's MAR indicated the following: 1-Recived Methimazoles Oral Tablet 10 MG (Methimazole) for hyperthyroidism on 6/3/2026, 6/20/2026, 6/30/2026 at 9:00 a.m., all other scheduled ones indicated 1, which means refused. (Refused 27 times in month of June) 2- Received Multiple Vitamins-Minerals Tablet for Supplement on 6/3/2026, 6/20/2026, 6/30/2026 at 9:00 a.m., all other scheduled ones indicated 1, which means refused. (Refused 27 times in month of June) 3-Trazodone HCl Oral Tablet 50 MG (Trazodone HCl). Give 1 tablet by mouth at bedtime for depression manifested by inability to sleep indicated 1, which means refused on 6/4/2026, 6/5/2026, 6/16/2026, 6/19/2026, 6/23/2026, 6/24/2026, and 6/30/2026 at 9 a.m. (Refused 7 times in the month of June) (continued on next page)		

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 07/02/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4- Received Lubiprostone Oral Capsule 8 MCG (Lubiprostone)for chronic idiopathic constipation on 6/3/2026, 6/20/2026, 6/30/2026 at 9:00 a.m., all other scheduled ones indicated 1, which means refused. (refused 27 times in month of June) 5-Recived Propranolol HCl Oral Tablet 10 MG (Propranolol HCl) for HTN hold for SBP less than 110 or HR less than 60 on 6/3/2026 and 6/30/2026 at 9:00 a.m. all other scheduled ones indicated 1, which means refused, and on 6/20/2026 indicated 2, which means hold. (refused 26 times in month of June) The MDSN nurse stated when a Resident refuses medication, staff should notify the physician and document in the progress note or create a Change of Condition Evaluation (COC) and create a care plan. The MDSN stated the physician should be notified in case he/she wants to make any changes in the plan of care. The MDSN stated if Resident 117 did not take medications for hypertension, hyperthyroidism, malnutrition, constipation, and depression, Resident 117's conditions may worsen, including but not limited to uncontrolled blood pressure and thyroid storm with complications such as agitation and delirium. During a concurrent interview and record review on 7/2/2026 at 10:16 a.m. with the MDSN, Resident 117's active care plans from 06/01/2026 to 06/30/2026 were reviewed. The MDSN nurse stated there was no resident centered care plan developed for Resident 117 refusing medication three consecutive times. The MDSN stated it is important to develop a care plan since it is a guideline for nurses to know what interventions to take when a resident refuses medication. During a concurrent interview and record review on 7/2/2026 at 10:26 a.m. with the Director of Nursing (DON), Resident 117's documents including IDT notes and care plan from 6/1/2026 to 6/30/2026 were reviewed. The DON stated there is no care plan nor IDT for refusal of medication. The DON stated staff should develop a care plan and an IDT meeting should have been conducted when Resident117 refused medication three times in a row, to discuss appropriate interventions for Resident 117. The DON stated that refusing several medications in a row can place the resident at risk for negative health complication. The DON further stated that there was no IDT meeting completed regarding Resident 117's medication refusals. During a review of the facility's policy and procedure (P&P) titled Comprehensive Person-Centered, Care Plan last reviewed on 1/15/2026, the P&P indicated it is the policy of this facility that the interdisciplinary team (IDT) 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. The IDT team will also develop and implement a baseline care plan for each resident. Interdisciplinary team conferences with the resident and/or appropriate surrogate will be held as appropriate, to further explore the refusal of care and treatment. Discussion of potential consequences related to refusal of care will be reflected in IDT notes. If refusal of treatment is a pattern of response, then the Plan of Care should be revised to reflect staff approaches identified. During a review of the facility's P&P titled, Care and treatment Refusal of, reviewed on 1/15/2026, the P&P indicated a pattern of refusal for 3 days require physician notification. The facility will notify the resident attending physician of the refusal and document in the progress note. Nursing notes related to physician notification will include date time, who contacted and specifics of the refusal. (continued on next page)		

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 07/02/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	When a resident refuses care or treatment, the interdisciplinary team will notify the resident or appropriate surrogate about the benefits of the treatment, possible clinical consequences of refusal of treatment, and alternate treatments currently available. This notification will be documented in the progress notes. d. During a review of Resident 90's Face Sheet, the Face Sheet indicated the resident was admitted to the facility on [DATE] with diagnoses that included hypertension (high blood pressure), major depressive disorder (constant feeling of sadness), anemia (a condition where the body does not have enough healthy red blood cells). During a review of Resident 90's History and Physical (H&P) dated 5/19/2026, the H&P indicated the resident has the capacity to understand and make decisions. During a review of Resident 90's Minimum Data Set (MDS, a resident assessment tool) dated 5/20/2026, the MDS indicated Resident 90 has moderate cognitive impairment (mental action or process of acquiring knowledge and understanding) for daily decision. During a review of Resident 90's Order Summary Report, active order as of 7/02/2026 indicated an order with start date of 6/27/2026. The Order Listing Report indicated to give Zofran (Ondansetron) Tablet 4 milligram (mg) 1 tablet by mouth every 4 hours needed for nausea. During a review of Resident 90's Medication Administration Record (MAR) dated 6/01/2026 to 6/30/2026, the MAR indicated Resident 90 received Zofran (Ondansetron) 4 mg 1 tablet by mouth every 4 hours as needed for nausea on the following dates: 6/27/2026 at 4:50 p.m. 6/28/2026 at 8:44 a.m. 6/28/2026 at 1:08 p.m. 6/28/2026 at 9:25 p.m. 6/29/2026 at 4:10 p.m. During a concurrent interview and record review on 7/1/2026 at 10:48 a.m. with the MDSN, Resident 90's active care plans from 06/01/2026 to 06/30/2026 were reviewed. The MDS nurse stated that no care plan had been created for Resident 90, who is receiving Zofran. The MDS nurse explained that developing a care plan is essential because it guides staff on the appropriate interventions such as monitoring symptoms and assessing the effectiveness of the medication and treatment. During a concurrent interview and record review on 7/2/2026 at 8:45 a.m. with the DON, Resident 90's active care plans from 06/01/2026 to 06/30/2026 were reviewed. The DON stated that no care plan was developed for Resident 90, who is receiving Zofran as needed. The DON stated any new medications ordered by the physician entails that a care plan must be developed to create guidelines for nurses to follow. During a review of the facility's policy and procedure (P&P) titled Comprehensive Person-Centered, Care Plan last reviewed on 1/15/2026, the P&P indicated it is the policy of this facility that the interdisciplinary team (IDT) 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. The IDT team will also develop and implement a baseline care plan for each resident. Interdisciplinary team conferences with the resident and/or appropriate surrogate will be held as appropriate, to further (continued on next page)		

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 07/02/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	explore the refusal of care and treatment. Discussion of potential consequences related to refusal of care will be reflected in the IDT notes. If refusal of treatment is a pattern of response, then the Plan of Care should be revised to reflect the staff approaches identified. During a review of the facility's P&P titled, Care and treatment Refusal of, reviewed on 1/15/2026, the P&P indicated a pattern of refusal for 3 days require physician notification. The facility will notify the resident attending physician of refusal and document in the progress note. Nursing notes related to physician notification will include date time, who was contacted and specifics of the refusal. When a resident refuses care or treatment, the interdisciplinary team will notify the resident or surrogate about the benefits of the treatment, possible clinical consequences of refusal of treatment, and alternate treatments currently available. This notification will be documented in the progress notes. e. During a review of Resident 48's Face Sheet, the Face Sheet indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including but not limited to Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), cellulitis of the abdominal wall (a skin infection that causes swelling and redness), and dysphagia (difficulty swallowing). During a review of Resident 48's History and Physical (H&P), dated 6/26/2026, the H&P indicated Resident 48 was bedbound, had a sacral pressure ulcer, and did not have the capacity to understand and make decisions. During a review of Resident 48's Minimum Data Set (MDS - a comprehensive standardized assessment and care-screening tool), dated 2/10/2026, the MDS indicated Resident 48 had pressure ulcer/injury over a bony prominence, including four Stage 1 (non-blanchable redness of intact skin) pressure injuries and one Stage 4 (full-thickness skin and tissue loss) PU present on admission. The MDS further indicated Resident 48 had severely impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses), and dependence on activities of daily living (ADLs - activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 48's Care Plan, revised on 12/23/2025, the Care Plan indicated Resident 48 had a sacral pressure ulcer Stage 4 increased in size, length, width, and undermining (the internal skin damage is larger than the visible opening on the skin surface). The Care Plan did not indicate individualized turning and repositioning interventions. A further review of Resident 48's Care Plan, revised 6/26/2026, indicated a sacral ulcer stage 4 related to immobility, diagnosis process, and history of pressure ulcers. The Care Plan did not indicate individualized interventions for turning and repositioning Resident 48 every two hours and/or as needed. During a review of Resident 48's Physician Orders, dated 6/26/2026, the Physician Orders did not indicate an order for turning and repositioning. During a review of Resident 48's Braden Scale Evaluation (a scale used to predict pressure ulcer risk), dated 6/26/2026, the Braden Scale score for Resident 48 was seven (a score of nine or below fall into severe risk level). (continued on next page)		

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 07/02/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 6/30/2026 at 1:10 p.m. with Resident 48's Representative (RP), the RP stated it did not seem like staff were turning Resident 48 every two hours to promote healing of sacral PU. During an interview on 7/2/2026 at 8:29 a.m. with the Treatment Nurse (TN) 1, TN 1 stated Resident 48's sacral PU healing is progressing slowly. TN 1 stated Resident 48 had been in and out of the hospital, and on the last re-admission to the facility, the PU looked worse than before Resident 48 was transferred to the hospital. TN1 stated Resident 48 should be turned every two hours. During an observation on 7/2/2026 at 9:42 a.m. in Resident 48's room, with TN 1, TN 1 removed Resident 48's sacral wound dressing, the wound was observed with full-thickness skin and tissue loss, exposing the muscle and undermining (wound tissue separation that creates pockets under healthy skin). During a concurrent interview and record review on 7/2/2026 at 9:42 a.m. with CNA 8, Resident 48's health record was reviewed. The health record did not indicate intervention for turning/repositioning Resident 48 every two hours. During a concurrent interview and record review on 7/2/2026 at 2:23 p.m. with Assistant Director of Nursing (ADON), Resident's 48's Physician Orders and Care Plan were reviewed. There was no Physician Order for turning and repositioning, and no individualized Care Plan indicating turning/repositioning every two hours. The ADON stated bedbound residents are turned and repositioned every two hours and as needed. The ADON stated there was no documentation indicating Resident 48 was turned every two hours or as needed. During an interview on 7/2/2026 at 2:53 p.m. with the Director of Staff Development (DSD), DSD stated the standard of practice for turning and repositioning is every two hours, especially for residents who have pressure ulcers. The DSD stated the turning and repositioning intervention for every two hours should be included in the residents' interventions and tasks. During a review of the facility's policy and procedure (P&P) titled, Comprehensive Person-Centered Care Planning, last revised April 2026, the P&P indicated the Interdisciplinary Team (IDT) shall develop a comprehensive person-centered care plan for each resident.including a baseline care plan that meet professional standards of quality care. f. During a review of Resident 117's Face Sheet, the Face Sheet indicated Resident 117 was originally admitted on [DATE], with diagnoses including, but not limited to, heart failure and hypertension (high blood pressure), and failure to thrive. During a review of Resident 117's Care Plan, initiated 4/30/2026, the Care Plan indicated Resident 117 was on trazodone for depression manifested by inability to sleep with a goal of having improved sleep by documenting episodes of insomnia less than weekly. The Care Plan did not indicate a measurable target goal for hours of sleep. During a review of Resident 117's MDS, dated [DATE], the MDS indicated Resident 117's cognition was severely impaired. The MDS did not indicate that the resident had trouble falling or staying (continued on next page)		

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 07/02/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	asleep or sleeping too much. The MDS indicated the resident was taking antidepressants (medications used for depression.) During a review of Resident 117's Order Summary (a document containing orders prescribed by the doctor), dated 6/30/2026, the report indicated Resident 117 was prescribed trazodone (an antidepressant medication used to treat insomnia) 50 milligram ([mg]- a unit of measure of mass) tablet orally at bedtime for depression manifested by inability to sleep, starting 5/7/2026. During a review of Resident 117's ([MAR] - a document of the medications administered to a resident that is part of the resident's permanent medical record) for June 2026, the MAR indicated Resident 117 was:1.Prescribed trazodone 50 mg one (1) tablet orally at bedtime for depression manifested by inability to sleep, to be given at 9 p.m. 2.Monitored for hours of sleep every evening and night shift for trazodone use and had slept between one (1) and three (3) hours in the evening and four (4) to six (6) hours at night daily. During a concurrent interview and record review on 6/30/2026 at 3 p.m. with the Director of Nursing (DON) and Assistant DON (ADON,) Resident 117's MDS dated [DATE], Care plan initiated 4/30/2026, Order Summary dated 6/30/2026, and MAR for June 2026, were reviewed. The DON stated Care Plans should include objective measurable goals for a resident's area of concern to evaluate the effectiveness of medications. The DON stated that Resident 117's Care Plan should indicate an individualized goal for the minimum or maximum number of hours of sleep needed for Resident 117 with the use of trazodone. The DON stated that monitoring for insomnia was individualized for each resident, because each resident may require different amounts of sleep for their condition and/or preference. The DON stated the number of hours slept was being monitored for Resident 117, but the facility failed to care plan the number of hours of sleep needed for Resident 117. The DON stated that without an identified goal for hours of sleep, it was unknown what outcome was acceptable for Resident 117's insomnia with trazodone use. The DON stated that nursing staff usually communicate the number of hours residents slept to the physician. However, because the Care Plan lacked goal hours, the staff cannot determine if Resident 117's current number of hours were of concern, and unclear when to trigger communication to the physician for reassessment of effectiveness of trazodone or what was an acceptable outcome for Resident 117's insomnia. The DON stated the facility failed to include an individualized measurable goal for hours of sleep with the use of trazodone for insomnia in the Care Plan for Resident 117. During a review of review facility's Policy and Procedures (P&P,) titled Comprehensive Person-Centered Care Planning, last reviewed 1/15/2026, the P&P indicated: It is the policy of this facility that the interdisciplinary team (IDT) 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.4.The facility IDT will develop and implement a comprehensive person-centered, . care plan for each resident .and will include resident's needs identified in the comprehensive assessment, ., and resident's goals and desired outcomes, . ^		

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 07/02/2026
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure pharmaceutical services were provided for 3 out of 29 sampled residents (Residents 60, 90, and 112) by failing to: 1. Ensure to obtain a physician's order and conduct a self-administration evaluation for the use of hydrocortisone 1% cream (topical medication used to temporarily relieve itching, redness, swelling, and irritation) which was found at Resident 60's bedside. This failure had the potential to result in Resident 60 to administer the medication incorrectly leading to either overuse or underuse resulting in not treating the condition and adverse consequences. 2. Ensure to accurately document medication administration, assessment, and medication effectiveness for Resident 90 in the electronic medication administration record (eMAR). This failure had the potential to result in medication errors, compromise the monitoring of therapeutic responses, and lead to adverse outcomes for the resident. 3. Ensure there was an available supply of Depakote (a medication used for schizoaffective disorder [a mental condition consisting of varied behavioral manifestations such as anger] in the facility for 1 (one) of four (4) observed residents (Resident 112) for medication administration. As a result, the policy and procedure for medication administration and availability of medications was not followed, resulting in Resident 112 not receiving the 9 a.m. dose of Depakote on 6/29/2026. This failure had the potential to result in Resident 112 receiving suboptimal (less than standard) care, adverse effects (unwanted, uncomfortable, or dangerous effects that medication may have), and negatively impact on health and well-being. In addition, these failures had the potential to result in increased opportunity for CS diversion (the transfer of medications from a lawful to an unlawful channel of distribution or use,) and the risk that residents in the facility experience an accidental exposure to harmful medications possibly leading to physical and psychosocial harm, hospitalization and death. 4. Ensure reconciliation (the process of comparing medication transactions and activity against supporting documentation) was completed for eight (8) emergency medication kits (eKITS) containing controlled medications (also known as Controlled Drug and Controlled Substance [CM, CD, CS]- medications which have a potential for abuse and may also lead to physical or psychological dependence) for June 2026, in one (1) of one (1) inspected Medication Rooms (Medication room [ROOM NUMBER]). This failure had the potential to result in inaccurate controlled substance accountability, medication omissions, incorrect dosages, delayed identification of medication discrepancies or diversion, and adverse resident outcomes, including dangerous drug interactions. Findings: 1. During a review of Resident 60's Face Sheet (admission record, the front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the resident was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses that included chronic kidney disease (the long-term, progressive loss of the kidneys' ability to filter waste and excess fluid from the blood). During a review of Resident 60's Minimum Data Set (MDS, an assessment and care screening tool) dated 6/09/2026, the document indicated Resident 60's cognitive skills for daily decision making (the process of acquiring knowledge and understanding through thought, experience, and senses) were (continued on next page)		

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 07/02/2026
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	intact. The MDS indicated that Resident 60 required setup or clean-up assistance (helper sets up or cleans up; resident completes activity) with eating. During a review of Resident 60's Self-Administration of Medication Assessment, dated 6/09/2026, the assessment indicated Resident 60 was fully capable of storing medications in a secure location, capable of administering topical medications and may keep medications at the bedside. The assessment indicated a note that Resident 60 may self-administer Halobetasol Propionate External Lotion 0.05% and apply to affected area topically every eight hours as needed for itching. However, there was no documentation regarding storing Hydrocortisone at the bedside. During a review of Resident 60's Care Plan for Self-Administration of Medication, initiated on 6/10/2026, the care plan indicated Resident 60 may self-administer Halobetasol Propionate Lotion. The care plan indicated the following: May place Halobetasol Propionate Lotion on the resident's table. May keep Halobetasol at the bedside table. The care plan indicated an intervention which indicated to evaluate the resident's ability to ensure the medication is stored safely and securely. However, there was no indication that hydrocortisone could be administered by Resident 60. During a review of Resident 60's Physician's Orders, the Physician's Orders indicated the following: Monitor the storage of hydrocortisone 1%, (topical medication used to temporarily relieve itching, redness, swelling, and irritation), dated 6/30/2026. Apply Halobetasol Propionate External Cream 0.05%, to abdomen/bilateral (both) arms topically every eight hours as needed for abdominal area/bilateral arm itching, originally dated 4/28/2026 and renewed 6/30/2026. However, there was no physician's order for hydrocortisone. During an interview with Resident 60 on 6/29/2026 at 10:35 a.m., Resident 60 stated he asks for his Halobetasol cream for itching on his arms and abdomen. Resident 60 stated he is frustrated because the licensed nurses forget to bring the Halobetasol cream or tell him they must get the medication from the treatment cart and then they do not bring him the medication. During an observation with Treatment Nurse 1 (TN 1) on 6/29/2026 at 11 a.m., TN 1 looked for Resident 60's Halobetasol cream in one of the treatment carts and did not find it. TN 1 then looked in the second treatment cart and did not find the cream. TN 1 went back to the previous treatment cart, looked further and found Resident 60's Halobetasol cream. During a concurrent observation and interview on 6/29/2026 at 2:37 p.m., the Director of Nursing (DON) and Assistant Director of Nursing (ADON) observed the hydrocortisone cream 1% inside Resident 60's top bedside drawer on the resident's right side, and on the exterior top of the drawers. Resident 60 stated he bought the hydrocortisone cream on Amazon because no one is bringing him his Halobetasol cream. During an interview with the DON and ADON on 6/29/2026 at 2:45 p.m., the DON stated the hydrocortisone should be secure from other residents and not accessible on the top of the drawers. The DON and ADON stated they did not know Resident 60 had the medication at bedside even though it was visible on the top exterior of the drawers to the resident's right side. The DON stated there should be an order for Resident 60's hydrocortisone 1% cream. The ADON stated it is important to (continued on next page)		

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 07/02/2026
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	have an order for all Resident 60's medications since he is in the facility's 24-hour care, 7 days a week. The ADON also stated it is important to have a physician's order to ensure there is a frequency to ensure the resident would not administer the cream in excessive doses. The ADON stated this is important to ensure Resident 60 is not taking too much of the medication. The ADON stated the hydrocortisone 1% cream should be secured. The ADON stated this is important to ensure other residents do not enter the room and take it. During an interview with Resident 60's Wound Physician's Assistant (WPA) on 7/01/2026 at 11:12 a.m., the WPA stated he recommended Halobetasol cream for Resident 60's itching. The WPA stated hydrocortisone is similar to Halobetasol, but Halobetasol has a higher potency (higher strength). During a review of the facility's policy and procedure titled, Self-Administration of Medications, last reviewed 1/15/2026, indicated the following: Nursing will be responsible for recording self-administered doses in the resident's medication administration record. Storage and location of drug administration (e.g., resident's room, nurses' station, or activities room) will comply with state and federal requirements for medication storage. During a review of the policy and procedure titled, Medication Administration & General Guidelines, last reviewed 1/15/2026, indicated the following: Medications are administered in accordance with written orders of the prescriber. Residents can self-administer medications when specifically authorized by the attending physician in accordance with procedures for self-administration of medications. 2. During a review of Resident 90's Face Sheet, the Face Sheet indicated the resident was admitted to the facility on [DATE] with diagnoses that included hypertension (high blood pressure), major depressive disorder (constant feeling of sadness), and anemia (a condition where the body does not have enough healthy red blood cells). During a review of Resident 90's History and Physical (H&P) dated 5/19/2026, the H&P indicated the resident has the capacity to understand and make decisions. During a review of Resident 90's MDS dated [DATE], the MDS indicated Resident 90 has moderate cognitive impairment (mental action or process of acquiring knowledge and understanding) for daily decision-making. During a review of Resident 90's Order Summary Report included an active order as of 7/02/2026 with a start date of 6/27/2026, the Order Summary Report indicated to administer Zofran (Ondansetron) (medication to prevent and treat nausea and vomiting) Tablet 4 milligram (mg) 1 tablet by mouth every 4 hours needed for nausea. During a review of the facility provided document titled Packing Slip dated 6/27/2026, the document indicated, the Packing Slip indicated Pharmacy 1 dispensed 10 tablets of Zofran (Ondansetron) Tablet 4 milligram (mg) for Resident 90. During a review of Resident 90's Medication Administration Record (MAR) dated 6/01/2026 (continued on next page)		

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 07/02/2026
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	to 6/30/2026, the MAR indicated Resident 90 received Zofran (Ondansetron) 4 mg one tablet by mouth every 4 hours as needed for nausea on the following dates and times: 1. 6/27/2026 at 4:50 p.m. 2. 6/28/2026 at 8:44 a.m. 3. 6/28/2026 at 1:08 p.m. 4. 6/28/2026 at 9:25 p.m. 5. 6/29/2026 at 4:10 p.m. During a concurrent observation and interview on 6/30/2026 at 2:07 p.m. with Licensed Vocational Nurse (LVN) 1, in Nursing Station 2, Resident 90's PRN medication, Zofran (Ondansetron) 4 mg, ordered as 1 tablet by mouth as needed for nausea, was observed in the bubble pack (a type of medication packaging in which each individual dose is sealed inside its own plastic bubble with a foil backing). Three tablets out of 10 remained in the bubble pack. LVN 1 stated that the pharmacy dispensed ten tablets on 6/27/2026. LVN 1 stated there should be seven corresponding administration entries documented on the eMAR. During a concurrent interview and record review on 6/30/2026 at 2:17 p.m. with LVN 1, the eMAR for Resident 90 dated 6/01/2026 to 6/30/2026 was reviewed. LVN 1 stated the eMAR only documented five administrations of Zofran (Ondansetron), which was not accurate. There were two doses not documented. LVN 1 stated she administered one dose at approximately 11:45 a.m. on 6/30/2026 but forgot to document it on the eMAR. LVN 1 stated that medication must be documented immediately after administration. LVN 1 stated that without documentation, there is no proof the medication was administered and staff may unintentionally administer an additional dose. LVN 1 stated that because Zofran (Ondansetron) is a PRN medication, proper documentation is essential for staff to assess and reassess the resident's symptoms and the effectiveness of the medication. During a concurrent observation and interview on 6/30/2026 at 2:30 p.m. with the ADON in Nursing Station 2, Resident 90's medication, Zofran (Ondansetron) 4 mg for nausea, was observed in the bubble pack. The ADON stated that three of the ten tablets dispensed by the pharmacy remained in the bubble pack and confirmed that these tablets belonged to Resident 90. During a concurrent interview and record review on 6/30/2026 at 2:33 p.m. with the ADON, the eMAR for Resident 90 dated 6/01/2026 to 6/30/2026 was reviewed. The ADON stated that the eMAR showed only five administrations of Zofran (Ondansetron), which was inaccurate, as two doses had not been documented. During a concurrent interview on 7/02/2026 at 8:26 a.m., with the DON, the DON stated that staff must document in the eMAR immediately after administering medication, especially PRN medications, to prevent double dosing, which could lead to an overdose and symptoms such as headache and vomiting. The DON also stated that when nurses do not document, staff cannot determine whether the PRN medication is effective or not. During a review of the facility's policy and procedure (P&P) titled Preparation and General Guidelines dated 1/15/2026, the P&P indicated the individual who administers the medication dose records the administration on the resident's MAR/eMAR directly after the medication is given. At the end of each medication pass, the person administering the medications reviews the MAR/eMAR to ensure necessary doses were administered and documented. Current medications, except topicals used for treatments, are listed on the medication administration record (MAR/eMAR). When PRN medications are administered, the following documentation is provided: (continued on next page)		

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 07/02/2026
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. Date and time of administration, dose, route of administration (if other than oral), and, if applicable, the injection site. b. Complaints or symptoms for which the medication was given. c. Results achieved from giving the dose and the time results were noted. d. Signature or initials of person recording administration and signature or initials of person recording effects, if different from the person administering the medication. During a review of the facility's policy and procedure (P&P) titled Documentation, dated 1/15/2026, the P&P indicated the resident's clinical record is a concise and accurate account of treatment, care, response to care, signs, symptoms and progress of the resident's condition. 3, and 4. During an observation on 6/29/2026 at 9:20 a.m., in Medication Cart Station 1, Licensed Vocational Nurse (LVN) 3 was observed administering amlodipine (a medication used for high blood pressure), multivitamins with minerals (a supplement), vitamin B12 (a supplement), aspirin (a medication used to prevent blood clots), carvedilol (a medication used for high blood pressure), furosemide (also known as water pills. It is given to help treat fluid retention (edema) and swelling that is caused by congestive heart failure, liver disease, kidney disease, or other medical conditions), quetiapine (a medication used for schizoaffective disorder), and Incruse (a medication used to relieve the symptoms for chronic obstructive pulmonary disease [COPD] a disease causing shortness of breath and chest congestion due to mucus) orally to Resident 112. LVN 3 was not observed administering Depakote orally to Resident 112. During an interview on 6/29/2026 at 9:55 a.m., with LVN 3, LVN 3 stated LVN 3 administered several medications to Resident 112 and did not administer Depakote that day (6/29/2026) at 9:20 a.m. to Resident 112, as prescribed by Resident 112's physician, because Depakote was not available in the Medication Cart on Station 1 or in the facility. LVN 3 stated that medications should be readily available to ensure timely administration at the scheduled times. LVN 3 stated that medications should be ordered five (5) to seven (7) days in advance of the last dose and followed up with pharmacy to prevent missing doses. LVN 3 stated Depakote was a medication used for schizoaffective disorder and not administering and missing a dose could harm Resident 112 by increasing the risk of uncontrolled anger outburst leading to potential harm to others in the facility. LVN 3 stated the facility failed to ensure Depakote was readily available in the Medication Cart Station 1 and in the facility at the time of scheduled dose, resulting in Resident 112 not receiving a dose one (1) hour before to one (1) hour after the 9 a.m. scheduled dose. LVN 3 stated LVN 3 will follow up with the pharmacy to expedite the refill of Depakote and notify Resident 112's physician that the morning dose was not administered and complete a Change of Condition assessment. During an observation on 6/29/2026 at 12 p.m., with Registered Nurse (RN) 2, in Medication room [ROOM NUMBER] there were: 1.Four (4) medication eKITS stored in the refrigerator containing CSs, labeled 53, 169, 180, and 202 without an accountability log for the reconciliation of CS inventory at every shift change for June 2026. 2.Four (4) medication eKITS stored at room temperature containing CSs, labeled 23, 30, 60, and 116 without an accountability log for the reconciliation of CS inventory at every shift change for June (continued on next page)		

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 07/02/2026
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2026. During a concurrent interview, RN 2 stated that all CSs, including medication eKITs containing CMs, should be reconciled at every shift. RN 2 stated that the eKITs labeled 53, 169, 180, and 202 in the refrigerator, and the eKITs labeled 23, 30, 60, and 116 in the cabinet at room temperature in Medication room [ROOM NUMBER] contained CSs and were not reconciled for inventory count at every shift in June 2026. RN 2 stated it was important to account for all CSs to ensure accountability, prevent CS diversion and accidental exposure of harmful substances to residents. During an interview on 7/1/2026 at 11:33 a.m., with the Director of Nursing (DON,) the DON stated per facility policies medications should be ordered at least seven (7) days in advance and be readily available in the facility for administration of doses at their scheduled times as prescribed. The DON stated that LVN's were expected to re-order medications timely and follow-up with pharmacy on the refills to ensure medications were available to residents. The DON stated that LVN 3 failed to administer Depakote to Resident 112 at the time scheduled by Resident 112's physician, since the medication was not readily available, placing Resident 112 at risk of uncontrolled anger outburst with the dose omission. The DON stated several licensed nurses failed to follow policy and procedures for medication reordering resulting in unavailability and interruption of medication administration and continuity of care for Resident 112. During the same interview, the DON stated that medication eKITs containing CSs should be inventoried with a count and reconciled at every shift change to ensure accountability and prevent CS diversion. The DON stated the eight (8) eKITs containing CSs in Medication room [ROOM NUMBER] labeled 53, 169, 180, 202, 23, 30, 60, and 116 were not reconciled with an inventory count at each shift change in June 2026. The DON stated that the facility will immediately implement an accountability log for reconciliation and inventory count of eKITs with CSs at each shift change in Medication room [ROOM NUMBER]. During a review of Resident 112's admission Record (a document containing demographic and diagnostic information,) dated 6/30/2026 the admission Record indicated Resident 112 was originally admitted to the facility on [DATE] and re-admitted on [DATE] with diagnosis including schizoaffective disorder. During a review of Resident 112's Medication Administration Record ([MAR] - a document of the medications administered to a resident that is part of the resident's permanent medical record), for June 2026, the MAR indicated Resident 112 was prescribed: 1. Depakote 125 milligram ([mg] &ndash; a unit of measure of mass) tablet, one (1) tablet orally once a day for sudden anger outburst with no apparent reason related to schizoaffective disorder, to be given at 9 a.m. starting 6/25/2026. During a review of the facility's Policy and Procedures (P&P,) titled Medication Administration -General Guidelines, last reviewed 1/15/2026, the P&P indicated: Medications are administered as prescribed in accordance with good nursing principles and practices. 4. Five rights &ndash; right resident, right drug, right dose, right route and right time, are applied for each medication being (continued on next page)		

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

Printed: 10/09/2026
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 07/02/2026
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	administered.2.Medications are administered in accordance with written orders of the prescriber.12.Medications are administered within 60 minutes of scheduled time. During a review of the facility's P&P titled Controlled Substance Storage, last reviewed 1/15/2026, the P&P indicated: E. At each shift change, or when keys are transferred, a physical inventory of all controlled substances, including refrigerated items is conducted by two (2) licensed nurses and is documented. During a review of the facility's P&P titled Emergency Pharmacy Service and Emergency Kits, last reviewed 1/15/2026, the P&P indicated: L. Accountability for CSs stored in the emergency kit is maintained as follows:1) a (perpetual inventory) system is used, with a separate sheet or bound book with numbered pages for each individual medication in the kit3) the incoming and outgoing nurses verify the inventory of CSs at each shift change of shift . During a review of the facility's P&P titled Ordering and Receiving Non-Controlled Medications from the Dispensing Pharmacy, last reviewed 1/15/2026, the P&P indicated: Medications and related products are received from the dispensing pharmacy on a timely basis. 2.a. Reorder medications in advance of need, as directed by the pharmacy order and delivery schedule, to assure an adequate supply is on hand. When reordering medications.order at least seven (7) days in advance of need.		

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 07/02/2026
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to: 1. Remove and discard from use, two (2) expired insulin (medication used to regulate blood sugar levels) Novolog (rapid-acting insulin) Flexpens (an injection device containing insulin) for Resident 88 and 105, in accordance with manufacturer's requirements and facility policy and procedures (P&P) in one (1) of three (3) inspected medication carts (Medication Cart Station 2 Middle). 2. Ensure eye drop medication was stored separately from orally administered medications, in one (1) of three (3) inspected medication carts (Medication Cart Station 2 Middle). These failures increased the risk that Residents 88 and 105 could have received medication that had become ineffective or toxic due to improper storage. Findings: During a concurrent observation and interview on 6/29/2026 at 11:25 p.m., of Medication Cart Station 2 Middle, with Licensed Vocational Nurse 2 (LVN 2), the following medications were found either expired and not discarded, or stored in a manner contrary to their respective manufacturer's requirements and facility policies and procedures: - One (1) open insulin Novolog Flexpen for Resident 88 was found stored at room temperature with a handwritten label indicating that use at room temperature began on 5/30/2026, and the pen would expire on 6/27/2026. - One (1) open insulin Novolog Flexpen for Resident 105 was found stored at room temperature with a handwritten label indicating that use at room temperature began on 5/28/2026, and the pen would expire on 6/27/2026. According to the manufacturer's product labeling, open Novolog Flexpen should be stored at room temperature below 86 degrees Fahrenheit and used or discarded within 28 days of opening the pen. LVN 2 stated according to the handwritten date, Resident 88's and 105's Novolog Flexpens were opened on 5/30/2026 and 5/28/2026, respectively, and considered expired on 6/27/2026. LVN 2 stated the pens were not removed and continued to be stored in Medication Cart Station 2 Middle for use for Resident 88 and 105. LVN 2 stated expired medications needed to be removed from the cart and placed in the expired medication bin to be disposed of and not accidentally used for residents. LVN 2 stated that expired insulin has lost its potency and administering expired insulin Novolog after 6/27/2026 will not be effective in controlling blood sugar levels and can harm Resident 88 and 105 by causing hyperglycemia (high blood sugar levels) and coma (a state of deep unconsciousness caused by severe injury or illness,) possibly leading to hospitalization. LVN 2 stated the pens needed to be discarded on 6/27/2026 to prevent accidental use. During a concurrent observation and interview on 6/29/2026 at 11:35 a.m., of Medication Cart Station 1 Middle, with LVN 3, the following medications were found stored in a manner contrary to facility policies and procedures: - One (1) dorzolamide (a medication used to lower high blood pressure in the eye) eye drop solution stored with coenzyme Q10 (a supplement) oral tablets, and sodium chloride (a supplement) oral capsules in the same bin of the medication cart. LVN 3 stated that orally administered medications and eye drops should be stored separately in their own sections/bins and not together, to prevent errors in wrong route administration and possible contaminations and infections. LVN 3 stated the facility failed not to separate and store dorzolamide eye drop solution from coenzyme Q10 oral capsules and sodium chloride tablets. During an interview on 7/1/2026 at 11:33 a.m., with the Director of Nursing (DON,) the DON stated that expired medications should be removed from medication carts to prevent accidental use. The DON acknowledged that several LVNs failed to remove two (2) expired Novolog Flexpen for Resident 88 and 105 from Medication Cart Station 2 Middle. The DON stated that expired insulins have lost potency and effectiveness and when administered expired insulin will not be (continued on next page)		

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 07/02/2026
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	effective in controlling blood sugar levels leading to hyperglycemia and adverse effects for Resident 88 and 105. The DON stated internally (such as oral) and externally (such as eyes, ears, nose, skin) administered medications should be stored separately to prevent wrong route administration, infections and contaminations. The DON stated the facility failed to store eye drops in Medication Cart Station 1 Middle separate from oral medications. During a review of facility's Policy and Procedure (P&P) titled, Storage of Medications, last reviewed on 1/15/2026, the P&P indicated, Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. Eye medications are stored separately per facility policy. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from inventory, disposed of according to procedures for medication disposal. Certain medications or packages require expiration date shorter than the manufacturer's expiration date to insure medication purity and potency. All expired medications will be removed from the active supply and destroyed per facility, regardless of amount remaining. During a review of the facility's P&P titled, Medications with Shortened Expiration Dates, last reviewed 1/15/2026, the P&P indicated, Novolog - Vials/Flexpen/prefilled cartridges expire 28 days after opening or removing from refrigerator, whichever comes first. During a review of manufacturer's guideline titled, Highlights of Prescribing Information, for Novolog, dated 2/2023, the guide indicated, Novolog Flexpen once in use or opened to use up to 28 days.		

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 07/02/2026
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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. Based on interview and record review, the facility failed to ensure there was a physician's order for double portions (double the portions of a meal for a resident with high caloric needs who are eating well and for whom large portions are inadequate) for a resident on a renal diet (specialized diet for residents with kidney problems) for one of 29 sampled residents (Resident 60). This failure had the potential for Resident 60 to have increased work on their kidneys and experiencing fluid retention causing edema (swelling) to the arms and legs. Findings: During a review of Resident 60's Face Sheet, the Face Sheet indicated the facility admitted the resident on 11/26/2023 and re-admitted the resident on 4/16/2026 with diagnoses that included chronic kidney disease (the long-term, progressive loss of the kidneys' ability to filter waste and excess fluid from the blood). During a review of Resident 60's Minimum Data Set (MDS, a resident assessment tool) dated 6/09/2026, the MDS indicated the resident was cognitively (the process of acquiring knowledge and understanding through thought, experience, and the senses) intact with skills required for daily decision making. The MDS indicated that Resident 60 required setup or clean-up assistance (helper sets up or cleans up; resident completes activity) with eating. During a review of Resident 60's physician orders, the physician orders indicated renal diet, easy to chew texture (soft, tender, and moist everyday foods that can be easily cut with a fork or spoon), thin liquids (liquids requiring no modification), double portion for all meals excluding liquids, dated 6/30/2026. During a review of Resident 60's Diet Ticket (or tray ticket, a paper meal ticket that travels with a resident's food tray from kitchen to dining room that lists the exact dietary orders, food textures, and food preferences prescribed for that specific resident) dated 6/29/2026, the Diet Ticket indicated in the Alerts section: Double Portion. During a review of Resident 60's Care Plan for Nutritional Problem, initiated 3/9/2026, the care plan indicated a goal that the resident will maintain adequate nutritional status as evidenced by having no significant weight changes, managing signs/symptoms of malnutrition, and consuming at least 75% of all meals daily through review date. The care plan indicated an intervention, dated 6/3/2026, food preferences: double portion. During a review of Resident 60's Registered Dietician Progress Notes dated 6/30/2026, the progress note indicated, Spoke with res (sic., resident) regarding his food preferences, Dietary Services Supervisor (DSS) stated res verbalized he wants to have double portions. double portion was added on his tray ticket and kitchen has been providing him spoke with RD (registered dietitian) [at] dialysis to update that res wants double portions for his meal excluding liquids. notified MD (physician) and nursing made aware that RD dialysis is OK with double portions. During a concurrent interview and record review on 6/29/2026 at 4 p.m., with the Dietary Services Supervisor (DSS), reviewed Resident 60's Diet Ticket. The DSS stated Resident 60 received double portions as indicated in the Alerts: Double portion. During an interview on 7/1/2026 at 10:08 a.m., with the DSS, the DSS stated Resident 60 wanted more food and that is why he entered double portions onto his diet ticket. During a concurrent interview and record review on 7/1/2026 at 10:12 a.m., with the Registered Dietician (RD), reviewed Resident 60's RD Progress Note, dated 6/30/2026. The RD stated the DSS added to Resident 60's Care Plan for Nutritional Problem, the intervention for double portions on 6/3/2026. The RD stated that was the time the DSS added double portions to Resident 60's Diet Ticket. The RD stated she did not know about double portions on Resident 60's Diet Ticket until 6/29/2026. The RD stated she spoke to Resident 60's previous dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed) registered dietitian who was okay with Resident 60 receiving double (continued on next page)		

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 07/02/2026
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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	portions to his renal diet because Resident 60 stated he wanted to have double portions for his diet. The RD stated she notified Resident 60's physician and received an order on 6/30/2026 for renal diet, double portions. The RD stated the DSS should have notified her on 6/3/2026 that he added double portions to Resident 60's Diet Ticket. The RD stated this was important for high-risk residents like a dialysis resident. The RD stated that double portions added to the diet would double the number of calories and protein a resident would normally get. During an interview on 7/1/2026 at 10:59 a.m., with the DSS, the DSS stated he added double portions to Resident 60's Diet Ticket because Resident 60 wanted double portions and he was honoring the resident's wishes. The DSS stated the process is to notify the RD when he updates a resident's diet ticket immediately after he completes the task but stated he did not do that at this time. During an interview on 7/1/2026 at 11:48 a.m., with the RD, the RD stated the potential for a resident on a double portion renal diet is having their kidneys do double the workload which could end in kidney failure and could experience such symptoms as edema (swelling of the arms and legs), itching, and could require a kidney transplant depending on the severity of the kidney failure. ^ During an interview on 7/2/2026 at 1:59 p.m., with the Director of Nursing (DON), the DON stated it is important for there to be communication between the licensed nurses and the dietary department to ensure a resident has the proper diet. The DON stated if this is not done it could cause extra work on a resident's kidneys. During a review of the facility's policy and procedure (P&P) titled, Diet Orders, last reviewed 1/15/2026, the P&P indicated the following: Diet orders as prescribed by the Physician will be provided by the Food and Nutrition Services Department (FNS). Procedure: Nursing will send a Diet Order Communication slip to the FNS. The FNS or [NAME] in charge will make or adjust the diet profile and tray card as prescribed. Any discrepancy in the diet order slip will be clarified by the FNS Director or [NAME] in charge with Nursing. During a review of the facility's P&P, last reviewed 1/15/2026, the P&P indicated double portions are used for residents with high caloric needs who are eating well and for whom large portions are inadequate.		

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 07/02/2026
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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, a resident had to wait ten minutes to go to the restroom when Certified Nursing Assistant 1 (CNA 1) who was aware of the resident's request from the beginning, did not provide assistance or seek help from other staff for one (Resident 36) of 29 sampled resident. This failure had the potential for Resident 36 to be at risk for urinary incontinence (the involuntary loss of bladder control, resulting in the accidental leakage of urine), urinary tract infection (UTI, an infection in the bladder/urinary tract), and re-opening of her pressure injury (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence). Findings: During a review of Resident 36's Face Sheet (admission record, the front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the resident was admitted to the facility on [DATE] with diagnoses that included fracture of first lumbar vertebra (back fracture). During a review of Resident 36's Minimum Data Set (MDS, a resident assessment tool), dated 6/12/2026, the MDS indicated Resident 36 was severely impaired in cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses) with skills required for daily decision making. The MDS indicated Resident 36 was frequently incontinent (seven or more episodes of urinary incontinence, but at least one episode of continent voiding [urination]). During an observation on 7/1/2026 at 1:23 p.m., observed two call lights lighting up in station four, one of which was the Resident 36's room. Observed staff go to answer the room call light for the room that was not Resident 36's room. Asked Resident 36 if she needed help. Resident 36 stated she needed help to go to the restroom and had been waiting for ten minutes. During an interview with Certified Nursing Assistant 2 (CNA 2) on 7/1/2026 at 1:29 p.m. in the station four hallway, she stated she had not heard Resident 36's call light but would go to see what she needed. During an interview with Licensed Vocational Nurse 1 (LVN 1) on 7/1/2026 at 1:31 p.m., at the Station Four Nurses Station which was across from Resident 36's room, she stated she did not see Resident 36's call light. LVN 1 stated no one notified her Resident 36 needed help. During an interview with CNA 3 on 7/1/2026 at 1:35 p.m. in the station four hallway, she stated she had not heard Resident 36's call light. During an interview with CNA 1 on 7/1/2026 at 1:34 p.m., she stated she knew that Resident 36 requested help to go to the restroom and told Resident 36 she would have to wait until she (CNA 1) had completed assisting Resident 36's roommate with her meal. CNA 1 stated Resident 36 was waiting ten minutes before helping her to the restroom. When asked if she notified other staff to see if anyone else could help Resident 36, she stated she had not. During an interview with the Infection Preventionist Nurse (IPN) on 7/1/2026 at 1:38 p.m., stated the problem with a resident having to wait ten minutes to go to the restroom could be a potential for urinary incontinence or risk for infection. During an interview with Resident 36 on 7/1/2026 at 1:49 p.m., Resident 36 stated she felt miserable that she had to wait ten minutes to go to the restroom. Resident 36 stated she had consumed liquids before at lunchtime and needed to use the restroom. Resident 36 stated she has had to wait before and that the 3 p.m. to 11 p.m. staff have told her to urinate in her incontinence brief (disposable undergarment to manage bladder or bowel control loss) and they would change her later. Resident 36 stated she would have to wait at least two hours to be assisted with changing her brief. During an interview with the Director of Nursing (DON) on 7/1/2026 at 2:13 p.m., the DON stated waiting three to five minutes is an acceptable wait time. When asked if Resident 36 should have waited for ten minutes to use the restroom, the DON stated she would get the call light policy. The DON stated CNA 1 could have used the walkie talkie on her to notify other staff that (continued on next page)		

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 07/02/2026
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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 36 needed help. During an interview with the DON on 7/1/2026 at 4:20 p.m., the DON stated the potential issue of waiting ten minutes to use the restroom could be having a problem with urination, maybe urinary tract infection or maybe incontinence. During an interview with the Treatment Nurse 1 (TN 1) on 7/2/2026 he stated Resident 36 was admitted with an unstageable pressure injury but had resolved. TN 1 stated Resident 36 was still at risk for the wound to re-open. During an interview with the Director of Staff Development (DSD) on 7/2/2026 at 3:01 p.m., she stated CNA 1 should have called other staff and requested support. The DSD stated a resident should not have to wait ten minutes to be assisted because there is a potential for incontinence and UTI. During a review of the facility's policy and procedure titled, Call Light, last reviewed 1/15/2026, indicated for staff to respond to a resident's request. The policy indicated if unable to assist, explain to the resident and notify the charge nurse for further instructions.		

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 07/02/2026
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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a copy of the resident's Advance Directive (AD- a legal document indicating resident preference on end-of-life treatment decisions) acknowledgment form was kept in the resident's medical record and easily retrievable for two of 29 sampled residents (Resident 30 and Resident 63) reviewed under Advanced Directive care area. This failure had the potential to create confusion which could lead to conflict with the resident's wishes regarding their health care preferences. Findings: a. During a review of Resident 30's Face Sheet, the Face Sheet indicated that the facility admitted Resident 30 on 6/4/2026, with diagnoses including type 2 diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), dysphagia (difficulty swallowing) and repeated falls. During a review of Resident 30's History and Physical (H&P) dated 6/8/2026, the H&P indicated Resident 30 did not have the capacity to understand and make decisions. During a review of Resident 30's Minimum Data Set (MDS - a resident assessment tool) dated 6/9/2026, the MDS indicated that Resident 30 usually understood others and was usually understood by others. The MDS indicated that Resident 30 was dependent (helper does all the effort) on staff for toileting hygiene, lower body dressing, and putting on/taking off footwear. During a concurrent interview and record review on 7/2/2026 at 10:47 a.m. with Registered Nurse (RN 1), RN 1 reviewed Resident 30's electronic and paper medical record. RN 1 stated she could not locate an Advance Directive Acknowledgement form (AD-a document provided by the facility that indicates whether a resident has an AD, would like information regarding creation of an AD, or refusal to create an AD) or an advanced directive. RN 1 stated it is extremely important to have the AD readily available just in case there is an emergency the facility would know Resident 30's wishes. During an interview on 7/22/2026 at 1:37 p.m. with the Director of Nursing (DON), the DON stated that regardless of whether a resident has an AD, a copy of the resident's AD or the AD Acknowledgement Form indicating the resident does not have an AD should be maintained in the resident's active chart to provide guidance to the facility staff regarding the resident's wishes. During a review of the facility's Policy and Procedure (P&P) titled Advanced Directives, last reviewed on 1/15/2026, the P&P indicated the AD must be documented in the health record, at the time of admission that the resident and/or resident representative have been provided with written information regarding AD and once a decision is made, it will be confirmed in the medical record. The P&P further indicated a Physicians Order for Life Sustaining Treatment (POLST) is not an AD. b. During a review of Resident 63's Face Sheet, the Face Sheet indicated that the facility admitted Resident 63 on 4/24/2026, with diagnoses including type 2 diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), dysphagia (difficulty swallowing) and dementia (a progressive state of decline in mental abilities) During a review of Resident 63's H&P dated 6/8/2026, the H&P indicated Resident 30 did not have the capacity to understand and make decisions. During a review of Resident 63's MDS dated [DATE], the MDS indicated that Resident 63 usually understood others and was usually understood by others. The MDS indicated that Resident 63 required supervision (helper provides verbal cues and/or touching/steadying) on staff for eating, oral hygiene and upper body dressing. During a concurrent interview and record review on 7/2/2026 at 10:55 a.m. with Registered Nurse (RN 1), RN 1 reviewed Resident 63's electronic and paper medical record. RN 1 stated she could not locate an Advance Directive Acknowledgement form or an advanced directive. RN 1 stated it is extremely important to have the AD readily available just in case there is (continued on next page)		

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 07/02/2026
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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	an emergency the facility would know the Resident's wishes. During an interview on 7/22/2026 at 1:37 p.m. with the Director of Nursing (DON), the DON stated that regardless of whether a resident has an AD, a copy of the resident's AD or the AD Acknowledgement Form indicating the resident does not have an AD should be maintained in the resident's active chart to provide guidance to the facility staff regarding the resident's wishes. During a review of the facility's P&P titled Advanced Directives, last reviewed on 1/15/2026, the P&P indicated the AD must be documented in the health record, at the time of admission that the resident and/or resident representative have been provided with written information regarding AD and once a decision is made, it will be confirmed in the medical record. The P&P further indicated a Physicians Order for Life Sustaining Treatment (POLST) is not an AD.		

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 07/02/2026
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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide personal privacy or confidentiality of personal and medical records for two (Resident 69 and Resident 48) of 29 sampled residents by failing to: 1. Ensure Resident 69's diet ticket (or tray ticket, a paper meal ticket that travels with a resident's food tray from kitchen to dining room that lists the exact dietary orders, food textures, and food preferences prescribed for that specific patient) containing protected information ([PHI]- any health information that can be used to identify specific individual which must remain confidential to prevent harmful consequences) was shredded prior to disposing in a waste container. As a result of this failure, Resident 69's confidential medical record was not securely maintained. 2. Ensure Resident 48 was provided privacy while Treatment Nurse (TN) 1 and TN 2 provided pressure ulcer (localized damage to the skin and/or underlying tissue usually over a bony prominence) wound care. This failure had the potential to result in Resident 48's sacral (the area between the buttocks and lower back) and buttocks areas being exposed to passers-by including other residents or staff. Findings: 1. During a review of Resident 69's Face Sheet (admission record, the front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the resident was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses that included severe protein-calorie malnutrition (a life-threatening condition caused by a severe, prolonged deficit in both energy [calories] and protein intake). During a review of Resident 69's Minimum Data Set (MDS, a resident assessment tool), dated 5/14/2026, the MDS indicated Resident 69 was severely impaired in cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses) with skills required for daily decision making. The MDS indicated Resident 69 required setup or clean-up assistance (helper sets up or cleans up; resident completes activity) with eating. During a review of Resident 69's Physician's Orders, the Physician Orders indicated an order for No Added Salt diet (NAS, no salt packet on the tray), regular texture, thin consistency liquids (no modification with texture or liquids), dated 4/21/2025. During an observation in the Station One Dining Room on 6/29/2026 at 12:35 p.m., observed Certified Nursing Assistant 5 (CNA 5) delivering the lunch tray to Resident 69 who was seated at one of the tables. CNA 5 placed the plate on the table and removed the tray, plate covering, and the paper diet ticket. CNA 5 discarded Resident 69's paper diet ticket in the trash can inside the dining room next to the door to the hallway. CNA 5 observed the surveyor observing Resident 69's paper tray ticket at the bottom of the trashcan and asked the surveyor if they needed the diet ticket. The surveyor stated they did not, and CNA 5 returned to assist residents with their meals. CNA 5 did not remove Resident 69's paper tray ticket from the trash can. (continued on next page)		

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 07/02/2026
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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 6/29/2026 at 12:50 p.m., the Assistant Director of Nursing (ADON) removed Resident 69's paper diet ticket from the trash can. The ADON stated the diet ticket should not have been discarded into the trash can, due to Health Insurance Portability and Accountability Act (HIPAA of 1996, is a U.S. federal law that protects individuals' health information and ensures privacy, security, and continuity of health insurance coverage) concerns and it should be shredded because it has Resident 69's personal information on it. During an interview with CNA 5 on 6/29/2026 at 1:03 p.m., CNA 5 stated she usually places residents' paper diet tickets with the lids so she can write down how much they eat by their name. CNA 5 stated she should not have discarded Resident 69's paper diet ticket into the trash can because that is an invasion of the resident's privacy. During an interview with the Director of Nursing (DON) on 7/01/2026 at 4:38 p.m., the DON stated Resident 69's paper tray ticket should have been placed aside where it can be shredded later. The DON stated this process is important to follow HIPAA regulations so that residents do not view other residents' personal information. During a review of the facility's policy and procedure (P & P) titled, Minimum Necessary Principle for Use and Disclosure of PHI, last reviewed 1/15/2026 indicated the following: a. The purpose of this P & P is to outline the Minimum Necessary Rule when accessing, using, and disclosing Protected Health Information (herein PHI) in accordance with the Health Insurance Portability and Accountability Act of 1996, as modified by the Health Information Technology for Economic and Clinical Health Act of 2009 (HIPAA). b. Under HIPAA, a covered entity shall be defined as a healthcare provider who must comply with the Rules' requirements (laws) to protect the privacy and security of Health information and must provide individuals with certain rights with respect to their health information. 2. During a review of Resident 48's Face Sheet, the Face Sheet indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including but not limited to Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), cellulitis of abdominal wall (a skin infection that causes swelling and redness), and dysphagia (difficulty swallowing). During a review of Resident 48's History and Physical (H&P), dated 6/26/2026, the H&P indicated Resident 48 was bedbound, had a sacral pressure ulcer, and did not have the capacity to understand and make decisions. During a review of Resident 48's MDS, dated [DATE], the MDS indicated Resident 48 had severely impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses), and was dependent on staff for activities of daily living (ADLs - activities such as bathing, dressing and toileting a person performs daily). During a concurrent observation and interview on 7/2/2026 at 9:49 a.m. with TN 1 and TN 2 in (continued on next page)		

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 07/02/2026
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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 48's room, TN 1 and TN 2 prepared to perform a sacral pressure ulcer wound dressing change on Resident 48. TN 1 was unable to draw closed one window curtain on the left side of the bed due to broken plastic hanging hooks. TN 1 and TN 2 did not draw Resident 48's bed privacy curtain. TN 1 stated the window curtain needed repair or replacement to ensure it is fully drawn to provide privacy. TN 1 and TN 2 stated leaving the curtains open or not fully drawn do not provide privacy for the resident from passers-by. During a review of the facility's policy and procedure (P&P) titled, Dignity and Privacy, revised April 2026, the P&P indicated the staff shall: a. Provide care with respect and dignity. b. Provide exams and treatment maintaining privacy of the residents' bodies. c. Draw curtains close to shield from passers-by.		

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 07/02/2026
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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure residents were free from any physical restraints (any manual method, physical or mechanical device, material or equipment that is attached or adjacent to the patient's body that he or she cannot easily remove that restricts freedom of movement or normal access to one's body) for one of one sampled resident (Residents 108) investigated during review of physical restraints care area by: 1. Failing to complete an assessment for risk of entrapment prior to placement of bed against the wall. 2. Failing to ensure the informed consent was obtained from Resident 108 prior to placement of bed against the wall. 3. Failing to ensure an order was obtained from the physician prior to placement of bed against the wall. These failures had the potential to result in the restriction of Resident 108's freedom of movement, a decline in physical functioning, psychosocial harm, and physical harm from entrapment. Findings: During a review of Resident 108's Face Sheet, the Face Sheet indicated that the facility initially admitted Resident 108 on 8/15/2025/4/2026 and readmitted on [DATE], with diagnoses including dementia (a progressive state of decline in mental abilities) type 2 diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and difficulty in walking. During a review of Resident 108's History and Physical (H&P) dated 6/11/2026, the H&P indicated Resident 108 had the capacity to understand and make decisions. During a review of Resident 108's Minimum Data Set (MDS - a resident assessment tool) dated 6/8/2026, the MDS indicated that Resident 108 usually understood others and was usually understood by others. The MDS indicated that Resident 108 did not have a restraint and/or alarm. During a concurrent interview and observation on 6/29/2026 at 8:32 a.m. in resident 108's room with Licensed Vocational Nurse (LVN 2), observed Resident 108 asleep in bed, LVN 2 stated Resident 108's right side of bed was against the wall. During a concurrent interview, and record review on 6/30/2026 at 9:02 a.m., with the Minimum Data Set Nurse (MDSN), the MDSN reviewed Resident 108's medical record including assessments, physician orders and informed consents. The MDSN stated there was no order, consent, or assessment for risk of entrapment for the use of the restraints. The MDSN stated there should have been an order, consent, and entrapment risk assessment prior using the restraint to serve as their guide on how to care for the resident and to prevent delay in the delivery of care and services the resident needs. During an interview on 7/2/2026 at 2:51 p.m. with the Director of Nursing (DON), the DON stated licensed nurses are expected to get an order, consent, and complete an assessment for risk of entrapment prior to the use of the restraints for resident safety. During a review of the facility's Policy and Procedure (P&P) titled Restraint, Physical, last reviewed on 1/15/2026, the P&P indicated a bed against the wall is considered a physical restraint. The P&P further indicated prior to using any restraint, the facility must obtain an order, an informed consent and an entrapment assessment.		

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 07/02/2026
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 48), was turned and repositioned in accordance with professional standards of care practice. This failure had the potential to result in Resident 48's increased risk of new pressure ulcer development and worsening of present sacral (the area between the lower back and buttocks) pressure ulcer/injury (also known as pressure sore and decubitus ulcer, localized damage to the skin and/or underlying tissue caused by prolonged pressure or friction, often over bony areas). Findings: During a review of Resident 48's Face Sheet (the front page of the medical record containing a summary of the resident's basic information), the Face Sheet indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including but not limited to Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), cellulitis of abdominal wall (a skin infection that causes swelling and redness), and dysphagia (difficulty swallowing). During a review of Resident 48's History and Physical (H&P), dated 6/26/2026, the H&P indicated Resident 48 was bedbound (unable to walk, sit up, or transfer to a chair without assistance, and often need help with daily activities like repositioning, hygiene, and feeding) had a sacral PU, and did not have the capacity to understand and make decisions. During a review of Resident 48's Minimum Data Set (MDS - a resident assessment tool), dated 2/10/2026, the MDS indicated Resident 48 had pressure ulcer/injury over a bony prominence, including four Stage 1 (non-blanchable redness of intact skin) pressure injuries and one Stage 4 (full-thickness skin and tissue loss) PU present since admission. The MDS further indicated Resident 48 had severely impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses), and dependence on activities of daily living (ADLs - activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 48's Physician Orders, dated 6/26/2026, the Physician Orders did not indicate an order for turning and repositioning. During a review of Resident 48's Care Plan, revised on 12/23/2025, the Care Plan indicated Resident 48 had a sacral pressure ulcer Stage 4 increased in size, length, width, and undermining (the internal skin damage is larger than the visible opening on the skin surface). The Care Plan did not indicate individualized turning and repositioning interventions. Further review of Resident 48's Care Plan, revised 6/26/2026, indicated a sacral ulcer stage 4 related to immobility, diagnosis process, and history of pressure ulcers. The Care Plan did not indicate individualized interventions for turning and repositioning Resident 48 every two hours and/or as needed. During a review of Resident 48's Braden Scale Evaluation (a scale used to predict pressure ulcer risk), dated 6/26/2026, the Braden Scale score for Resident 48 was seven (a score of nine or below fall into severe risk level). During a review of Resident 48's Weekly Interdisciplinary Skin Review (Skin Review) dated 4/18/2026, the Skin Review indicated history of pressure ulcers, immobility, incontinence; and interventions to encourage and assist with turning and repositioning every two hours and as needed, as tolerated. During an interview on 6/30/2026 at 1:10 p.m. with Resident 48's Representative (RP), RP stated it did not seem staff were turning Resident 48 every two hours to promote healing of sacral PU. During an interview on 7/2/2026 at 8:29 a.m. with Treatment Nurse 1 (TN 1), TN 1 stated Resident 48's sacral PU healing is progressing slowly. TN 1 stated Resident 48 had been in and out of the hospital, and on the last re-admission to the facility the PU looked worse than before Resident 48 was transferred to the hospital. TN1 stated Resident 48 should be turned every two hours. During an observation on 7/2/2026 at 9:42 a.m. in Resident 48's (continued on next page)		

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 07/02/2026
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	room, with TN 1, TN 1 removed Resident 48's sacral wound dressing, the wound was observed with full-thickness skin and tissue loss, exposing the muscle and undermining (wound tissue separation that creates pockets under healthy skin). During a concurrent observation and interview on 7/2/2026 at 8:36 a.m. with Certified Nursing Assistant (CNA) 5, CNA 5 stated bedbound residents are repositioned every two hours or more often as necessary. CNA stated repositioning is charted in the electronic health record (eHR). When asked to demonstrate the documentation process to the surveyor, CNA 5 was observed to be unable to demonstrate how to document in eHR the time the resident is turned/repositioned. During a concurrent observation and interview on 7/2/2026 at 9:26 a.m. with CNA 7, CNA 7 stated residents should be repositioned every two hours, alternating to the right side, middle, and left side; sometimes more frequently depending on the resident or resident request. CNA 7 stated CNAs document turning/repositioning. When asked to demonstrate the documentation process to the surveyor, CNA 7 was observed to be unable to demonstrate how to document in the eHR the time the resident is turned/repositioned. During a concurrent interview and record review on 7/2/2026 at 9:42 a.m. with CNA 8, Resident 48's health record was reviewed. CNA 8 stated the Qshift (every shift) Activities indicated the turning/repositioning interventions for each resident who should be turned/repositioned. The health record did not indicate an intervention for turning/repositioning Resident 48 every two hours. During a concurrent interview and record review on 7/2/2026 at 2:23 p.m. with the Assistant Director of Nursing (ADON), Resident's 48's Physician Orders, Care Plan, and Turned and Repositioned Intervention/Task were reviewed. The ADON stated there was no Physician Order or individualized Care Plan indicating turn/reposition every two hours. The ADON stated bedbound residents are turned and repositioned every two hours and as needed. The Turned and Repositioned Intervention/Task record, dated 06/2026, indicated Resident 48 was turned once every shift (7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11:00 p.m., and 11:00 p.m. to 7:00 a.m.) The ADON stated there was no documentation on the task that indicated Resident 48 was turned every two hours or as needed. During an interview on 7/2/2026 at 2:53 p.m. with the Director of Staff Development (DSD), the DSD stated the standard of practice for turning and repositioning is every two hours, especially for residents who have pressure ulcers. The DSD stated the intervention to turn/reposition every two hours should be included in the residents' interventions and tasks. During a review of the facility's policy and procedure (P&P) titled, Turning and Repositioning, last reviewed 1/15/2026, the P&P indicated all residents who are at risk for skin breakdown will be repositioned per turning schedule unless contraindicated or another individualized plan is developed. During a review of the facility's policy and procedure (P&P) titled, Skin and Wound Monitoring and Management, last reviewed 1/15/2026, the P&P indicated residents with pressure injury should receive services to promote healing including repositioning and an individualized person-centered care plan based on the assessment and designed to minimize the possibility of skin breakdown.		

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 07/02/2026
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents' medication, who had no physician's order for the medication that indicated the frequency in which to give the medication, was not left unattended at the bedside for one (Resident 60) of seven sampled residents investigated for accidents. This failure had the potential for other residents to enter the room, take another resident's medication and suffer adverse side effects. This deficient practice also had the potential for Resident 60 to take the medication more than its intended purpose. Findings: During a review of Resident 60's Face Sheet (admission record, the front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the resident was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses that included chronic kidney disease (the long-term, progressive loss of the kidneys' ability to filter waste and excess fluid from the blood). During a review of Resident 60's Minimum Data Set (MDS, an assessment and care screening tool) dated 6/09/2026, the MDS indicated the resident was cognitively (the process of acquiring knowledge and understanding through thought, experience, and the senses) intact with skills required for daily decision making. The MDS indicated that Resident 60 required setup or clean-up assistance (helper sets up or cleans up; resident completes activity) with eating. During a review of Resident 60's Physician's Orders, the Physician's Orders indicated the following: Order to monitor the storage of hydrocortisone 1%, (topical medication used to temporarily relieve itching, redness, swelling, and irritation), dated 6/30/2026. Order for Halobetasol Propionate External Cream 0.05%, apply to abdomen/bilateral (both) arms topically every eight hours as needed for abdominal area/bilateral arm itching, originally dated 4/28/2026 and renewed 6/30/2026. There was no physician's order for hydrocortisone. During a review of Resident 60's Care Plan for Self-Administration of Medication, initiated 6/10/2026, the care plan indicated Resident 60 may self-administer Halobetasol Propionate Lotion. The care plan indicated the following: May place Halobetasol Propionate Lotion on resident's table. May keep Halobetasol at bedside table. The care plan indicated an intervention to evaluate the resident's ability to ensure the medication is stored safely and securely. There was no indication that hydrocortisone could be administered by Resident 60. During an interview with Resident 60 on 6/29/2026 at 10:35 a.m., he stated he asks for his Halobetasol cream for his itching on his arms and abdomen. Resident 60 he is frustrated because the licensed nurses forget to bring the Halobetasol cream or tell him they must get the medication from the treatment cart and then do not bring him the medication. During an observation with Treatment Nurse 1 (TN 1) on 6/29/2026 at 11 a.m., TN 1 looked for Resident 60's Halobetasol cream in one of the treatment carts and did not find it. TN 1 then looked in the second treatment cart and did not find it. Then TN 1 went back to the previous treatment cart, looked farther and found Resident 60's Halobetasol cream. During a concurrent observation and interview on 6/29/2026 at 2:37 p.m., the Director of Nursing (DON) and Assistant Director of Nursing (ADON) observed hydrocortisone cream 1% inside Resident 60's top bedside drawer to the resident's right side and on the exterior top of the drawers. Resident 60 stated he bought the hydrocortisone cream from an online store because no one is bringing him his Halobetasol cream. During an interview with the DON and ADON on 6/29/2026 at 2:45 p.m., the DON stated the hydrocortisone should be secured from other residents and not accessible on the top of the drawers. The DON and ADON stated they did not know Resident 60 had the hydrocortisone cream at bedside even though it was visible on the top exterior of the drawers to the resident's right side. The DON stated there should be an order (continued on next page)		

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 07/02/2026
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	for Resident 60's hydrocortisone 1% cream. The ADON stated it is important to have an order for all Resident 60's medications since he is in the facility's 24-hour care, 7 days a week. The ADON also stated it is important to have a physician's order to ensure there is a frequency to ensure the resident would not administer the cream in excessive doses. The ADON stated this is important to ensure Resident 60 is not taking too much of the medication. The ADON stated the hydrocortisone 1% cream should be secured. The ADON stated this is important to ensure other residents do not enter the room and take it. During a review of the facility's policy and procedure titled, Self-Administration of Medications, last reviewed 1/15/2026, indicated the following: Nursing will be responsible for recording self-administered doses in the resident's medication administration record. Storage and location of drug administration (e.g., resident's room, nurses' station, or activities room) will comply with state and federal requirements for medication storage.		

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 07/02/2026
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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a resident who was taking Levofloxacin (an antibiotic that that may be used to treat different types of bacterial infections) which carries a black box warning (a black box warning is the strictest safety alert required by the U.S. Food and Drug Administration [FDA]. It appears as a bold, black-bordered notice at the top of a drug's package insert to alert healthcare providers and patients to serious, life-threatening, or permanently disabling risks) was monitored for serious adverse reactions for one of two sampled residents (Resident 14) reviewed under the Urinary Tract Infection (a bacterial infection causing painful, frequent urination, pelvic pressure, and cloudy or bloody urine) care area. This failure had the potential to result in irreversible serious adverse reactions including tendon rupture (injuries to the soft tissues that connect muscles and joints) and peripheral neuropathy (a type of nerve damage that typically affects the feet and legs). Findings: During a review of Resident 14's Face Sheet, the Face Sheet indicated the facility originally admitted the resident on 9/29/2025 and readmitted on [DATE] with diagnosis including abnormal posture and urinary tract infection. During a review of Resident 14's Minimum Data Set (MDS-a resident assessment tool) dated 6/06/2026, the MDS indicated the resident had the ability to make self-understood and the ability to sometimes understand others. The MDS indicated that Resident 14 was totally dependent (helper does all the effort) on staff assistance with eating, oral hygiene, toileting hygiene, upper body dressing, lower body dressing and putting on/taking off footwear and personal hygiene. During a concurrent interview and record review on 7/01/2026 at 8:18 a.m. with the Assistant Director of Nursing (ADON), reviewed Resident 14's physician's orders which included an order for Levofloxacin Oral Tablet 250 milligram (mg) to give 1 tablet by mouth one time a day related to UTI for six days. The ADON stated that residents on antibiotic therapy, including Levofloxacin, must have the FDA Black Box Warning documented in the Care Plan (a formal process that correctly identifies existing needs and recognizes a client's potential needs or risks) including the serious adverse reactions that require monitoring. The ADON stated that a care plan for a medication with a Black Box Warning would inform the staff of the potential adverse reactions of the antibiotic and what interventions are required to prevent harm to the resident. The ADON stated that without ongoing monitoring for the serious adverse reactions associated with levofloxacin, the resident was placed at risk for harm. During a review of the facility provided medication package insert (a detailed, FDA-approved document included with medications) for Levofloxacin, it indicated a Black Box Warning for serious adverse reactions that Levofloxacin have been associated with disabling and potentially irreversible adverse reactions that have occurred together, including tendinopathy and tendon rupture, peripheral neuropathy, and CNS effects.		

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 07/02/2026
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide necessary respiratory care consistent with professional standards of practice for two of two residents (Resident 104 and Resident 56) reviewed under respiratory care area by failing to ensure Resident 104 and Resident 56 received oxygen as ordered by the physician.^^ This failure had the potential to cause Resident 104 and Resident 56 to have shortness of breath that could lead to hypoxemia (a low level of oxygen in the blood). Findings:^^ a. During a review of Resident 104's Face Sheet (admission record, the front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the facility admitted Resident 104 to the facility on 5/14/2026 with diagnoses including acute respiratory failure (condition in which your blood does not get enough oxygen or has too much carbon dioxide) with hypoxia (low oxygen), hypertension (high blood pressure) and encephalopathy (any disease, damage, or malfunction of the brain that alters its structure or function). ^ During a review of Resident 104's History and Physical (H&P) dated 5/15/2026, the H&P indicated the resident does not have the capacity to understand and make decisions.^^^ During a review of Resident 104's Minimum Data Set (MDS, a resident assessment and tool), dated 5/18/2026, the MDS indicated Resident 104 has moderate cognitive impairment (mental action or process of acquiring knowledge and understanding) for daily decision. The MDS also indicated Resident 104 was receiving continuous oxygen therapy. ^ During a review of Resident 104's Order Summary Report with active orders dated 6/30/2026, the Order Summary Report indicated an order dated 5/14/2026, to administer continuous oxygen at 2 liters per minute (L/min, a unit of measure for gases), via nasal cannula (a flexible, clear hose that delivers oxygen to a patient during oxygen therapy) to keep oxygen saturation (O2 sat, a measurement of how much oxygen the blood is carrying as a percentage, normal reference range is 92 &ndash; 100%) above 92 % every shift for acute hypoxic respiratory failure. During a review of Resident 104's Care Plan (CP) titled Has Oxygen Therapy, initiated 5/19/2026, the CP indicated a goal with a target date of 8/12/2026. The CP indicated Resident 104 will exhibit no signs or symptoms of poor oxygen absorption through the review date. The CP indicated interventions including providing oxygen per physician orders, and place oxygen setting at 2 L/min continuously. During a concurrent observation and interview on 6/29/2026 at 10:24 a.m., with Licensed Vocational Nurse 1 (LVN 1), in Resident 104's room, observed Resident 104 in bed without oxygen in place. The oxygen concentrator (is a medical device that pulls in room air, filters out nitrogen, and delivers concentrated medical-grade oxygen [typically 90% to 95% pure] to individuals with breathing disorders) was off, and the oxygen tubing was found wrapped around the concentrator, and positioned away from Resident 104. LVN 1 stated Resident 104 is not receiving oxygen at this time. LVN 1 (continued on next page)		

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 07/02/2026
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated that Resident 104 should be receiving oxygen continuously at the rate of 2 L/min per physician order. *LVN 1 stated Resident 104 was at risk of desaturation (low blood oxygen) and the physician's order should have been followed. During a concurrent interview and record review on 7/2/2026 at 7:54 a.m. with the Director of Nursing (DON), Resident 104's Order Summary Report with active orders as of 6/30/2026 was reviewed. The DON stated the Order Summary Report indicated an order, dated 5/14/2026, to start administering continuous oxygen at 2 L/min, via nasal cannula to keep oxygen saturation above 92 % every shift for acute hypoxic respiratory failure. The DON stated Resident 104's physician order was not followed. The DON stated that licensed nurses should have followed the physician's order to ensure Resident 104 receives oxygen as prescribed to prevent complications such as shortness of breath which can lead to confusion and respiratory distress. During a concurrent interview on 7/2/2026 at 8:02 a.m. with DON, the DON stated that the care plan serves as a guideline for nurses and must be implemented as written. During a review of facility's policy and procedure (P&P), titled, Oxygen Therapy, reviewed on 1/15/2026, the P&P indicated, it is the policy of this facility to administer oxygen as prescribed by the physician, in safe manner. During a review of facility's policy and procedure (P&P), titled, Comprehensive Person-Centered Care Planning, reviewed on 1/15/2026, the P&P indicated, IDT team will develop and implement a baseline care plan. b. During a review of Resident 56's Face Sheet the Face Sheet indicated the resident was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing) and acute respiratory failure with hypoxia. During a review of Resident 56's MDS, dated [DATE], the MDS indicated the resident was cognitively intact with skills required for daily decision making. The MDS indicated that Resident 56 received oxygen therapy. During a review of Resident 56's Physician's Orders, dated 5/01/2026, the Physician's Orders, indicated an order for as needed oxygen at 2 L/min via nasal cannula for respiratory failure with hypoxia, COPD management. During a review of Resident 56's CP for As Needed Oxygen, initiated 7/20/2023, the CP indicated a goal that Resident 56 will have no signs or symptoms of poor oxygen absorption through the review date. The CP indicated an intervention to provide oxygen therapy as ordered/needed. During a concurrent interview and observation on 6/29/2026 at 8:43 a.m., in Resident 56's room observed Resident 56 in her bed wearing a nasal cannula connected to an oxygen concentrator on with a setting at 3 L/min. Resident 56 was alert and oriented and stated she was doing fine. (continued on next page)		

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 07/02/2026
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview with LVN 4 on 6/29/2026 at 8:45 a.m., in Resident 56's room, LVN 4 observed that Resident 56's oxygen administration was set to 3 L/min on the oxygen concentrator. During a concurrent interview and record review with Registered Nurse 2 (RN 2) on 6/29/2026 at 8:55 a.m., RN 2 reviewed Resident 56's Physician's Orders which indicated oxygen was to be given at 2 L/min as needed. RN 2 stated the licensed nurses should have followed the order and if the resident was unable to tolerate 2 L/min, they should call Resident 56's physician to notify him. RN 2 stated Resident 56 has a COPD diagnosis and could be at risk for receiving too much oxygen, causing problems with breathing. During an interview with the DON on 7/01/2026 at 4:35 p.m., the DON stated Resident 56 should have had been on oxygen at 2 L/min. The DON stated it is important to follow the doctor's order because Resident 56 has a COPD diagnosis and could get too much oxygen, causing respiratory difficulty. During a review of facility's policy and procedure (P&P), titled, Oxygen Therapy, reviewed on 1/15/2026, the P&P indicated, it is the policy of this facility to administer oxygen as prescribed by the physician, in safe manner.		

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 07/02/2026
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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on interview and record review, the facility failed to assess the dialysis (a treatment that filters waste and excess fluid from your blood when your kidneys are failing) access site post-dialysis for signs and symptoms of infection for one of one sampled resident (Resident 8). This failure placed the resident at risk for delayed detection of potential complications after dialysis treatment such as blood clot formation and bleeding which could lead to hemorrhage. Findings: During a review of Resident 8's Face Sheet, the Face Sheet indicated the facility originally admitted the resident on 11/26/2025 and readmitted the resident on 6/20/2026 with diagnoses that included end stage renal disease (when kidneys no longer function well enough to meet a body's needs) and dependence on renal dialysis. During a review of Resident 8's Minimum Data Set (MDS - a resident assessment tool) dated 5/26/2026, the MDS indicated the resident's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) skills for daily decision making was severely impaired and required substantial/maximal assistance (helper does more than half the effort) for toileting hygiene and shower, upper body dressing, lower body dressing, putting on/taking off footwear. During a review of Resident 8's physician order dated 6/20/2026, the physician order indicated an order for hemodialysis every Tuesday-Thursday-Saturday. Dialysis type, hemodialysis permacath (a special catheter used for short-term dialysis treatment) Location: Left Upper Chest. During a concurrent interview and record review on 7/1/2026 at 1:46 p.m., with the Assistant Director of Nursing (ADON), reviewed Resident 8's Nursing Facility Post-Dialysis Assessment, dated 6/23/2026. The review indicated there was no documentation indicating Resident 8's access site was assessed. The ADON stated that after a resident comes back from dialysis, the nurses should check and assess the access site for bleeding, swelling, redness, and signs and symptoms of infection. The ADON stated that if the access site is not assessed timely, there could be a delay in rendering care which could result to serious complications such as bleeding which could lead to death. The ADON stated that with timely assessment they can prevent serious complication to the resident. During a review of the facility's policy and procedure (P&P) titled, Dialysis Pre and Post-Care, last reviewed on 1/15/2026, the P&P indicated, Dialysis access should be assessed upon return to the facility for patency, any unusual redness, swelling, or bleeding. any problems with a resident's access should be addressed immediately. Excessive bleeding from graft site, swelling, pain, or a non-functioning graft requires medical attention.		

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 07/02/2026
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement appropriate infection control practices for two (Resident 74 and Resident 56) of 29 sampled residents by failing to: 1. Ensure Resident 74's urinal (a container used to collect urine) was labeled with Resident 74's identifier. 2. Ensure Resident 56's oxygen nasal canula tubing (a small plastic tube, which fits into the person's nostrils for providing supplemental oxygen) was not touching the floor. These failures had the potential to result in contamination of the residents' care equipment and risk of transmission of bacteria that can lead to infection. Findings: 1. During a review of Resident 74's Face Sheet, the Face Sheet indicated the facility originally admitted the resident on 5/06/2026 and readmitted the resident on 6/5/2026 with diagnoses including anemia (when you have low levels of healthy red blood cells to carry oxygen throughout your body) and anxiety disorder (excessive, persistent fear or worry that interferes with daily activities). During a review of Resident 74's Minimum Data Set (MDS - a resident assessment tool) dated 5/12/2026, the MDS indicated the resident's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) skills for daily decision making was intact. The MDS also indicated that the resident required partial/moderate assistance (helper does less than half the effort) with eating, oral hygiene, upper body dressing and dependent (helper does all the effort) on staff for toileting hygiene, lower body dressing, putting off footwear and personal hygiene. During a concurrent observation and interview on 6/29/2026 at 11:45 a.m., in Resident 74's room with the Infection Prevention Nurse (IPN), observed Resident 74 in his bed and with a urinal bottle hanged by the side of the bed. The IPN stated that the plastic urinal bottle had no name label or identifier. The IPN stated that plastic urinal bottles must have labels to identify and prevent other residents from accidentally using the same urinal bottle which could potentially lead to cross contamination resulting in infection. During a review of facility's policy and procedure (P&P) titled, Infection Prevention and Control Program, last reviewed on 1/15/26, the P&P indicated that the facility will promote individual resident's rights and well-being while trying to prevent and control the spread of infection with the goal of safe use of disposable and single use supplies and equipment. 2. During a review of Resident 56's Face Sheet, the Face Sheet indicated the facility admitted the resident on 9/17/2021 and re-admitted the resident on 4/3/2026 with diagnoses that included chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing) and acute respiratory failure with hypoxia (occurs when the lungs cannot adequately transfer oxygen into the bloodstream resulting in shortness of breath). ^ (continued on next page)		

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 07/02/2026
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 56's MDS dated [DATE], the MDS indicated the resident was cognitively intact with skills required for daily decision making. The MDS indicated that Resident 56 received oxygen therapy. ^ During a review of Resident 56's physician orders dated 5/1/2026, the physician orders indicated an order for as needed oxygen at two (2) liters per minute (L/min, a unit of measure for gases) via nasal cannula for respiratory failure with hypoxia, COPD management. During an observation on 6/29/2026 at 8:43 a.m., observed Resident 56 in her bed wearing a nasal canula connected to an oxygen concentrator and with the nasal canula tubing touching the floor. During a concurrent observation and interview on 6/29/2026 at 8:45 a.m., with Licensed Vocational Nurse 4 (LVN 4), observed Resident 56's nasal canula tubing touching the floor. During an interview on 6/29/2026 at 8:55 a.m., with Registered Nurse 2 (RN 2), RN 2 stated Resident 56's nasal canula tubing should not be touching the floor. RN 2 stated it will be changed immediately. RN 2 stated oxygen tubing touching the floor could place residents at risk for infection. During an interview on 7/1/2026 at 4:35 p.m., with the Director of Nursing (DON), the DON stated the oxygen tubing should not touch the floor for infection control reasons, so that residents will be safe from getting infections. During a review of the facility's policy and procedure titled, Infection Prevention and Control Program, last reviewed 1/15/2026, the policy indicated the follow the facility will provide areas, equipment, and supplies to implement its infection control program with the goal of: Safe use of disposable and single use supplies and equipment.		