

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER Northridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7836 Reseda Blvd Reseda, CA 91335	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1) was provided with a proper functioning bed pad alarm (an alerting device intended to monitor a resident's movement) as ordered by the physician. This deficient practice had the potential to place Resident 1 at an increased risk for further falls, accidents, and injuries. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility admitted the resident on 12/19/2024 with diagnoses that include fracture (break in a bone) of right femur (thigh bone), hemiplegia (one-sided paralysis [complete or partial loss of muscle function]) following cerebral infarction (stroke- loss of blood flow to a part of the brain) affecting left non-dominant side, morbid obesity (excessive body fat), dementia (a progress state of decline in mental abilities), and history of falling. During a review of Resident 1's History and Physical (H&P) dated 12/21/2024, the H&P indicated Resident 1 had capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 6/27/2025, the MDS indicated Resident 1's cognition (ability to think and make decisions) was moderately impaired. The MDS further indicated that Resident 1 required set up assistance with eating, moderate assistance with oral hygiene, maximum assistance with upper body dressing and personal hygiene and dependent on staff for toileting hygiene, showering and lower body dressing. During a review of Resident 1's physician order dated 9/8/2025, the physician order indicated the use of a bed pad alarm to decrease potential for injury. During a concurrent observation and interview on 9/17/2025 at 2:15 p.m., with Certified Nursing Assistant 1 (CNA 1), CNA 1 attempted to demonstrate that Resident 1's bed pad alarm was working. CNA 1 pressed the bed pad alarm and no alert was heard. CNA 1 stated that she (CNA 1) did not believe the bed pad alarm was working properly. During a concurrent observation and interview on 9/17/2025 at 2:17 p.m., with the Director of Nursing (DON), the DON confirmed the observation by stating that the bed pad alarm for Resident 1 was not currently operating properly. During an interview on 9/17/2025 at 2:55 p.m., with the Central Supply Manager (CSM), the CSM stated that normally the CSM will check all the position change alarms on a daily basis to make sure they are operating properly. The CSM stated that at times the nursing staff will inform the CSM of a position change alarm not functioning properly and the CSM will fix the existing one or change it with a new one. The CSM stated that the CSM did not check Resident 1's bed pad alarm today. During an interview on 9/17/2025 at 3:20 p.m., with the DON, the DON confirmed that the bed pad alarm should be in working order at all times. The DON stated that Resident 1's bed pad alarm was not working at the time of inspection. The DON stated that a non-working bed pad alarm for Resident 1 could lead to increased risk of fall, accident, or injury. During a review of the facility's policy and procedure (P&P) titled, Personal Alarm dated 3/15/2025, the policy indicated this facility will use, as indicated, a sensor pad that conveniently sounds an audible alarm when the sensor detects a patient rising out of the bed/wheelchair reminding the resident to return to a safe position while alerting staff to a potential fall. If fall risk associated with fall from bed/chair is identified, physician orders will be obtained for assessment by appropriate staff. Check alarm system everyday for proper functioning.</p>		