STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to: 1. Notify residents of the location of results of the most recent survey (means the Statement of Deficiencies [Form CMS-2567] generated by the most recent standard survey for four (Resident 7, Resident 71, Resident 75, and Resident 81) of six sampled residents who attended the resident council meeting. 2. Post the results of the most recent standard survey of the facility. These deficient practices had the potential for residents and family members to not know how the facility is performing regarding resident care. Findings: a. During a review of Resident 7's Face Sheet (the front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the facility admitted the resident to the facility on 1/09/2018 and re-admitted on [DATE] with diagnoses that included hypertension (high blood pressure). During a review of Resident 7's Minimum Data Set (MDS, a resident assessment tool), dated 12/02/2025, the MDS indicated Resident 7 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 Resident 7 required setup assistance (helper sets up; resident completes activity) with oral hygiene. b. During a review of Resident 71's Face Sheet, the Face Sheet indicated the facility admitted the resident to the facility on [DATE] and re-admitted on [DATE] with diagnoses that included hypertension. During a review of Resident 71's MDS, dated [DATE], the MDS indicated Resident 71 was cognitively intact with skills required for daily decision making. The MDS indicated Resident 71 required setup assistance with eating and oral hygiene. c. During a review of Resident 75'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 hypertension. During a review of Resident 75's MDS, dated [DATE], the MDS indicated Resident 75 was moderately impaired in cognition with skills required for daily decision making. The MDS indicated Resident 75 required set-up assistance with eating. d. During a review of Resident 81's Face Sheet, the Face Sheet indicated the resident was admitted to the facility on [DATE] with diagnoses that included hypertension. During a review of Resident 81's MDS, dated [DATE], the MDS indicated Resident 81 was cognitively intact with skills required for daily decision making. The MDS indicated Resident 81 required set-up assistance with eating and oral hygiene. During the survey resident council meeting on 1/27/2026 at 10:30 a.m., Resident 7, Resident 71, Resident 75, and Resident 81 stated they did not know there were written survey results conducted by Department of Public Health or where the results were located. During an observation on 1/27/2026 at 11:30 a.m., observed the front desk area near the facility's window into the receptionist area. Observed a binder sitting on an area to the left of the window. Reviewed the book and did not observe the 2025 recertification survey results 2567 form. During an interview on 8/12/2025 at 11:37 a.m. with the AD, when asked if she tells the residents about where to find the survey results in the resident council meetings she stated, not really. The AD stated she has told residents in the past to ask up front at the business office if they wanted to see survey results but not that there is a specific area or specific book to look at them in. The AD stated it is important for residents to be aware of the survey results so that they are aware of what is (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	occurring in the facility. During an interview with the Director of Nurses (DON) on 1/27/2026 at 4:20 p.m., the DON reviewed the survey binder. The DON confirmed last year's recertification survey results were not in the binder. The DON stated the survey binder should be complete with last year's survey results in them, and residents should be notified of their location. The DON stated this is important for the residents and their families are informed of any issues in the facility. During a review of the policy and procedure (P&P) titled, Survey Results, Examination of, last reviewed 11/20/2025, the P&P indicated a copy of the most recent standard survey, including any subsequent extended surveys, follow-up revisit reports, etc., along with state approved plans of correction of noted deficiencies, is maintained in a 3-ring binder located in an area frequented by most residents, such as the main lobby or resident activity room. ˆ

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. Based on observation, interview, and record review, the facility failed to ensure the confidential personal information of residents were protected by failing to ensure documents (meal tickets) containing protected information ([PHI]- any health information that can be used to identify specific individual which must remain confidential to prevent harmful consequences) were not shredded prior to disposing in the waste container. This failure had the potential to violate 84 of 90 residents' rights for privacy and confidentiality of personal and medical records. Findings: During an observation on 1/28/2026 at 9:02 a.m., observed Dietary Aide 1 (DA 1) threw diet tickets in the trash. During an interview on 1/28/2026 at 9:56 a.m. with the Dietary Supervisor (DS), the DS stated their process of dishwashing included sorting all the paper, waste, trash, leftover food and throw it in the trash. The DS stated their process for disposing of the meal tickets is to place it in the bin on top of the counter and the evening shift dishwasher would put it in the shredder by the end of the day. The DS stated there were meal tickets in the trash and they should not be there. The DS stated the trash goes to the big dumpster. The DS stated the meal tickets have information about residents' diets, names, room numbers and pictures. The DS stated they dispose of the meal tickets in the shredder for Health Insurance Portability and Accountability Act ([HIPPA], a law that sets national standard to protect sensitive health information, to ensure the information stays private and secure) law and to protect the residents' rights. The DS stated when meal tickets are thrown in the trash, everybody has access to it, and they are not protecting residents' information. During a concurrent observation and interview on 1/29/2026 at 8:51 a.m. of the dishwashing and interview with the DA 1 and Registered Dietitian (RD), observed DA 1 threw meal tickets in the trash while sorting the dishes. DA 1 stated she threw the wet meal tickets in the trash but the dry meal tickets she placed in the bin for shredding. The RD stated all the meal tickets should be placed in the bin for shredding for HIPPA purposes. During a review of the facility's policies and procedures (P&P) titled Protected Health Information (PHI), Management and Protection Of, dated 11/20/2025, the P&P indicated Protected Health Information (PHI) shall not be used or disclosed except as permitted by current federal and state laws. Policy Interpretation and implementation: 1.It is the responsibility of all personnel who have access to resident and facility information to ensure such information is managed and protected to prevent unauthorized release or disclosure. 2. Each resident will be given a Privacy Notice outlining the uses and disclosure of PHI that may be made, and notifying him/her or his/her rights and our legal duties with respect to PHI. 3. Protected Health Information (PHI) may or shall be disclosed as follows: a. To the resident b. To carry out treatment, payment and health care operations (TPO) activities, within specified limits c. Pursuant to and in compliance with current and valid authorization. d. In keeping with a business associate agreement e. As maybe otherwise permitted under current HIPPA privacy regulations. 4. When using or disclosing PHI, or when requesting PHI from another entity, reasonable efforts must be made to limit the PHI used or disclosed to the minimum necessary to accomplish the purpose of the use or disclosure of such information. 5. Health information maybe considered not to be individually identifiable in the following circumstances.: a. The following identifiers of the resident (and relatives, employers or household members) are removed: i. Names i.i. Full face photographic images i.i.i. Any other unique identifying number, characteristic and code.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that dependent residents received necessary services for activities of daily living (ADL) when the facility failed to provide five of nine showers scheduled from 12/31/2025 to 1/28/2026 for one of three sampled residents (Resident 32). This deficient practice had the potential to negatively affect Resident 32's personal hygiene and compromise resident's dignity and self-worth. Findings: During review of Resident 32's Face Sheet (the front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the facility admitted Resident 32 to the facility on [DATE] with diagnosis that included fracture (a break in a bone) of neck of left femur (thigh bone), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness and paralysis of one side of the body) following cerebral infarction (blockage of the flow of blood to the brain, resulting in brain tissue death) affecting right dominant side, and need for assistance with personal care. During review of the History and Physical (H&P) report 12/31/2025, the H&P indicated Resident 32 has the capacity to understand and make decisions. During review of Resident 32's Minimum Data Set (MDS - a resident assessment tool), dated 1/6/2026, the MDS indicated Resident 32 was able to make self-understood and was able to understand others. The MDS indicated Resident 32 was dependent (helper does all of the effort) on staff with shower/bathe self, toileting hygiene, lower body dressing, required substantial/maximal assistance (helper does more than half the effort) with upper body dressing and dependent with roll left to right, sit to lying, and lying to sitting on side of the bed. The MDS indicated that choosing between a tub bath, shower, bed bath, or sponge bath was very important to Resident 32. During an interview on 1/26/ 2026 at 9:30 a.m. with Resident 32, Resident 32 stated he was not receiving showers as frequently as he expected. Resident 32 stated he is supposed to get showers twice a week. Resident 32 stated having showers are important to him as he likes feeling clean and fresh. During an interview on 1/28/26 at 8:44 a.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 32's scheduled shower days are Wednesday and Saturdays. CNA 1 stated Resident 32 was showered that morning and getting it twice a week. CNA 1 stated Resident 32 requires full assistance with bathing. During a concurrent interview and record review on 1/28/2026 at 11:01 a.m. with Licensed Vocational Nurse (LVN) 1, Resident 32's Task ADL: Shower/bathe self from 12/31/2025-1/28/2026 was reviewed. LVN 1 stated check marks on the Task ADL: Shower/bathe self indicates what occurred on the date specified. Resident 32's Task ADL: Shower/bathe self had check marks for shower on 1/7/2026, 1/14/2026, 1/17/2026, 1/21/2026, 1/28/2026. The Task ADL: Shower/bath self indicated no check marks for Shower or Bed Bath or resident refused or not available on 12/30/2026, 1/4/2026, 1/5/2026, 1/10/2026, 1/11/2026, 1/16/2026, 1/23/2026, 1/23/2026, 1/24/2026. LVN 1 stated Resident 32 should have had showers twice a week and a bed bath on non-shower days unless Resident 32 refused. LVN 1 stated Resident 32 did not get showered as often as he is supposed to. LVN 1 stated regular bathing is important for infection prevention. LVN 1 also stated that when residents are showered or bathed, they feel clean which improves residents' self-esteem. During an interview on 1/28/2026 at 11:27 a.m. with Director of Nursing (DON), the DON stated that residents are scheduled showers twice a week, with additional showers provided as requested. If a resident declines a shower, a bed bath will be offered instead. The DON stressed the importance of regular bathing schedule and it being essential to prevent skin issues and potential infections. The DON also emphasized that residents have the right to feel clean and comfortable, which contributes to their overall well-being. During a review of Resident 32's care plan (CP) titled, Resident has self-care deficits related to cognitive deficits, joint limitation, weakness initiated on 1/9/2026, the CP indicated interventions to provide Resident 32 with shower/bathing as scheduled and assist as needed. During a review of the facility's policies and procedures (P&P) titled, Bath, Shower/Tub last reviewed 11/20/2025, the P&P indicated, The purpose of this procedure is to (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. During a review of the facility's P&P titled, Resident Rights last reviewed 11/20/2025, the P&P indicated, Federal and state law guarantee certain basic rights to all residents of this facility. These guidelines include the resident's right to: be treated with respect, kindness and dignity. During a review of the facility's P&P titled, Dignity last reviewed 11/20/2025, the P&P indicated, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feeling of self-worth and self-esteem .1. Residents are treated with dignity and respect at all times .2. The facility culture supports dignity and respect for residents by honoring resident's goals, choices, preferences, values and beliefs. This begins with the initial admission and continuous throughout the resident's facility stay. During a review of the facility's P&P titled, Infection Prevention and Control Program last reviewed 11/20/2025, the P&P indicated An infection prevention and control program is established and maintained to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infections.Important facets of infection prevention include. (2) instituting measures to avoid complications and dissemination.(8) following established general and disease specific guidelines such as those of the Center for Disease Control.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide for the safe, appropriate administration of IV fluids 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 ensure residents receive treatment and care in accordance with professional standards of practice for three of three (Resident 101, Resident 88, Resident 65) residents investigated for antibiotic use by failing to: 1.Remove an intravenous (IV, into or within a vein) saline lock catheter (a small, flexible hollow tube inserted into a vein used to provide fluids and medication into a resident's vein) for Resident 101 after an IV medication therapy was completed. 2. Label the IV insertion site dressing per facility protocol for Resident 88. 3. Follow the physician's' orders to change the peripherally inserted central catheter (PICC - flexible tubing inserted into a large vein near the heart for long term intravenous IV medication) line dressing and bio patch (a small, sterile, antiseptic-coated [kills/stops bacteria growth] foam dressing) every seven days for Resident 65. These deficient practices had the potential for residents to experience signs and symptoms of intravenous site insertion complications such as extravasation (the unintentional leakage of fluids or medications from the vein into the surrounding tissue), swelling, pain, and redness, potentially leading to infection at the insertion site and sepsis (a life-threatening blood infection). Findings: 1. During a review of Resident 101's Face Sheet (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 bacteremia (the presence of viable bacteria in the bloodstream) and pneumonia (an infection/inflammation in the lungs). During a review of Resident 101's Minimum Data Set (MDS, a resident assessment tool), dated 1/21/2026, the MDS indicated Resident 101 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 Resident 101 required setup assistance (helper sets up; resident completes activity) with eating and oral hygiene. During a review of Resident 101's Physician Order, dated 1/14/2026, the Physician's Order indicated an order for Ceftriaxone Sodium Intravenous Solution (an antibiotic medication) two (2) grams, use 2 grams intravenously every 24 hours for bacteremia/pneumonia until 1/19/2026. During a review of Resident 101's 1/2026 IV Medication Administration Record (MAR, a daily documentation record used by a licensed nurse to document medications and treatments given to a resident), the MAR indicated Resident 101 received ceftriaxone from 1/14/2026 until 1/18/2026. During a review of Resident 101's undated Baseline Care Plan, the care plan indicated Resident 101 was receiving Ceftriaxone IV. The care plan indicated a goal that Resident 101 will have no unrecognized signs or symptoms of infection after antibiotic use for 14 days. The care plan indicated an intervention to assess IV site on left hand for any signs or symptoms of infection. During a concurrent observation and interview on 1/26/2026 at 4:14 p.m., observed Resident 101 in his room who had an IV in his left hand dated, 1-6. Resident 101 stated he was not sure why he still had the IV since he was no longer receiving any medication through the line. During a concurrent observation and interview on 1/26/2026 at 4:17 p.m., with Registered Nurse 1 (RN 1), in Resident 101's room, RN 1 observed Resident 101's IV site. RN 1 stated he would verify whether Resident 101 was still receiving IV medications and stated that an IV should not remain in place for an (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	extended period unless specifically ordered by the physician. During a concurrent interview and record review with RN 1 on 1/26/2026 at 4:25 p.m., reviewed Resident 101's 1/2026 MAR and Physician's Orders. RN 1 stated Resident 101 last received an IV medication on 1/18/2026. RN 1 stated he will notify Resident 101's physician to obtain an order to discontinue the IV. RN 1 stated this is important because having an IV that long can place the resident at risk for infection since the IV is a portal of entry for bacteria or the plastic catheter could puncture the vein releasing blood into the surrounding tissues. During a concurrent interview and record review with the Director of Nursing (DON) on 1/29/2026 at 10:30 a.m., the DON reviewed the facility's policy and procedure titled, General Policies for IV Therapy, last reviewed 11/20/2025. The DON stated that per facility policy, IV peripheral sites are to be rotated when clinically indicated (e.g., unresolved complication, discontinuation of infusion therapy, or when no longer necessary for the plan of care). The DON stated that the IV was started when Resident 101 was still in the general acute care hospital (GACH or simply hospital) and was admitted on [DATE]. The DON stated the IV should have been discontinued when the resident received all the ordered medication doses. The DON stated this was important to prevent a resident from getting an infection. During a review of the facility's recent policy and procedure (P&P) titled General Policies for IV Therapy, last reviewed on 11/20/2025, the P&P indicated the following: IV peripheral sites will be rotated when clinically indicated (e.g., unresolved complication, discontinuation of infusion therapy, or when no longer necessary for the plan of care). -The policy and procedure indicated documentation of IV therapy should include but is not limited to IV site assessment. -Assessment of venous access site is performed: 1.During dressing changes 2. Frequently during continuous therapy 3. Before and after administration of intermittent infusions 4. At least once every shift when not in use. -Dressing changes are to be performed at least every 7 days and as needed. -Documentation in the medical record includes but is not limited to: 1.Date and time 2. Site assessment 2. During a review of Resident 88's Face Sheet, the Face Sheet indicated the facility admitted Resident 88 to the facility on 3/21/2025 and re-admitted on [DATE] with diagnoses that included pneumonia (PNA, an infection/inflammation in the lungs). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 88's MDS, dated [DATE], the MDS indicated Resident 88 was cognitively intact with skills required for daily decision making. The MDS indicated Resident 88 required partial or moderate assistance (helper does less than half the effort) with oral hygiene, upper body dressing, and personal hygiene. During a review of Resident 88's Physician's Orders, the orders indicated the following: 1. Piperacillin Sodium – Tazobactam Solution (brand name is Zosyn, an antibiotic medication) 3.375 grams intravenously every six hours for PNA for five days, dated 1/13/2026. 2. Insert Midline catheter for ongoing IV antibiotic therapy, Zosyn every six hours, dated 1/14/2026 at 9:42 p.m. 2. Central line and midline care as needed for securing. Change securement device, dated 1/19/2026. During a review of Resident 88's undated Baseline Care Plan for Infection, the care plan indicated Resident 88 was taking Zosyn IV medication. The care plan indicated a that the resident would have no unrecognized signs or symptoms of infection after antibiotic use for 14 days. The care plan indicated an order to administer antibiotic medications as ordered. During a concurrent interview and observation with RN 1 on 1/26/2026 at 4:30 p.m., RN 1 assessed Resident 88's left arm midline IV (a plastic tube inserted into a peripheral vein in the upper arm, extending to just below the armpit, used for longer-term IV therapy, avoiding central circulation but allowing for administering medications). RN 1 stated there was no date on the IV dressing. RN 1 stated there should be a date either from the insertion date or when the dressing was last changed. RN 1 stated he was present in the facility when the outside vendor registered nurse inserted the IV but stated he could not remember what date that was. RN 1 stated he would need to check with medical records to see when it was inserted. When asked how licensed nurses know when to change the IV dressing, RN 1 did not have an answer. RN 1 stated IV and central line dressings are to be changed every 7 days. RN 1 stated this was important to keep the site free from infection. During a concurrent interview and record review with RN 1 on 1/27/2026 at 9:06 a.m., RN 1 reviewed Resident 88's Midline Insertion Record, dated 1/15/2026, which indicated the midline was started on 1/15/2026 at 11:40 a.m. RN 1 stated he did not know if or when the midline dressing had been changed. Reviewed Resident 88's IV TAR with RN 1 which indicated he changed the dressing on 1/20/2026. RN 1 stated that is his signature, but he has not changed Resident 88's IV dressing since the midline was inserted. During a concurrent interview and record review with the Director of Nursing (DON) on 1/29/2026 at 10:30 a.m., the DON reviewed the facility's policy and procedure titled, General Policies for IV Therapy, last reviewed 11/20/2025. The policy indicated dressing changes are to be performed at least every 7 days and as needed. The DON stated the IV site should have been labeled with a date either when first inserted or later when the licensed nurse changes the dressing after 7 days. The DON stated this is so the licensed nurses will know when they need to change the midline dressing. During a review of the facility's recent policy and procedure (P&P) titled General Policies for IV Therapy, last reviewed on 11/20/2025, the P&P indicated the following: The policy and procedure indicated documentation of IV therapy should include but is not limited to IV (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	site assessment. Assessment of venous access site is performed: During dressing changes Frequently during continuous therapy Before and after administration of intermittent infusions At least once every shift when not in use. Dressing changes are to be performed at least every 7 days and as needed. Documentation in the medical record includes but is not limited to: Date and time Site assessment 3. During a review of Resident 65's Fasce Sheet, the Face Sheet indicated the facility admitted Resident 65 on 1/5/2026 with diagnoses that included osteomyelitis of vertebra (a serious infection and inflammation of the bones in the spine), fusion of spine (a surgical procedure that permanently connects two or more bones in the spine) and sepsis (a life-threatening blood infection). During a review of Resident 65's History and Physical (H&P) dated 1/12/2026, the H&P indicated Resident 65 had the capacity to understand and make decisions and was admitted to the facility for IV antibiotic treatment. During a review of Resident 65's MDS, dated [DATE], the MDS indicated Resident 65 makes herself understood and understand others. The MDS indicated Resident 65 was dependent (helper does all the effort) on facility staff with hygiene and upper/lower body dressing, toileting and putting on/taking off footwear. The MDS further indicated Resident 65 took a high-risk antibiotic drug and had a PICC line. During a review of Resident 65's care plan (CP) titled, Resident Requires IV Therapy, initiated on 1/23/2026, the CP indicated to change the PICC line dressing every seven days. During a review of Resident 65's Physician's Orders, the Physician's Orders indicated the following order dated 1/5/2026: - Central Line (much longer than an IV and ends near/in the heart – PICC line) Every day shift every seven days for site care for six weeks. Change all PICC line transparent (clear) dressing. During a concurrent observation and interview on 1/26/2026 at 9:58 a.m., in Resident 65's room with Resident 65, Resident 65 was lying in bed and had a PICC line in her left upper arm. The dressing had 1/10/26 VTP handwritten with a black marker. Resident 65 stated it has been several weeks since the dressing was changed last and although slightly uncomfortable, the PICC line site did not cause pain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on 1/26/2026 at 10:16 a.m. with Registered Nurse 1 (RN 1) in Resident 65's room, RN 1 looked at Resident 65's PICC line and stated the dressing was labeled with a date of 1/10/2026, indicating the last dressing change, however, the dressing should have been changed every seven days. RN 1 stated Resident 65 could develop pain or an infection from the dressing not being changed as ordered. RN 1 stated registered nurses can change a PICC line dressing. During an interview on 1/26/2026 at 10:53 a.m., with the Director of Nursing (DON), the DON stated PICC line dressings should be changed every seven days with sterile technique (germ free) because it provides direct access to the heart. The DON stated registered nurses must follow physician's orders and change the PICC line dressing every seven days and as needed to prevent an infection. During a review of the facility's policy and procedure (P&P) titled, PICC Dressing Change, last reviewed on 11/20/2025, the policy indicated the catheter securement device (dressing) every seven days and as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review, the facility failed to provideˆtwo of two sampled residents (Resident 5 and Resident 77) reviewed under the respiratory care area, withˆnecessary respiratory careˆservices consistentˆwith professional standards of practice by failing to: 1. Ensure there was a physician's order to administer continuous oxygen therapy to Resident 5. This deficient practice had the potential to place Resident 5, who required continuous oxygen therapy, at risk for respiratory distress. 2. Ensure Resident 77, who had an order for continuous oxygen therapy, was wearing his oxygen nasal cannula (NC - a device thatˆdelivers supplemental oxygen directly into the nostrils)ˆat all times.ˆ Thisˆdeficient practiceˆhad the potential toˆplace Resident 77 at risk for respiratory distress.ˆ Findings: 1. During a review of Resident 5's Face Sheet, the Face Sheet indicated the facility admitted Resident 5 on 3/16/2024 with diagnoses that included asthma (long-term disease that causes the airways in the lungs to become inflamed, narrow, and filled with mucus), seizures (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness) and dementia (a progressive state of decline in mental abilities). During a review of Resident 5's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 11/17/2025, the MDS indicated Resident 5 can make herself understood and understands others. The MDS indicated Resident 5 required partial/moderate assistance (helper does less than half the effort) for ADLs (activities of daily living- activities such as bathing, dressing and toileting a person performs daily) hygiene and upper body dressing and substantial/maximal assistance (helper does more than half the effort) for lower body dressing, toileting, showering and putting on/taking off foot ware. During a review of Resident 5's Care Plan (CP) for oxygen, initiated on 7/8/2023, the CP indicated the resident is receiving oxygen due to asthma. The CP interventions were to check oxygen rate of flow per shift, to change tubing weekly and to administer oxygen as ordered. During a concurrent observation and interview on 1/26/2026 at 8:24 a.m., in Resident 5's room with Resident 5, Resident 5 was lying in bed with an oxygen cannula on and set at 2 L/min. Resident 5 stated she has been using oxygen continuously since before she arrived at the facility a few years ago and that she needed it because she has asthma. During a review of Resident 5's Physician's Orders, printed on 1/28/26, the Physician Orders indicated the following orders: -Order Date 1/26/2026 at 9:49 a.m. – Oxygen Administer oxygen at 2 L/min (Liters -amount of oxygen coming out/minute) via (by) NC. -Order Date 3/13/2024, discontinue date 3/13/2024 (no reason given) - Oxygen Administer O2 at 2 L/min via NC. From 3/13/2024 to 1/26/2026, there was not an order for oxygen administration. During a concurrent interview and record review on 1/29/2026 at 2:13 p.m., with the Assistant (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Director of Nursing (ADON), the ADON reviewed Resident 5's physician's orders. The ADON stated she called the physician and obtained an order for continuous oxygen therapy on 1/26/2026 because Resident 5 required continuous oxygen and there was not an order for nurses to give it. The ADON stated oxygen therapy is considered a medication and requires a physician's order with instructions on how much and how to give it. The ADON searched through Resident 5's past orders and stated that the last order for oxygen therapy was on 3/13/2024 and it was also discontinued on the same date. The ADON was unsure why the order was discontinued but stated Resident 5 needs oxygen to prevent respiratory distress. During a review of the facility's policy and procedure (P&P) titled, Oxygen Administration, last reviewed on 11/20/2025, the P&P indicated to review the physicians order for oxygen use and administer oxygen according to those orders. During a review of the facility's P&P titled, Administering Medications, last reviewed on 11/20/2025, the policy indicates medications are administered according to doctors' orders. 2. During review of Residentˆ77'sˆFace Sheet, the Face Sheet indicated the facility admitted Residentˆ77 onˆ11/28/2025 with diagnoses that includedˆrespiratory failureˆ(a condition where there's not enoughˆoxygen or too much carbon dioxide in the body),ˆsyncopeˆ(fainting or passing out)ˆand collapse, and type 2 diabetes mellitusˆ(a chronic condition that affects the way the body processes blood sugar).ˆ During review of the History and Physical (H&P)ˆreportˆdated 12/1/2025, the H&PˆindicatedˆResidentˆ77ˆhas the capacity to understand and make decisions.ˆ During review of Residentˆ77's MDSˆdated 1/12/2026, theˆMDS indicated Residentˆ77ˆwas dependentˆ(helper does all of the effort)ˆwith shower/bathe self, toileting,ˆrequiredˆsubstantial/maximal assist (helper does more than half the effort) withˆlower body dressing,ˆrequiredˆsupervisionˆor touching assistance (helper provides verbal cues and/orˆtouching/steadying/contact guard assistance as resident completes activity)ˆwith upper body dressingˆand personal hygiene.ˆThe MDS alsoˆindicatedˆResidentˆ77ˆwas dependentˆforˆtub/shower transfer,ˆchair/bed to chair transfer and requiresˆpartial/moderateˆassistanceˆwithˆsitˆto lyingˆand lying to sitting on side of the bed.ˆˆ During a review of Residentˆ77'sˆOrder Summary Report, dated 1/28/2026,ˆtheˆOrder Summary Reportˆindicatedˆa physician's orderˆonˆ12/1/2025ˆto administer oxygen atˆtwoˆl/minˆvia NC.ˆ During a review of Residentˆ77's care planˆ(CP)ˆtitled, Residentˆis at risk for respiratory distressˆ(shortness of breath, irregular respiration, wheezing/crackles, rhonchi, activity intolerance, edema), initiatedˆonˆ7/25/2025, the CPˆindicatedˆto apply oxygen as needed/ordered.ˆ During a review of Residentˆ77's CP titled, Resident is at risk forˆcardiacˆdistressˆrelated to: cardiomyopathyˆ(a diseaseˆof the heart muscle),ˆatrial fibrillationˆ(an irregular and often rapid heart rate thatˆcan increase the resident's risk of stroke, heart failure, and otherˆheart related complications),ˆchestˆpain, hypertension,ˆinitiated on 7/25/2025, the CP indicatedˆto provide oxygen inhalation as ordered.ˆ During a review of Residentˆ77's care plan (CP) titled, Resident is receivingˆoxygen therapy due to respiratory failure,ˆinitiatedˆonˆ1/08/2026, the CPˆindicatedˆto provide oxygen as ordered.ˆ (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During aˆconcurrentˆobservationˆand interviewˆonˆ1/26/ˆ2026 atˆ10:01ˆa.m.ˆwith Licensed Vocational Nurse (LVN) 2,ˆinˆResidentˆ77's room,ˆResidentˆ77ˆwasˆobservedˆwithoutˆhisˆoxygenˆNC.ˆTheˆoxygenˆNC was found on the floor next to Resident 77's bed, connected to theˆoxygenˆconcentratorˆ(a medical device that concentrates oxygen from environmental air and delivers it toˆresidentsˆin need of supplemental oxygen)ˆandˆset atˆtwoˆliters per minuteˆ(l/min).ˆLVN 2ˆstatedˆthat Residentˆ77ˆis onˆcontinuous oxygen therapy and shouldˆhave NC on.ˆLVNˆ2ˆstated that Residentˆ77ˆrequiresˆoxygenˆtoˆmaintainˆadequate oxygen saturationˆ(amount of bloodˆoxygen circulating in the bloodˆfor theˆbody to function) and tˆmayˆbecome short of breath and feel weak if he is not receiving oxygen. During an interview on 1/28/2026 atˆ3:30ˆp.m. with Director of Nursing (DON), the DONˆstatedˆthatˆoxygenˆtherapyˆis provided toˆresidentsˆto increaseˆoxygen concentrationˆin the blood.ˆThe DONˆstatedˆResidentˆ77ˆwould not receive the proscribed oxygen when he is not wearing the NC. During a review of the facility's policies and procedures (P&P) titled, Oxygen Administration last reviewed 11/20/2025, the P&Pˆindicated, Oxygen will be administered to residents as neededˆper attending physician's order by licensed personnel.2. Administer oxygenˆas per physician's order.ˆ

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure kitchen staff were routinely trained and evaluated for competency skills when: 1.Cooks could not verbalize time and temperature monitoring for thawing foods in the preparation sink. 2. Staff could not verbalize and demonstrate how to check the chlorine concentration following manufacturer's guidelines. These failures had potential to result in harmful bacterial growth and cross-contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illness (a disease caused by consuming food and drinks that are contaminated with germs or chemicals) in 84 of 90 medically compromised residents who received food and ice from the kitchen. Findings: During an observation on 1/28/2026 at 10:05 a.m. of the meat preparation sink, observed unsealed fish and meat thawed at the same time in the same sink in running water. During an interview on 1/28/2026 at 12:02 p.m. with [NAME] 1, [NAME] 1 stated they took out the meat from the freezer and put it in the sink with cold running water. [NAME] 1 stated she did not know the water temperature during thawing, waited for 20-25 minutes and felt if the meat was already defrosted then cooked it. [NAME] 1 stated she got rid of the chicken because it thawed in the same sink at the same time but cooked the fish. [NAME] 1 stated she did not log or monitor temperature of the water, the temperature of the meats, the total time to thaw the meats and they do not have a log for it. During an interview on 1/28/2026 at 12:06 p.m. with the Dietary Supervisor, the DS stated they have three (3) processes of thawing, thawing under the refrigerator, thawing in the sink in running water and cooking the food directly. The DS stated the staff should use cold running water to ensure thawing meats were not in a danger zone ([40-140 F], a temperature range where bacteria multiply most rapidly in perishable food) of food. The DS stated that the thawing process in the sink should not be 2 hours because it was safest. The DS stated they do not log nor monitor temperature of the thawed meats, but cooks know it. The DS stated thawing food requires time and temperature monitoring and they are not doing that. During a review of the facility's P&P titled Thawing Food, dated 11/20/2025, the P&P indicated (2) Under potable, running water at a temperature of 70 degrees F or lower, with sufficient velocity to agitate and float off lose food particles into the overflow. All thawing foods must be placed in leak-proof containers or pans to prevent cross-contamination from drips during thawing. During a review of Food Code 22, dated 1/18/2023, the Food Code 2022 indicated, 3-501.13 Except specified in (D) of this section, Time/Temperature control for safety food shall be thawed: (B) Completely submerged under running water: (1) At a water temperature of 21 C (70 F) or below. (2) With sufficient water velocity to agitate and float off loose particles in an overflow, and (4) For a period of time does not allow thawed portions of a raw animal food requiring cooking as specified under 3-401.11 (A) or (B) to be above 41 for more than 4 hours including (a) the time the food is exposed to the running water and the time needed for preparation for cooking or (b) the time it takes under refrigeration to lower the food temperature to 5 C (41 F). During a review of the facility's job description (JD), titled Cook dated and signed on 8/27/20219 by [NAME] 1, the JD indicated Assist in preparation of meals and sanitation of food services area. Assists in providing a clean, safe, dignified, happy environment for residents by performing the duties as described. Essential duties and responsibilities include the following: Plans and initiate cooking schedule for food preparation to meet meal schedules. Monitors temperature of hot and cold foods throughout food preparation and service to ensure that established temperatures goals are met and maintained throughout the meal service. During a review of the facility's competency checklist titled Dietary Competency Checklist dated 9/1/2021 signed by [NAME] 1 and an evaluator, the competency checklist indicated [NAME] 1 was competent on thawing frozen food safely. During a review of the facility's competency checklist titled Competency Checklist-Dietary Staff, dated 10/24/2025 and signed by [NAME] 1 and the Registered Dietitian (RD), the competency (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	checklist indicated a straight line under date completed row, supervisor initials and employee initials for frozen food thawed properly section. During an interview on 1/29/2026 at 2:24 p.m. with the RD and the Corporate Registered Dietitian (CRD), the CRD stated the competency forms were completed using a line or arrow pointing down indicating the same date, same supervisor and same employee initials competing the competency. The RD stated the line means the [NAME] 1 completed the competency for thawing with her. During a concurrent observation, demonstration and interview on 1/28/2026 at 9:11 a.m. of the dishwashing process with Dietary Aide 1 (DA 1) and DS, observed DA 1 sticking the chlorine concentration test strips on the tray surface and agitated the test strips four (4) times. DA 1 compared it to the test strip color chart and stated it was at 50 parts per million (ppm- a unit of measurement expressing the concentration of the substance within a total mixture). The DS stated the staff are supposed to dip the test strips in the solution based on manufacturer's guidelines. During a concurrent observation and interview on 1/28/2026 at 9:13 a.m. of the dishwashing process with DA 1 and DS, DS asked to demonstrate to check the chlorine concentration using the test strips. DA 1 was unable to demonstrate using the test strips and DS coached DA 1 on when to dip the test strip in the chlorine solution. DA checked the chlorine solution, and it resulted in a pale color around 10 ppm. During a concurrent interview and record review on 1/28/2026 at 9:31 a.m. with the DS, the [NAME] Test Strips manufacturer's guidelines, with expiration date of 3/2026 was reviewed. The manufacturer's guidelines indicated Dip on test strips into solution without agitation. Blot dry. Compare immediately to color chart. The DS stated DA 1 tried dipping the test strips multiple times with agitation and she was just supposed to dip it once. The DS stated DA 1 did not follow manufacturer's guidelines. The DS stated it was important to follow the manufacturer's guidelines of the test strip to get the right chlorine concentration reading. The DS stated chlorine sanitize and kills bacteria and if the reading was not accurate there could be some bacteria that would not be killed by the sanitizer and its hazardous to the residents. During a review of Food Code 2022, the Food Code 2022 indicated, 4-501.116 Warewashing Equipment, Determining Chemical Sanitizer Concentration. Concentration of the sanitizing solution shall be accurately determined by using a test kit or other device. During a review of Food Code 2022, the Food Code 2022 indicated, 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitation- Temperature, pH, Concentration, and Hardness. A chemical sanitizer used in a sanitizing solution for a manual or mechanical operation at contact times specified under 4-703.11 (C) shall meet criteria specified under 7-204.11 Sanitizers, criteria shall be used in accordance with the EPA-registered label use instructions, and shall be used as follows: (C) A quaternary ammonium compound solution shall (1) Have a minimum temperature of 24 C (75 F), (2) Have a concentration as specified under 7-204.11 and as indicated by the manufacturer's use directions included in the labeling. During a review of the facility's JD, titled Dietary Aide dated and signed on 8/28/2023 by DA 1, the JD indicated, Assists in preparation of meals, sanitation of food service area and completion of supply orders. Cleans kitchen areas, food serving utensils, and equipment utilizing proper procedures. During a review of the facility's checklist titled Competency Checklist, dated and signed on 9/10/2018, the competency checklist indicated DA 1 demonstrated competency on how to operate the dishwashing machine to ensure proper cleaning and disinfecting of all dishes, silverware, glasses, pots and pans and dish machine temperature and PPM log maintenance. During a review of the facility's competency checklist titled Competency Checklist-Dietary Staff, dated 10/24/2025 and signed by DA 1 and the Registered Dietitian (RD), the competency checklist indicated a straight line under date completed row, supervisor initials and employee initials for dishwashing machine temperature and PPM log maintenance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to prepare food by methods that conserved appearance, flavor and temperature when: 1.The temperature of the milk measured 42 degrees Fahrenheit (F, degree of temperature), the juice measured 61 F and the triple fruit crisp measured 98 F. 2. Herb crusted beef roasts were dry. These failures had potential to result in 84 of 90 facility residents including (Resident 13) at risk of unplanned weight loss, a consequence of poor food intake, getting food from the kitchen. Findings: 1.During a review of the facility's menu spreadsheet (a sheet containing the kind and amount of food each diet would receive) titled Winter Menus, dated 1/27/2026, the spreadsheet indicated residents on regular and therapeutic diets would include the following foods on the tray: -Herb crusted beef roasts three (3) ounces (oz, a unit of measurement) -Brown gravy 1-2 oz -Mashed potatoes 1/2 cup (c, a household measurement) -Zesty spinach 1/2 c -Parsley sprig garnish yes -Garlic bread 1 slice -Triple fruit crisp 1 square -Milk 4 oz During an observation on 1/27/2025 at 11:53 a.m. of the trayline (an area where foods were assembled from the steamtable to resident's plate), observed staff placing the milk, desserts, juice and fruit on the trays in the cart. During a concurrent observation on 1/27/2025 at 11:58 a.m. of the cold food temperatures with [NAME] 2, observed [NAME] 2 taking the temperature of the milk. [NAME] 2 stated the milk temperature was 42 F and she needed to put it back in the refrigerator. [NAME] 2 took the temperature of a different carton of milk, and she stated the temperatures were at 41.2 F and 39 F. During a concurrent test tray (a process of tasting, temping, and evaluating the quality of food) observation and interview on 1/27/2026 at 12:45 p.m. with the Dietary Supervisor (DS), observed the DS took the temperatures of the food. The DS stated the juice temperature was at 61 F, triple fruit crisp at 98 F and milk at 42 F. During an interview on 1/27/2026 at 1:07 p.m. the DS stated the cold food temperatures could improve because it was not in a palatable temperature and there could be dissatisfaction among residents. The DS stated residents would not eat the food and could cause weight loss long term. The DS stated cold foods were not at a palatable temperature because the staff forgot to put the cold food in the ice bath during the trayline service. 2. During a review of Resident 13's Face Sheet, the Face Sheet indicated the facility initially admitted Resident 13 on 1/15/2025 and readmitted on [DATE] with diagnosis including, but not limited to, essential hypertension (HTN, high blood pressure), anemia (a condition in which the body does not get enough oxygen-rich blood) and pressure ulcer of sacral region (also called pressure injuries and decubitus ulcers- injuries to skin and underlying tissue resulting from prolonged pressure on the skin). During a review of Resident 13's Minimum Data Sheet (MDS- a federally mandated resident assessment tool) dated 10/21/2025, the MDS indicated Resident 13 understood others and make self-understood. The MDS indicated Resident 13 needed set up and clean up assistance (helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity) when eating. During a review of Resident 13's History and Physical (H&P), dated 12/6/2025, the H&P indicated residents can make needs known but cannot make medical decisions. During a review of Resident 13's Diet Order, dated 12/6/2025, the order listing indicated Resident 13 was ordered regular soft bite-sized (diet containing moist and tender foods that are easily mashed with a fork, cut into less than 1.5 centimeters [cm, a unit of measurement] to reduce risk of choking), thin consistency. During an observation on 1/27/2026 at 12:04 p.m. of the pan of roast beef, observed beef pieces were dry. During a concurrent test tray observation and interview on 1/27/2026 at 12:55 p.m. with the DS, the DS stated the roast beef without the gravy looked dry. The DS stated the cooked beef should not be dry but putting the gravy on top complimented it. The DS stated tasted the beef and stated it was dry even with the sauce and residents would not eat the dry meat leading to poor intake and weight loss as a potential outcome. During an interview on 1/27/2026 at 1:30 p.m. with Resident 13, Resident 13 stated the meat was very chewy and it should be tender. Resident 13 likes the flavor, but he could not (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	swallow it. During an interview on 1/28/2026 at 1:14 p.m. with the Registered Dietitian (RD), the RD stated exceeding time and temperature with cooking meats would result in dry meats and nutrients could be lost during the process. The RD stated meat would lose protein, iron and B vitamins and residents would not get the nutrients from the dry beef. The RD stated residents would be dissatisfied with the food causing a decline on their health like affecting their healing process of their illnesses. During a review of the facility's policies and procedures (P&P) titled Food Preparation, dated 11/20/2025, the P&P indicated Food is to be prepared in such a manner as to maximize flavor, appearance, and nutritional value. All food will be prepared by methods that preserve nutritive value, flavor, and appearance and will be attractively served at the proper temperature and in a form to meet the individual needs of the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and food preparation practices in the kitchen when: 1.One (1) of three (3) racks in the dry storage area were corroded and rusted.2.There was elbow macaroni, split peas particles on the dry storage room floors. 3. Kitchen equipment and utensils were not free from dirt, dust and food debris. a. Sticker residues on 13 food storage bins in the dry storage area. b. Nine (9) of 9 carts had old tape and sticker residues. c. Drying racks were dusty and dirty when touched. d. Vents by the dishwashing area had dust accumulation and buildup. e. Coffee spout had dirt buildup f. Condiment containers had sugar, salt, pepper and sweetener particles and debris. 4. Seven (7) of 7 dented cans were stored with non-dented cans. 5. Fifty-seven (57) of 57 trays had cracks and lost their glaze. 6. Pans were stacked wet and were not air dried. 7. Improper thawing of meats in the sink a. Fish and chicken were thawed at the same time in the same sink. b. Fish was not in a sealed container during the thawing process. c. There was no time and temperature monitoring. 8. Staff did not follow manufacturer guidelines for checking chlorine concentrations. 9.There were two (2) foods that were not labeled and dated in the resident's refrigerator. These failures had the potential to result in harmful bacterial growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illness (a disease caused by consuming food or drinks that are contaminated by germs or chemicals) in 84 of 90 medically compromised residents who received food and ice from the kitchen. Findings: During an observation on 1/27/2026 at 8:04 a.m. of the dry storage area shelves, observed 1 of 3 shelves had cracks. During a concurrent observation on 1/27/2026 at 8:08 a.m. of the dry storage room racks with the Dietary Supervisor (DS), the DS stated 1 rack has corroding rust and it was breaking apart. The DS stated the racks should be rust and cracks-free for residents' safety and to prevent physical contamination. The DS stated residents' health could be compromised due to food borne illness as a potential outcome because the racks would be hard to clean. During a review of the facility's P&P titled Kitchen Cleanliness and Sanitation Policy, dated 11/20/2026, the P&P indicated Equipment Condition and Reporting: Staff must ensure equipment, shelves, utensils, and prep areas are clean and in good working condition. During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated 4-101 Characteristics. Materials that are used in construction of utensils and food-contact surfaces of equipment may not allow the mitigation of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be (a) safe; (b) durable, corrosion-resistant, and non-absorbent; (c) sufficient in weight and thickness to withstand repeated warewashing; (d) Finished to have a smooth, easily cleanable surface. During an observation on 1/27/2026 at 8:04 a.m. of the dry storage area floors, observed lentil particles on the floors. During a concurrent observation on 1/27/2026 at 8:14 a.m. of the dry storage area floors with the DS, the DS stated there were split pea and elbow macaroni particles on the floor. The DS stated the dry storage area should be free from any food particles to prevent pest and mold building in the surfaces that could contaminate food. The DS stated cross-contamination could lead to potential foodborne illnesses for the residents. During a review of the facility's P&P titled Storage of Canned and Dry Goods, dated 11/20/2025, the P&P indicated, (1) The storage area will be clean, dry, well-ventilated at all times. During a review of Food Code 2022, the Food Code 2022 indicated,4-602.13 Nonfood-Contact Surfaces. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues. a. During an observation on 1/27/2026 at 8:04 a.m. of the food containers, observed old sticker residues on the containers. During a concurrent observation and interview on 1/27/2026 at 8:19 a.m. of the food containers, observed 13 of 13 food containers had old stickers and label particles. The DS stated the food containers had stickers and the sticky residue could attract dust and could cause cross-contamination. The DS stated residents (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	could potentially get foodborne illnesses because of cross-contamination. b. During an observation on 1/27/2026 at 10:27 a.m. of the clean racks, observed old tape residue on the racks. During a concurrent observation and interview on 1/27/2026 at 10:50 a.m. of the racks with the DS, the DS stated all the nine (9) racks had tape residues and they must clean it because it could cause cross-contamination. The DS stated residents could get foodborne illnesses due to cross contamination because the sticky tape residues attract more dust that could go to the residents' foods. c. During an observation on 1/27/2026 at 10:38 a.m. of the domes and bases drying racks, observed the racks were dusty to touch. During a concurrent observation and interview on 1/27/2026 at 10:56 a.m. of the drying rack for lids and domes with the DS, observed DS wiped the rack surfaces with paper towel and the paper towel had black dust particles. The DS stated the staff wiped the racks after breakfast, but it had dirt and dust when wiped with paper towel. The DS stated the dust could touch the domes and could cause cross-contamination of food. d. During an observation on 1/27/2026 at 10:41 a.m. of the vent by the dishmachine area, observed dust and dirt buildup on the vent. During a concurrent observation and interview on 1/27/2026 at 10:58 a.m. of the vent by the dishwashing area with the DS, the DS stated the vents are cleaned two times a week but there is a dust build up on the vents where the staff are air-drying the food containers and cups. The DS stated the dust could go to the cups and food containers causing cross-contamination. e. During an observation on 1/28/2026 at 8:36 a.m. of the coffee machine, observed dirt debris on the coffee spout. During a concurrent observation and interview on 1/28/2026 at 9:54 a.m. of the coffee machine spout with the DS, the DS stated the coffee machine spout should be cleaned, sanitized and free from water marks. The DS stated the dirt in the spout could be from coffee residue and it dried up. The DS stated cross-contamination would be the potential outcome of not cleaning the coffee spout. f. During an observation on 1/28/2026 at 8:38 a.m. of the salt, pepper, sugar and sweetener containers, observed salt, pepper, sugar and sweetener debris on each container. During a concurrent observation and interview on 1/28/2026 at 9:48 a.m. of the condiment containers with the DS, the DS stated the condiment containers have sugar, salt, pepper and sweetener debris and it should be free from debris. The DS stated condiments that were opened could attract pests especially ants and could cause cross-contamination leading to foodborne illnesses to the residents. The DS stated ants could bring any disease and infection to the residents. During a review of the facility's P&P titled Kitchen Cleanliness and Sanitation Policy, dated 11/20/2025, the P&P indicated, To ensure the safety and well-being of residents, staff, and visitors, this facility is committed to maintaining clean, sanitary, and compliant kitchen environment. All equipment, surfaces, and food preparation areas must be cleaned and sanitized regularly. (1) All kitchen areas and equipment must be cleaned daily. Dietary Staff must sanitize all food contact surfaces, utensils, preparation tables, and equipment after each use or as needed throughout the service. All surfaces must be kept clean, dry, and free of debris or grease. During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 4-601.11 (A) Equipment Food Contact Surfaces and utensils shall be cleaned: (1) Except as specified in (B) of this section, before use with a different type of raw animal food such as beef, fish, lamb, pork or poultry; (2) Each time there is a change from working with raw foods to working with ready-to-eat food; (3) Between uses with raw fruits and vegetables and with time/temperature control for safety food. (4) Before using or storing a food temperature measuring device, and (5) At the time during the operation when contamination may have occurred. During a review of Food Code 2022, the Food Code 2022 indicated, 4-601.11 (E) Except when dry cleaning methods are used as specified under S 4-603.11, surfaces of utensils and equipment contacting food that is not time/temperature control for safety food shall be cleaned: (1) At anytime when contamination may have occurred; (2) At least every 24 hours for iced tea dispensers and consumer self-service utensils such as tongs, scoops, or ladles; (3) Before restocking consumer self-service equipment and utensils such as condiment dispensers and display containers; and (4) In equipment such as ice bins and beverage dispensing nozzles and enclosed components of equipment such as ice makers, cooking oil storage tanks and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment: (a) At a frequency specified by the manufacturer, or (b) Absent manufacturer specification, at a frequency necessary to preclude accumulation of soil or mold. During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 3-307.11 Miscellaneous Sources of Contamination. Food shall be protected from contamination that may result from a factor or source not specified under subparts 3-391 - 3-306. During a concurrent observation and interview on 1/27/2026 at 8:27 a.m. of the canned foods in the dry storage room with the DS, the DS stated the dented cans were separated in a designated cart labeled dented cans in the dry storeroom so that the employees would not use them. The DS stated dented cans could be hazardous if consumed. The DS stated there were seven (7) dented cans found with non-dented cans and it should have been separated for food safety and to prevent foodborne botulism to the residents. During a review of the facility's P&P titled Storage of Canned and Dry Goods, dated 11/20/2025, the P&P indicated, 10. Canned items should be inspected for damage such as dented, leaking or bulging cans. These items will be stored separately in the designated area-DENTED CANS for return to the vendor or disposed of properly. During a review of the facility's P&P titled Safe Food Transfer and Cross-Contamination Prevention Policy, dated 11/20/205, the P&P indicated Inspecting the can: all cans must be checked for swelling, dents, rust, or signs of contamination. Damaged or expired cans must be discarded per facility policy. During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 3-101.11 Safe Unadulterated, and Honestly Presented. Food shall be safe, unadulterated, and, as specified under 3-601.12, honestly presented. 3-201.11 Compliance with Food Law. A primary line of defense ensuring that food meets the requirements of S3-101.11 is to obtain food from approved sources, the implications of which are discussed below. However, it is also critical to monitor food products to ensure that, after harvesting, processing, they do not fail victim to conditions that endanger their safety, make them adulterated, or compromise their honest presentation. The regulatory community, industry, and consumers should exercise vigilance in controlling the conditions to which foods are subjected and be alert to signs of abuse. FDA considers food in hermetically sealed containers that are swelled or leaking to be adulterated and actionable under the Federal Food, Drug, and Cosmetic Act. Depending on the circumstances, rusted, and pitted or dented cans may also present a serious potential hazard. During an observation on 1/27/2026 at 10:29 a.m. of the residents' meal trays, observed 57 of 57 meal trays have cracks and lost some of its glaze. During a concurrent observation and interview on 1/27/2026 at 10:51 a.m. of the meal trays with the DS, the DS stated the residents' trays have cracks and it would not be a cleanable surface. The DS stated if the trays did not have cleanable surface, bacteria could grow and cause cross-contamination. The DS stated the meal trays should be crack free to prevent physical contamination that could cause foodborne illnesses to the residents. During a review of the facility's P&P titled Food Preparation, dated 11/20/2025, the P&P indicated Dishes, glasses, flatware are free of rust, chips, cracks. Dishes used have retained their glaze. During a review of Food Code 2022, dated 1/18/2023 the Food Code 2022 indicated, 4-202.11 Food-Contact Surfaces. (A) Multiuse Food-contact surfaces shall be (1) Smooth (2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections. (3) Free of sharp internal angles, corners, and crevices, (4) Finished to have smooth welds and joints. During an observation on 1/27/2026 at 10:34 a.m. of the pans in the storage area, observed pans were stacked wet. During a concurrent observation and interview on 1/27/2026 at 10:52 a.m. of the clean pans in the storage area with the DS, the DS stated the pans in the storage area were not properly air-dried and they were stacked wet. The DS stated the pans should have been air dried because it could build bacteria if not. The DS stated residents could get foodborne illnesses due to bacterial growth. During review of the facility's P&P titled Dish Washing Procedures- Dishmachine, dated 11/202/2025, the P&P indicated, Dishes, utensils, pots and pans will be air dried before storage. During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 4-901.11 Equipment and Utensils, air-drying required. After cleaning and sanitizing equipment and utensils: (A) Shall be air-dried or used (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	after adequate draining as specified in the first paragraph of 40 CFR 180.940 tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (food-contact surface sanitizing solutions), before contact with food and; (B) May not be cloth dried except that utensils that have been air-dried may be polished with cloths that are maintained clean and dry. During an observation on 1/28/2026 at 8:25 a.m. of the preparation sink, observed turkey out on the sink in a running water. During an observation on 1/28/2026 at 10:05 a.m. of the meat preparation sink, observed fish and chicken thawed at the same time in the same sink. During an interview on 1/28/2026 at 11:58 a.m. with DA 2, DA 2 stated she thawed the chicken and the fish this morning because she forgot to take it out from the freezer. DA 2 stated it was not okay to thaw chicken and fish in the same sink because of cross contamination. During an interview on 1/28/2026 at 12:06 p.m. with the DS, the DS stated he advised the Corporate Registered Dietitian 1 (CRD 1) to throw the fish and chicken because it is both contaminated. The DS stated residents are at risk for salmonella poisoning contamination. During an observation on 1/28/2026 at 10:05 a.m. of the preparation sink, observed fish that was not in a sealed plastic container under running water. During an interview on 1/28/2026 at 12:06 p.m. with the DS, the DS stated their process of thawing in the sink was to use cold running water and what the staff did was wrong because the fish was not sealed in a container to prevent cross-contamination. During an interview on 1/28/2026 at 12:02 a.m. with [NAME] 1, [NAME] 1 stated they take out the meat from the freezer and put it in the sink with cold running water. [NAME] 1 stated she did not know the water temperature during thawing and wait for 20-25 minutes and feel the meat if it's defrosted then cook it. [NAME] 1 stated she did not log the time and temperature and it has been her practice for all the frozen meats. During an interview on 1/28/2026 at 12:06 p.m. with the DS, the DS stated they have three (3) processes of thawing, thawing under the refrigerator, thawing in the sink in running water and cooking the food directly. The DS stated the staff should use cold running water to ensure thawing meats were not in a danger zone ([40-140 F], a temperature range where bacteria multiply most rapidly in perishable food) of food. The DS stated that the thawing process in the sink should not be 2 hours because it was safest. The DS stated they do not log nor monitor temperature of the thawed meats, but cooks know it. The DS stated thawing food requires time and temperature monitoring and we are not doing it. During a review of the facility's P&P titled Thawing Food, dated 11/20/2025, the P&P indicated (2) Under potable, running water at a temperature of 70 degrees F or lower, with sufficient velocity to agitate and float off lose food particles into the overflow. All thawing foods must be placed in leak-proof containers or pans to prevent cross-contamination from drips during thawing. During a review of Food Code 22, dated 1/18/2023, the Food Code 2022 indicated, 3-501.13 Except specified in (D) of this section, Time/Temperature control for safety food shall be thawed: (B) Completely submerged under running water: (1) At a water temperature of 21 C (70 F) or below. (2) With sufficient water velocity to agitate and float off loose particles in an overflow, and (4) For a period of time does not allow thawed portions of a raw animal food requiring cooking as specified under 3-401.11 (A) or (B) to be above 41 for more than 4 hours including (a) the time the food is exposed to the running water and the time needed for preparation for cooking or (b) the time it takes under refrigeration to lower the food temperature to 5 C (41 F). During a concurrent observation, demonstration and interview on 1/28/2026 at 9:11 a.m. of the dishwashing process with Dietary Aide 1 (DA 1) and DS, observed DA 1 sticking the chlorine concentration test strips on the tray surface and agitated the test strips four (4) times. DA 1 compared it to the test strip color chart and stated it was at 50 parts per million (ppm- a unit of measurement expressing the concentration of the substance within a total mixture). The DS stated the staff are supposed to dip the test strips in the solution based on manufacturer's guidelines. During a concurrent interview and record review on 1/28/2026 at 9:31 a.m. with the DS, the [NAME] Test Strips manufacturer's guidelines, with expiration date of 3/2026 was reviewed. The manufacturer's guidelines indicated Dip on test strips into solution without agitation. Blot dry. Compare immediately to color chart. The DS stated DA 1 tried dipping the test strips multiple times with agitation and she was just supposed to dip it once. The DS stated DA 1 did (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	not follow manufacturer's guidelines. The DS stated it was important to follow the manufacturer's guidelines of the test strip to get the right chlorine concentration reading. The DS stated chlorine sanitize and kills bacteria and if the reading was not accurate there could be some bacteria that would not be killed by the sanitizer and its hazardous to the residents. During a review of Food Code 2022, the Food Code 2022 indicated, 4-501.116 Warewashing Equipment, Determining Chemical Sanitizer Concentration. Concentration of the sanitizing solution shall be accurately determined by using a test kit or other device. During a review of Food Code 2022, the Food Code 2022 indicated, 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitation- Temperature, pH, Concentration, and Hardness. A chemical sanitizer used in a sanitizing solution for a manual or mechanical operation at contact times specified under 4-703.11 (C) shall meet criteria specified under 7-204.11 Sanitizers, criteria shall be used in accordance with the EPA-registered label use instructions, and shall be used as follows: (C) A quaternary ammonium compound solution shall (1) Have a minimum temperature of 24 C (75 F), (2) Have a concentration as specified under 7-204.11 and as indicated by the manufacturer's use directions included in the labeling. During a concurrent observation and interview on 1/28/2026 at 10:08 a.m. of the residents' refrigerator in the activities room with the DS, observed red salsa, cheddar cheese snacks not labeled with residents' name and date. The DS stated the staff needed to label the foods with name and date. The DS stated the red salsa was not labeled with name and date and the cheddar cheese snacks were not labeled with name. The DS stated it was important to label the food from the outside to prevent residents from consuming expired foods that could lead to foodborne illnesses. During a review of the facility's P&P titled Dating and Labeling, dated 11/20/2025, the P&P indicated, To ensure food safety and prevent contamination within the facility, all food items should be properly covered, dated, and labeled in dry storage and refrigerator/freezer areas.(7)Staff should be trained on the importance of food labeling and proper storage procedures to maintain food safety. During a review of Food Code 2022, the Food Code 2022 indicated, 3-501.17 Commercially processed food, open and hold cold, (B) except specified in (E) - (G) of this section, refrigerated, ready-to-eat time/temperature control for food safety food prepared and packed by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacture's use-by- date if the manufacturer determined the use-by date based on food safety.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a policy regarding use and storage of foods brought to residents by family and other visitors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to enforce its policy of storing brought in by family or visitors in a way to ensure safety and sanitary storage of food when one (1) of 1 sampled resident (Resident 95) brought unpasteurized egg (raw shell eggs that have not undergone heat treatment to destroy potential pathogens like salmonella [a type of bacteria that causes gastrointestinal infections in humans]) and cooked it in the microwave without the staff knowledge. This failure had the potential to result in consumption of undercooked food and food borne illness (a disease caused by consuming food and drinks that are contaminated by germs or chemicals) from salmonella to Resident 95. Findings: During a review of Resident 95's Face Sheet, the Face Sheet indicated the facility initially admitted Resident 95 on 6/10/2021 and readmitted on [DATE] with diagnoses including type 2 diabetes (DM 2ˆ-ˆa disorder characterized by difficulty in blood sugar control and poor wound healing), acute kidney failure (condition in which the kidneys suddenly cannot filter waste from the blood) and essential hypertension (HTN, high blood pressure). During a review of Resident 95's Minimum Data Sheet (MDS- a resident assessment tool) dated 12/9/2025, the MDS indicated Resident 95 understood others and make self-understood. The MDS further indicated resident needed supervision and touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes the activity) when eating. During a review of Resident 95's Order Summary Report, dated 11/20/2025, the order summary indicated Resident 95 was ordered Consistent Carbohydrate (CCHO, a diet with the same amount of carbohydrates per meal for blood sugar management), no added salt (NAS, no salt packet on the tray), soft and bite-sized (diet containing moist and tender foods that are easily mashed with a fork, cut into less than 1.5 centimeters [cm, a unit of measurement] to reduce risk of choking) texture, thin consistency. During an observation on 1/28/2026 at 10:09 a.m. with of the residents' refrigerator in the activities room with the Dietary Supervisor (DS), observed unpasteurized whole egg labeled with Resident 95's room number. The DS stated according to the Director of Nursing (DON), Resident 95 just brought the whole egg today. During an interview on 1/28/2026 at 10:36 a.m. with Resident 95, Resident 95 stated he brought whole eggs to the facility and there was only one egg left. Resident 95 stated he brings whole eggs at least one or twice a week and heats it in the microwave. Resident 95 stated the process for bringing food from outside is to label it with their name and place it in the refrigerator. Resident 95 stated there was no need to inform the nurses that he brought food from outside the facility. During an interview on 1/28/2026 at 11:10 a.m. with the Administrator (ADM), the ADM stated the Director of Staff Development (DSD) and the Assistant Activities Director (AAD) are the staff responsible for overseeing the refrigerator. The ADM stated their process of monitoring the resident's refrigerator was to check the food was in good condition, label the food with the resident's name, date the food was brought in and its expiration date. During an interview on 1/28/2026 at 11:17 a.m. with the DON, the DON stated their process of storing food from the outside source is for the residents to check in the front office, nurses checked what kind of food the residents' orders against the residents' diets. The DON stated the AAD is the one responsible for checking the resident's food in the resident's refrigerator. The DON stated they do not allow residents to bring raw food as it might contaminate other food in the refrigerator and residents are not allowed to cook for safety. During an interview on 1/28/2026 at 3:43 p.m. with the ADD stated she was assigned to check the resident's refrigerator. The ADD stated she would come in the morning before the activity starts at 8:30 a.m. to check the food in the resident's refrigerator once a day. The ADD stated she checked the expiration date, labeling and dating of the food. The ADD stated she checked if the food smells and goes to the nurse if there are issues. The ADD stated there was a resident who brought raw meat in the resident's refrigerator once in the past, but residents are not allowed to cook and bring raw food. The ADD stated she was not aware Resident 95 brought raw whole eggs. During an interview on (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1/29/2026 at 8:09 a.m. with the DON, the DON stated the social worker reported to her that Resident 95 brought raw meat in the facility and they had an interdisciplinary (IDT) meeting on 8/7/2025. The DON stated the residents could not cook in the room for safety. The DON stated Resident 95 did not inform the nurses that he ordered and brought in raw eggs into the facility. The DON stated the facility uses pasteurized eggs and Resident 95 could get salmonella poisoning for consuming unpasteurized egg and could be at risk for any stomach flu. During an interview on 1/29/2026 at 8:54 a.m. with the Registered Dietitian (RD), the RD stated Resident 95 was not compliant with the diet order and brings food from outside the facility. The RD stated the facility uses pasteurized eggs to prevent health issues like salmonella poisoning. The RD stated resident could potentially get sick of salmonella upon consumption of undercook unpasteurized eggs. During a review of the facility's Policies and Procedures (P&P) titled Food from Outside Source, dated 11/20/2025, the P&P indicated, Food brought to the facility by visitors and family is permitted. Facility staff will assist residents with food brought in to ensure safe and sanitary storage of outside food. Procedures: If a resident, family member, or friend wants to bring the resident an outside food or beverage, staff will provide necessary education regarding the outside food to ensure tolerance. Foods brought by family/visitors for individual residents are not shared with or distributed to other residents. Only cooked/packaged items are allowed to be stored. No raw food allowed to be stored in the resident's refrigerator/freezer. Findings: During a review of Resident 95's admission Record (AR), the AR indicated the facility initially admitted Resident 95 on 6/10/2021 and readmitted on [DATE] with diagnosis of type 2 diabetes (DM 2ˆ-ˆa disorder characterized by difficulty in blood sugar control and poor wound healing), acute kidney failure (condition in which the kidneys suddenly cannot filter waste from the blood) and essential hypertension (HTN, high blood pressure). During a review of Resident 95's Minimum Data Sheet (MDS- a resident assessment tool) dated 12/9/2025, the MDS indicated Resident 95 understood others and make self-understood. The MDS further indicated resident needed supervision and touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes the activity) when eating. During a review of Resident 95's Order Summary Report, dated 11/20/2025, the order summary indicated Resident 95 was ordered Consistent Carbohydrate (CCHO, a diet with the same amount of carbohydrates per meal for blood sugar management), no added salt (NAS, no salt packet on the tray), soft and bite-sized (diet containing moist and tender foods that are easily mashed with a fork, cut into less than 1.5 centimeters [cm, a unit of measurement] to reduce risk of choking) texture, thin consistency. During an observation on 1/28/2026 at 10:09 a.m. with of the residents' refrigerator in the activities room with the Dietary Supervisor (DS), observed unpasteurized whole egg labeled with Resident 95's room number. The DS stated that according to the Director of Nursing (DON), Resident 95 just brought the whole egg today. During an interview on 1/28/2026 at 10:36 a.m. with Resident 95, Resident 95 stated he brought the whole eggs and there was only one egg left. Resident 95 stated he brings the whole egg at least one or twice a week and heats it in the microwave. Resident 95 stated the process for bringing food from outside is to label it with their name and place it in the refrigerator and no need to tell the nurses. During an interview on 1/28/2026 at 11:10 a.m. with the Administrator (ADM), the ADM stated the primary in-charge of the resident's refrigerator is the Director of Staff Development (DSD) and the Assistant Activities Director (AAD). The ADM stated their process of monitoring the resident's refrigerator was to check if the food is in good condition, place a label of name, date the food was brought in and its expiration date. During an interview on 1/28/2026 at 11:17 a.m. with the DON, the DON stated their process of storing food from the outside source is for the residents to check-in the front office, nurses checked what kind of food the residents' orders against the residents' diets. The DON stated the AAD is the one responsible for checking the resident's food in the resident's refrigerator. The DON stated they do not allow residents to bring raw food as it might contaminate other food in the refrigerator and residents are not allowed to cook food for safety. During an interview on 1/28/2026 at 3:43 p.m. with the ADD, the ADD stated she was assigned to (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	check the resident's refrigerator, and it started the first week of December 2025. The ADD stated she would come in the morning before the activity starts at 8:30 a.m. to check the food in the resident's refrigerator once a day. The ADD stated she checked the expiration date, labeling and dating of the food. The ADD stated she checked if the food smells and goes to the nurses and tells them if there are issues. The ADD stated there was a resident who brought raw meat in the resident's refrigerator once in the past, but residents are not allowed to cook and bring raw food. The ADD stated she was not aware Resident 95 brought raw whole eggs. During an interview on 1/29/2026 at 8:09 a.m. with the DON, the DON stated the social worker reported to her Resident 95 brought raw meat in the facility and they had an interdisciplinary (IDT) meeting on 8/7/2025. The DON stated the residents could not cook in the room because of their safety. The DON stated Resident 95 did not check-in with the nurses that he ordered and brought in raw eggs in the facility. The DON stated the facility uses pasteurized eggs and Resident 95 could get salmonella poisoning for consuming unpasteurized egg and could be at risk for any stomach flu. During an interview on 1/29/2026 at 8:54 a.m. with the Registered Dietitian (RD), the RD stated Resident 95 was not compliant with the diet order and bring food from the outside. The RD stated she did a care plan with a revision date of 1/28/2026 explaining the risk and benefits of following the prescribed diet as it could affect Resident 95's diabetes. The RD stated she did not know why Resident 95 brought eggs and was not aware what kind of eggs it was, but he cooks it in the microwave. The RD stated the facility uses pasteurized eggs to prevent health issues like salmonella poisoning. The RD stated resident could potentially get sick of salmonella upon consumption of undercook unpasteurized eggs. During a review of the facility's Policies and Procedures (P&P) titled Food from Outside Source, dated 11/20/2025, the P&P indicated, Food brought to the facility by visitors and family is permitted. Facility staff will assist residents with food brought in to ensure safe and sanitary storage of outside food. Procedures: If a resident, family member, or friend wants to bring the resident an outside food or beverage, staff will provide necessary education regarding the outside food to ensure tolerance. Foods brought by family/visitors for individual residents are not shared with or distributed to other residents. Only cooked/packaged items are allowed to be stored. No raw food allowed to be stored in the resident's refrigerator/freezer.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facilityˆfailed to: 1. Maintain medical records that are complete and accurately documented by facility staff documenting that the peripherally inserted central catheter (PICC - flexible tubing inserted into a large vein near the heart for long term intravenous IV medication) line dressing and bio patch (a small, sterile, antiseptic-coated [kills/stops bacteria growth] foam dressing) were changed onˆ1/13/2026 and 1/20/2026 when the actual dressingˆindicatedˆit was last changed on 1/10/2026 for one of three residents (Resident 65) investigated under antibiotic use.This deficient practice resulted in inaccurate documentation in Resident 65's medical record and the potential for infection/irritation at the PICC line site. 2. Safeguard medical record information against unauthorized use when there was documentation of medication administration when the licensed nurse was notˆworking atˆtheˆfacility,ˆbut another user documented under his login ID.ˆˆ This had the potential to present an inaccurate representation of a resident's record indicating a resident received an IV medication when there was no IV accessˆandˆcausing confusion among staff. Findings: 1 During a review of Resident 65's admission Record, the admission Record indicated the facility admitted Resident 65 on 1/5/2026 with diagnoses that included osteomyelitis of vertebra (a serious infection and inflammation of the bones in the spine), fusion of spine (a surgical procedure that permanently connects two or more bones in the spine) and sepsis (a life-threatening blood infection). During a review of Resident 65's History and Physical (H&P) dated 1/12/2026, the H&P indicated Resident 65 had the capacity to understand and make decisions and was admitted to the facility for intravenous (IV- into or within a vein) antibiotic treatment. During a review of Resident 65's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 1/12/2026, the MDS indicated Resident 65 makes herself understood and understand others. The MDS indicated Resident 65 was dependent (helper does all the effort) on facility staff with hygiene and upper/lower body dressing, toileting and putting on/taking off footwear. The MDS further indicated Resident 65 took a high-risk antibiotic drug and had a PICC line. During a review of Resident 65's care plan (CP) titled Resident Requires IV Therapy, initiated on 1/23/2026, the CP indicated to change the PICC line dressing every seven days and as needed. During a review of Resident 65's Physician's Orders, the Physician's Orders indicated the following order on 1/5/2026: - Central Line (much longer than an IV and ends near/in the heart – PICC line) and Midline (Long term IV, longer tip than a regular IV) Care Every day shift every seven days for site care for six weeks. Change all PICC line transparent (clear) dressing. During a review of Resident 65's 1/2026 Medication Administration Record (MAR), the MAR indicated: 1/13/2026 Central Line and Midline Care had a check mark and the lower case initial s. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1/20/2026 Central Line and Midline Care had a check mark and the lower case initial s. The Follow Up Codes (list of what the codes mean in the MAR) indicated a check mark represents administered. The Staff Administration Legend indicated the lower cased initial s belonged to Registered Nurse (RN 1). During a concurrent observation and interview on 1/26/2026 at 9:58 a.m., in Resident 65's room with Resident 65, Resident 65 was lying in bed and had a PICC line in her left upper arm. The dressing had 1/10/26 VTP handwritten with a black marker. Resident 65 stated it has been several weeks since the dressing was changed last and although slightly uncomfortable, the PICC line site did not cause pain. During a concurrent observation and interview on 1/26/2026 at 10:16 a.m. with Registered Nurse 1 (RN 1) in Resident 65's room, RN 1 looked at Resident 65's PICC line and stated the dressing was labeled with a date of 1/10/2026, indicating the last dressing change, however, the dressing should have been changed every seven days. RN 1 stated Resident 65 could develop pain or an infection from the dressing not being changed as ordered. RN 1 stated registered nurses can change a PICC line dressing. During a concurrent interview and record review on 1/26/2026 at 10:32 a.m. of Resident 65's January 2026 MAR with RN 1, RN 1 reviewed Resident 65's January 2026 MAR. RN 1 stated the lower case s initial was assigned to him and only he has the password to log in and use that initial. RN 1 stated a check mark indicates given/administered. RN 1 stated he worked on 1/13/2026 and 1/20/2026 and he must have forgotten to change the actual PICC line dressing on both dates. RN 1 stated he mistakenly marked in the MAR that he changed Resident 65's PICC line dressing when in fact he did not. RN 1 stated accuracy is extremely important when charting because the RN on subsequent shifts could have changed the dressing if they saw that it was not done. RN 1 stated he should have remembered to endorse to the next shift RN to change the PICC line dressing if he could not change it during his shift. RN 1 stated Resident 65 could have developed pain, redness or an infection. During an interview on 1/26/2026 at 10:53 a.m., with the Director of Nursing (DON), the DON stated PICC line dressings should be changed every seven days with sterile technique (germ free) because it provides direct access to the heart. The DON stated registered nurses must be more careful when charting in the MAR and chart accurately to prevent errors and misses. The DON stated if RN 1 charted accurately, the following shift RNs would have known to follow-up. During a review of the facility's policy and procedure (P&P) titled, PICC Dressing Change, last reviewed on 11/20/2025, the policy indicated the catheter securement device (dressing) every seven days and as needed. During a review of the facility's P&P titled, Charting and Documentation, last reviewed on 11/20/2025, the policy indicated only the following information may be documented: actual treatments or services performed. 2. During a review of Resident 88's Face Sheet, the Face Sheet indicatedˆthe resident the facility admitted the resident to the facility on 3/21/2025 and re-admitted on [DATE] with diagnoses that includedˆpneumonia (an infection/inflammation in the lungs).ˆ During a review of Resident 88's MDS, dated [DATE], the MDS indicated Resident 88 was cognitively (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	intact with skillsˆrequiredˆfor daily decision making. The MDS indicated Resident 88ˆrequiredˆpartial or moderateˆassistanceˆ(helper does less than half the effort) with oral hygiene, upper body dressing, and personal hygiene.ˆ ˆ During a review of Resident 88's Physician's Orders, the ordersˆindicatedˆthe following:ˆ Piperacillin Sodium – Tazobactam Solution (brand name is Zosyn, an antibiotic medication) 3.375 grams intravenously every six hours for PNA for five days, dated 1/13/2026.ˆ Insert Midline catheter for ongoing IV antibiotic therapy, Zosyn every six hours, dated 1/14/2026 atˆ9:42 p.m.ˆ ˆ During a review of Resident 88's undated Baseline Care Plan for Infection, the care plan indicated Resident 88 was taking Zosyn IV medication. The care planˆindicatedˆthatˆthe residentˆwouldˆhave no unrecognized signs or symptoms of infection after antibiotic use for 14 days. The care planˆindicatedˆan order administer antibiotic medications as ordered.ˆ ˆ During a review of Resident 101'sˆ1/2026ˆIV Medication Administration Record (MAR, a daily documentation record used by a licensed nurse to document medications and treatments given to a resident), the MARˆindicatedˆResident 101 receivedˆZosynˆfrom 1/13/2026ˆat 6 p.m.ˆuntil 1/18/2026ˆat 12 p.m.ˆ During a review ofˆResident 88's Medication Audit Report, the Medication Audit reportˆindicatedˆRegistered Nurseˆ1 (RN 1) administeredˆZosyn to Resident 88 on 1/15/2026 atˆ12:19 a.m. and at 6:19 a.m.ˆ During a review ofˆRegistered Nurses 1ˆ(RN 1's)ˆTimecard, datedˆ1/14/2026, the timecardˆindicatedˆRN 1ˆlogged into work at 6:53 a.m. andˆlogged out of work at 5:42 p.m.ˆ During a review of RN 1'sˆTimecard, datedˆ1/15/2026, the timecardˆindicatedˆRN 1ˆloggedˆin to work at 6:55 a.m.ˆ During a review of Resident 88's Midline Insertion Record, dated 1/15/2026,ˆthe recordˆindicatedˆthe midline was started on 1/15/2026 at 11:40 a.m.ˆ ˆ During a review of Resident 88's Nursing Progress Notes, createdˆ1/14/2026 at 10:58 p.m., the noteˆindicatedˆResident 88's IV access was no longer present, physician was notified, and midline catheter orderˆwas received and request placed.ˆ ˆ (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 88's Nursing Progress Notes, createdˆ1/15/2026 atˆ12:25 a.m., the noteˆindicatedˆthe licensed nurse was unable to administer scheduled IV medication at this time due to IV access no longer present.ˆ ˆ During a review of Resident 88's Nursing Progress Notes, createdˆ1/15/2026 at 7:26 a.m.,ˆthe noteˆindicatedˆthe following: Resident 88's IV access is no longer present and scheduled IV antibiotic cannot be administered at this time.ˆMidline catheter has been ordered and request sent for placement. Physician notified and that Zosyn is IV only and IV access is pending.ˆAwaiting further ordersˆregardingˆcontinuation or temporary alternative therapy. Will resume IV antibiotics once access is obtained and continue toˆmonitorˆpatient.ˆˆ ˆ During aˆconcurrentˆinterviewˆand record reviewˆwith RN 1ˆonˆ1/28/2026 at 10:34 a.m.,ˆRN 1 reviewed Resident 88's Medication Audit Report indicated RN 1 administered Zosyn to Resident 88 on 1/15/2026 at 12:19 a.m. and at 6:19 a.m. RN 1 statedˆhe did not come to work in the facility until 6:55 a.m. that morning and was not in the facility atˆmidnight or at 6:19 a.m.ˆRN 1 was not able to explain why his signature wasˆindicatedˆat those times when he was not in the facility.ˆ ˆ During a phone interview withˆRN 2 on 1/28/2026 at 4:07 p.m.,ˆRN 2ˆstatedˆResident 88's IV was dislodgedˆand she was unable to give the midnight and 6 a.m. doses of the IV medication, Zosyn.ˆRN 2ˆstatedˆshe entered nursing progress notes thatˆindicatedˆthis. RN 2ˆstatedˆshe notified Resident 88's physician who ordered a midline IV to be insertedˆwhich had to be done by an outside vendor since the licensed nurses do not insert midline IVs in the facility.ˆ ˆ During a concurrent interview and observation withˆthe Infection Preventionistˆ(IP)ˆlicensed nurseˆonˆ1/29/2026, went to Nursing Stationˆ2, where RN 1 would document hisˆmedications given,ˆwhichˆcontainedˆtwo computers. The IP loggedˆontoˆthe computerˆunder the login ID that all licensed nurses use to log onto the windows computer system. After logging into the windows computer system, the IPˆobservedˆthe electronic health record documenting systemˆhad beenˆleft openˆwith another user logged inˆwhoˆwas not at the nursing station. The IPˆstatedˆit is important that the licensed nurses sign out when theyˆhave completed documentation and leave the computer. The IPˆstatedˆthis is necessary toˆprotect patient information,ˆand to prevent an error of a licensed nurse signingˆa medication as given under another licensed nurses login.ˆˆ ˆ During an interview with the Director of Nursing (DON) and Administrator (ADM) on 1/29/2026 at 12:57 p.m., theˆADMˆstatedˆRN 1 would not make that kind of error of documentingˆhe gave a medication when he did not administer it. The DON reviewedˆRN 2'sˆTime Cards, dated 1/14/2026 and 1/15/2026,ˆwhichˆindicatedˆRN 1 hadˆsigned out of work on 1/14/2026 at 5:42 p.m. and signed backˆin on 1/15/2026 atˆ6:55 a.m. The DONˆstatedˆshe did not know what happened,ˆmaybeˆanotherˆlicensed nurseˆsigned the medication as given under RN 1's login ID.ˆThe (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	DONˆstatedˆit is important for licensed nurses to log out of the electronic health record system when they are done, to prevent any medication error.ˆ During aˆreview of the facility's policy and procedure titled, Electronic Medical Records, last reviewed 11/20/2025,ˆindicatedˆthe following:ˆ Only authorized persons who have been issued a password and user ID code will beˆpermittedˆaccess to the electronic medical records system.ˆ Theˆfacility will make reasonable efforts to limit the use or disclosureˆof protected health information to only the minimum necessary toˆaccomplishˆthe intended purpose of the use or disclosure.ˆ Our electronic medical recordsˆhaveˆsafeguards to prevent unauthorized access of electronic protected health information (e-PHI).ˆˆ ˆ During a review of the facility's policy and procedure titled, Charting and Documentation, last reviewedˆ11/20/2025,ˆindicatedˆdocumentation of procedures and treatments will include care-specific details, including (but not limited to)ˆthe signature and title of the individual documenting.ˆ ˆ ˆ ˆ

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 maintain infection control standards when: A medication tube was brought into a resident's room, medication was applied, and the medication tube was placed back into the medication cart without cleaning it for one out of five sampled residents observedˆduring medication administration This deficient practice increased the risk of transmission of infectious microorganisms to other residents in the facility. Resident's Oxygen (O2) nasal cannula (NC - a device that delivers supplemental oxygen directly into the nostrils) was found touching the floor for one of two sampled residents (Resident 77) reviewed under respiratory care area. This deficient practice had the potential for contamination of the resident's care equipment, increasing the risk of infection. Findings: 1.During a review of Residentˆ65'sˆFace Sheet (the front page of the chart that contains a summary of basic information about the resident), theˆFace Sheetˆindicated the facilityˆˆadmitted the resident onˆ1/5/2026ˆwith diagnoses including,ˆbut not limited to,ˆosteomyelitisˆˆ(inflammation of bone or bone marrow, usually due to infection)ˆof the vertebraeˆ(the bones that make up the spinal column),ˆsepsisˆ(a life-threatening blood infection), andˆurinary tract infection (UTI- an infection in the bladder/urinary tract).ˆ During a review of Residentˆ65's Minimum Data Set (MDS – a resident assessment tool), datedˆ1/12/2026, the MDS indicated Residentˆ65ˆhadˆmoderately impairedˆcognitionˆ(problems with the ability to think, learn, and remember clearly) andˆwas dependentˆ(helper does all of the effort) for oral hygiene, toileting, dressing, putting on footwear, and personal hygiene.ˆThe MDS indicated Resident 65ˆrequiredˆsubstantialˆassistanceˆ(helper does more than half the effort)ˆwithˆeating.ˆ During a review of Residentˆ65'sˆOrder Summary Report, theˆOrder Summary Reportˆindicatedˆan order forˆdiclofenac sodium 3%ˆexternalˆgel (a gel applied to the skin which provides pain relief)ˆto be appliedˆtoˆboth kneesˆthree times a day for pain management,ˆdatedˆ1/21/2026.ˆ During aˆconcurrent observation andˆinterview onˆ1/27/2026ˆat 9:03ˆa.m. with Licensed Vocational Nurse (LVN)ˆ1, LVN 1ˆbroughtˆResident 65'sˆtube of diclofenac sodium 3%ˆexternal gelˆintoˆResident 65'sˆroom and set it on a table inside the room. LVN 1 then applied the gel from the tube onto her gloved finger, then to the resident's right knee. LVN 1 then obtained more gel from the tube onto her gloved finger and applied it to the resident's left knee. LVN 1ˆthen returned the tube to the medication cart drawer. LVN 1ˆstatedˆthe medication tubeˆshould be cleaned before returning to the medication cartˆbecause she had touched the tube and it had beenˆon the resident's table.ˆ During an interview onˆ1/29/2026ˆatˆ11:00 a.m.ˆwith the Director of Nursing (DON), the DONˆstatedˆthe medication tube should have been disinfected before returning it to the medicationˆcart.ˆThe DONˆstatedˆanything that went into the resident's room should be disinfected before returning it to the medication cart to prevent the spread of infection or any bacteria.ˆ During a review of the facility's policy and procedure (P&P) titled, Infection Prevention and Control Program,ˆlastˆreviewedˆ11/20/2025,ˆthe P&P indicatedˆan infection prevention and control program is established andˆmaintained to provide a safe, sanitary, and comfortable environment and to help (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	prevent the development and transmission of communicable diseases and infections.ˆ During a review of the facility's P&P titled, Administering Medications, last reviewed 11/20/2025, the P&Pˆindicatedˆstaff follows established infection control procedures for the administration of medications.ˆˆ 2. During review of Resident 77's Face Sheet, the Face Sheet indicated the facility admitted Resident 5 to the facility on [DATE] with diagnosis that included respiratory failure (a condition where there's not enough oxygen or too much carbon dioxide in the body), syncope (fainting or passing out) and collapse, and type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar). During review of the History and Physical (H&P) report completed on 12/1/2025, the H&P indicated Resident 77 had the capacity to understand and make decisions. During review of Resident 77's MDS dated [DATE], the MDS indicated Resident 77 is dependent with shower/bathe self, toileting, requires substantial/maximal with lower body dressing, and requires supervision or touching assistance (helper provides verbal cues and/or touching/steadying/contact guard assistance as resident completes activity) with upper body dressing and personal hygiene. During a concurrent observation and interview on 1/26/ 2026 at 10:01 a.m. with LVN 2, Resident 77's oxygen (O2) nasal cannula (NC) was found touching the floor, next to Resident 77's bed. The NC was connected to the O2 concentrator (a medical device that concentrates oxygen from environmental air and delivers it to resident in need of supplemental oxygen) and set at 2 liters per minute (l/min). LVN 2 stated that Resident 77's NC should not be touching the floor. LVN stated the floor is dirty and Resident 77's NC has been contaminated. LVN 2 stated NC should always be kept clean and off the floor for infection control. During an interview on 1/28/2026 at 3:30 p.m. with the DON, the DON stated infection control practices should always be followed. The DON stated that the NC found at Resident 77's bedside floor placed resident at risk for infection. During a review of the facility's P&P titled, Oxygen Administration last reviewed 11/20/2025, the P&P indicated, Oxygen tubing should be used in a manner that prevents it from touching the floor.When not in use, the oxygen tubing should be stored in a clean bag: for example, a ziplock bag, etc. During a review of the facility's P&P titled, Infection Prevention and Control Program last reviewed 11/20/2025, the P&P indicated An infection prevention and control program is established and maintained to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infections.2. The program is based on accepted national infection prevention and control standards.4. The IPCP provides a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual agreement. Important facets of infection prevention include. (2) instituting measures to avoid complications and dissemination.(3) educating staff and ensuring that they adhere to proper techniques and procedures.(8) following established general and disease specific guidelines such as those of the Center for Disease Control.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview and record review, the facility failed to ensure care was provided in a manner that promoted resident dignity and respect for two of three residents (Resident 9 and Resident 77) when: 1.Resident 9, who had a documented preference to wear her own clothing, was observed dressed in a hospital gown (loose fitting garment worn by patients for examination, procedures or while staying in the hospital). 2.Resident 77 was observed wearing only an incontinent brief (adult diaper), leaving the resident exposed. These deficient practices had the potential to negatively affect residents' self-esteem and sense of self-worth. Findings: 1.During a review of Resident 9's Face Sheet (the front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the facility admitted Resident 9 to the facility on 9/5/2025 with diagnosis that included Parkinsons disease (a progressive, long-term brain disorder that primarily affects movement, causing shaking, stiffness, and slow jerky motions), essential hypertension (high blood pressure), and chronic kidney disease (condition where the kidneys are damaged and gradually lose the ability to filter waste and extra fluid from the body). During a review of the History and Physical (H&P) report completed on 12/1/2025, the H&P indicated Resident 9 can make needs known but cannot make medical decisions. During a review of Resident 9's Minimum Data Set (MDS - a resident assessment tool), dated 1/6/2026, the MDS indicated Resident 9 had the ability to make self usually understood (difficulty communicating some words or finishing thoughts but is able if prompted or given time) and had the ability to usually understand (misses some part/intent of messages but comprehends most conversation) others. The MDS indicated Resident 9 was dependent (helper does all of the effort) with shower/bathe self, toileting hygiene and requires substantial/maximal assistance (helper does more than half the effort) with dressing, oral and personal hygiene. The MDS indicated that choosing what clothes to wear was very important to Resident 9. During a review of Resident 9's care plan (CP) titled, The resident has an ADL self-care performance deficit related to impaired balance, limited mobility, limited range of motion, requires assistance with ADL's, last revised on 01/02/2026, the CP indicated an intervention to allow resident to be active in decision-making process involving care and maintain resident's privacy and respect their rights. During a review of Resident 9's care plan (CP) titled, Resident at risk for cognitive and communication deficit as manifested by: Dementia short-term and long-term memory problem, problem understanding others and making self-understood, last revised on 09/29/2025, the CP indicated an intervention to encourage choices of care, clothes, and activities as capable. During an observation on 1/26/2026 at 1:05 p.m. in Resident 9's room, Resident 9 was observed dressed in hospital gown. During an observation on 1/27/2026 at 12:50 p.m. in Resident 9's room, Resident 9 was observed dressed in hospital gown. During an observation on 1/28/2026 at 8:26 a.m. in Resident 9's room, and subsequently at 10:02 a.m.in the activity room, Resident 9 was observed dressed in hospital gown. During a concurrent observation and interview on 1/28/2026 at 11:20 a.m. with Resident 9 in the facility lobby, Resident 9 was dressed in hospital gown. Resident 9 stated she would like to be wearing her own clothes. During a concurrent observation and interview on 1/29/2026 at 8:46 a.m. with Certified Nursing Assistant (CNA) 2 in Resident 9's room, Resident 9 was observed dressed in hospital gown. CNA 2 stated Resident 9 does not have personal clothing. Observed a pair of purple pants and a black shirt inside Resident 9's closet when checked by CNA 2. CNA 2 stated she will change Resident 9 from a hospital gown into her own clothing. CNA 2 further stated that residents may feel better when they wear their own clothes instead of hospital gowns, as it improves self-presentation. During an interview on 1/29/2026 at 2:50 p.m. with the Assistant Director of Nursing (ADON), the ADON stated that hospital gowns are typically worn by patients in a hospital setting. The ADON stated that the facility is the residents' home and residents have the right to dress as they would in their own homes. The ADON further stated that when residents wear their own (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	clothes, it positively impacts their emotional well-being, making them feel more inspired and motivated to engage in activities. 2. During a review of Resident 77's Face Sheet, the Face Sheet indicated the facility admitted Resident 77 on 11/28/2025 with diagnosis that included respiratory failure (a condition where there's not enough oxygen or too much carbon dioxide in the body), syncope (fainting or passing out) and collapse, and type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar). During a review of the History and Physical (H&P) report completed on 12/1/2025, the H&P indicated Resident 77 had the capacity to understand and make decisions. During a review of Resident 77's Minimum Data Set (MDS - a resident assessment tool), dated 1/12/2026, the MDS indicated Resident 77 is dependent with shower/bathe self, toileting, requires substantial/maximal assist with lower body dressing, requires supervision or touching assistance (helper provides verbal cues and/or touching/steadying/contact guard assistance as resident completes activity) with upper body dressing and personal hygiene. The MDS also indicated Resident 77 is dependent for tub/shower transfer, chair/bed to chair transfer and requires partial/moderate assistance with sit to lying and lying to sitting on side of the bed. During a review of Resident 77's care plan (CP) titled, Resident has self-care deficits related to muscle weakness, difficulty in walking, last revised 1/21/2026, the CP indicated interventions to maintain resident's privacy and respect their rights. During an observation on 1/26/2026 at 9:55 a.m. outside Resident 77's room, in the hallway, Resident 77 was observed lying in bed sleeping exposed without clothing on and wearing only incontinent briefs. During a concurrent observation and interview on 1/26/2026 at 12:30 p.m. with Licensed Vocational Nurse (LVN) 2 in the hallway outside Resident 77's room, Resident 77 was observed wearing only incontinent briefs. LVN 2 stated Resident 77 should be dressed in clothing and the curtain drawn when the resident is unclothed to maintain privacy and dignity. During an interview on 1/28/2026 at 3:30 p.m. with the Director of Nursing (DON), the DON stated that Resident 77 should not have been in public view without clothing and wearing only incontinent briefs. The DON stated residents have the right to privacy and to have their dignity protected. During a review of the facility's P&P titled, Resident Rights last reviewed 11/20/2025, the P&P indicated, Federal and state law guarantee certain basic rights to all residents of this facility. These guidelines include the resident's right to: (b) be treated with respect, kindness and dignity.(i). exercise his or her rights without interference, coercion, discrimination or reprisal from the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review the facility failed to provide a comfortable environment to one of two sampled residents (Resident 44) reviewed under the environment task by failing to ensure the button of Resident 44's call was not broken. This deficient practice has the potential to cause discomfort to Resident 44's thumb when using the call light to request for assistance. Findings: During a review of Resident 44's Face Sheet, the Face Sheet indicated the facility admitted Resident 44 on 11/7/2025 with diagnoses that included bipolar disorder (mood swings that range from the lows of depression to elevated periods of emotional highs), aftercare following joint replacement surgery (a procedure to remove a damaged, stiff, or arthritic joint and replace it with an artificial device), and osteoarthritis (the most common, chronic joint disease, often called wear and tear arthritis) of the right knee. During a review of Resident 44's History and Physical (H&P) dated 11/10/2025, the H&P indicated Resident 44 had the capacity to understand and make decisions and was admitted to the facility for physical therapy post total right knee arthroplasty (a surgical procedure, commonly known asˆjoint replacement surgery). During a review of Resident 44's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 11/14/2025, the MDS indicated Resident 44 makes himself understood and understands others. The MDS indicated Resident 44 required moderate/partial assistance (helper provides less than half the effort) for toileting, showering, and substantial assistance (helper does more than half the effort) for lower body dressing and putting on/taking off footwear. During a review of Resident 44's Self Care Deficit Care Plan (CP) initiated on 11/13/2025, the CP indicated to assist the resident with ADLs as needed and for the call light to be within reach and attend needs promptly. During a concurrent observation and interview on 1/26/2026 at 9:24 a.m., in Resident 44's room with Resident 44, Resident 44 held up his call light and stated that it was uncomfortable and hard to push the call light because the button cover is broken off. Resident 44 stated there is usually a red smooth cover over the clear plastic like tube at the end of the call light. Resident 44 stated he reported it in the past but did not recall who he told and the red button cover has not yet been replaced. During a concurrent observation and interview on 1/26/2026 at 9:42 a.m., in Resident 44's room with Certified Nursing Assistant (CNA 3), CNA 3 looked at Resident 44's call light and stated it was missing the red smooth cover and only had a hard straw like tube at the end and was harder to push. CNA 3 stated the call light could cause pain to Resident 44 and he (Resident 44) needs the button to call staff for assistance. CNA 3 further stated staff are required to report any equipment issues to the charge nurse or maintenance staff. During an interview on 1/29/2026 at 1:38 p.m., with the Assistant Director of Nursing (ADON), the ADON stated any equipment issues must be reported to the nurse in charge or maintenance staff and fixed promptly. The ADON stated that it was extremely important for call lights to be functioning properly to ensure residents are able to call facility staff for assistance. The DON further stated, this facility is the resident's home and everything should be in good working order. During a review of the facility's policy and procedure (P&P) titled, Homelike Environment, last reviewed on 11/20/2025, the policy indicated residents are provided with a safe, clean, comfortable and homelike environment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on interview and record review, the facility failed to submit a new level 1 Preadmission Screening and Resident Review (PASARR - a federal assessment requirement to help ensure that individuals who have a mental disorder or intellectual disabilities are placed in facilities that can provide the appropriate care) when a resident was diagnosed with a serious mental illness diagnoses of bipolar disorder (mood swings that range from the lows of depression to elevated periods of emotional highs) on 12/2/2025 for one of one sampled resident (Resident 44) investigated under the PASARR care area. This deficient practice had the potential to result in Resident 44 not receiving specialized services required by the resident. Findings: During a review of Resident 44's Face Sheet, the Face Sheet indicated the facility admitted Resident 44 on 11/7/2025 with diagnoses that included bipolar disorder, aftercare following joint replacement surgery (a procedure to remove a damaged, stiff, or arthritic joint and replace it with an artificial device), and osteoarthritis (the most common, chronic joint disease, often called wear and tear arthritis) of the right knee. During a review of Resident 44's History and Physical (H&P) dated 11/10/2025, the H&P indicated Resident 44 had the capacity to understand and make decisions and was admitted to this facility for physical therapy post total right knee arthroplasty (a surgical procedure, commonly known asˆjoint replacement surgery). The H&P further indicated Resident 44 had bipolar disorder. During a review of Resident 44's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 11/14/2025, the MDS indicated Resident 44 makes himself understood and understands others. The MDS indicated Resident 44 required partial/moderate assistance (helper provides less than half the effort) for toileting and showering and substantial assistance (helper does more than half the effort) for lower body dressing and putting on/taking off footwear. The MDS further indicated Resident 44 had bipolar disorder. During a review of Resident 44's Psychology (the scientific study of the mind and behavior) Progress Note, dated 12/2/2025, the progress note indicated Resident 44 has bipolar disorder, a diagnosis of bipolar appears warranted at this time. During a review of Resident 44's PASSAR Level 1 Screening completed by General Acute Care Hospital (GACH 1) on 11/7/2025, the PASARR indicated in Section III - Serious Mental Illness Screen that Resident 44 did not have a diagnosed mental disorder such as, but not limited to depression, bipolar, schizoaffective disorder (a chronic mental health condition combining hallucinations or delusions with a major mood disorder such depression) and or mood disorder (a condition that affects a person's emotional state, causing ongoing feelings of sadness, extreme happiness, or mood changes that interfere with daily life). During a concurrent interview and record review on 1/29/2026 at 1:56 p.m., with the Assistant Director of Nursing (ADON), the ADON reviewed Resident 44's PASARR dated 11/7/2025, the psychology progress notes dated 12/2/2025 and the facility's PASARR policy and procedure (P&P). The ADON stated according to the facility's policy, they should have re-submitted a new Level 1 PASARR to reflect Resident 44's diagnosis of bipolar disorder. The ADON stated it is important to ensure the correct information is captured in Resident 44's PASARR so Resident 44 can receive the appropriate care and services. During a review of the facility's P&P titled, Policy: Preadmission Screening and Resident Review, last reviewed on 11/20/2025, the P&P indicated the facility must submit a new Level 1 PASARR if there is a significant change in the resident's mental or physical condition, if the MDS does not match the Level 1 screening from GACHs or any errors/discrepancy in the previous PASARR screening.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure two of 22 sampled residents (Residents 2 and 95) had a comprehensive person-centered care plan (a document that outlines a resident's healthcare needs, goals, and the interventions planned to achieve those goals) when: 1.For Resident 2, the black box warning (the strongest safety alert for prescription drugs) for the resident's prescribed hydrocodone-acetaminophen (an opioid medication used to treat pain) was not included in the resident's care plan. This deficient practice had the potential to increase Resident 2's risk of experiencing adverse effects (harmful, undesired reactions) from the prescribed hydrocodone-acetaminophen. 2. For Resident 95, the facility failed to create a care plan on bringing raw food, unpasteurized eggs (raw shell eggs that have not undergone heat treatment to destroy potential pathogens like salmonella) from an outside source into the facility. This deficient practice had the potential to result in consumption of undercooked food and food borne illness (a disease caused by consuming food and drinks that are contaminated by germs or chemicals) from salmonella to Resident 95. Findings: 1. During a review of Resident 2's Face Sheet, the Face Sheet indicated the facility originally admitted Resident 2 on 12/2/2021 and readmitted on [DATE] with diagnoses including, but not limited to, fracture of the right lower leg and chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing). During a review of Resident 2's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 10/27/2025, the MDS indicated Resident 2 had moderate cognitive impairment (trouble with thinking, learning, and remembering clearly) and was dependent (helper does all of the effort) with all activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 2's Order Summary Report, the Order Summary Report indicated an active order to administer one hydrocodone-acetaminophen 5-325 milligram tablet every four hours as needed for severe pain, dated 10/18/2025. During a concurrent interview and record review on 1/29/2026 at 11:00 a.m. with the Director of Nursing (DON), Resident 2's care plan was reviewed. The DON stated the care plan did not include information regarding the black box warnings for hydrocodone-acetaminophen. The DON stated the black box warnings including risk of addiction, abuse, overdose, and death should be included in the resident's care plan to ensure resident safety and to prevent any of the adverse effects mentioned in the black box warning. During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, last reviewed 11/20/2025, the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident. 2. During a review of Resident 95's Face Sheet, the Face Sheet indicated the facility initially admitted Resident 95 on 6/10/2021 and readmitted on [DATE] with diagnoses including type 2 diabetes (DM 2ˆ-ˆa disorder characterized by difficulty in blood sugar control and poor wound healing), acute kidney failure (condition in which the kidneys suddenly cannot filter waste from the blood) and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	essential hypertension (HTN, high blood pressure). During a review of Resident 95's Minimum Data Sheet (MDS- a resident assessment tool) dated 12/9/2025, the MDS indicated Resident 95 understood others and was able to make himself understood. The MDS further indicated Resident 95 needed supervision and touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes the activity) when eating. During a review of Resident 95's Order Summary Report, dated 11/20/2025, the order summary indicated Resident 95 was ordered Consistent Carbohydrate (CCHO, a diet with the same amount of carbohydrates per meal for blood sugar management), no added salt (NAS, no salt packet on the tray), soft and bite-sized (diet containing moist and tender foods that are easily mashed with a fork, cut into less than 1.5 centimeters [cm, a unit of measurement] to reduce risk of choking) texture, thin consistency. During a concurrent observation and interview on 1/28/2026 at 10:09 a.m. with the Dietary Supervisor (DS), the residents' refrigerator in the activities room was observed with an unpasteurized whole egg labeled with Resident 95's room number. The DS stated that according to the Director of Nursing (DON), Resident 95 just brought the whole egg today. During an interview on 1/28/2026 at 10:36 a.m. with Resident 95, Resident 95 stated he brought whole eggs to the facility and there was only one egg left. Resident 95 stated he brings whole eggs at least one or twice a week and heats it in the microwave. Resident 95 stated the process for bringing food from outside is to label it with their name and place it in the refrigerator. Resident 95 stated there was no need to inform the nurses that he brought food from outside the facility. During a concurrent interview and record review on 1/29/2026 at 8:09 a.m. with the DON, Resident 95's care plan dated 6/15/2021 was reviewed. Resident 95's care plan did not indicate the resident was bringing raw food from outside the facility. The DON stated the social worker reported to her that Resident 95 brought raw meat in the facility and they had an interdisciplinary (IDT) meeting on 8/7/2025. The DON stated the residents could not cook in the room for safety. The DON stated she was unable to find a care plan addressing Resident 95 bringing raw food into the facility and stated one should have been in place so staff could monitor and follow the interventions developed for the resident. The DON stated care plan interventions for Resident 95 could include resident education and increased food monitoring of the resident's refrigerator. The DON stated Resident 95 did not inform the nurses that he ordered and brought in raw eggs into the facility. The DON stated the facility uses pasteurized eggs and Resident 95 could get salmonella poisoning for consuming unpasteurized egg and could be at risk for any stomach flu. During a review of the facility's policies and procedures (P&P) titled Care Plans, Comprehensive Person-Centered, dated 11/20/2025, the P&P indicated, A comprehensive, person-centered care plan that includes measurable objective and timetable to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. (1) The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. (2) The comprehensive, person-centered care plan is developed within seven (7) days for the completion of the required MDS assessment (Admission, Annual, Significant Change in Status), and no more than 21 days after admission. (3) The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment (7) The comprehensive, person-centered care plan: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Includes measurableˆobjectivesˆandˆtimeframes;ˆ Describes the services that are to beˆfurnishedˆtoˆattainˆor maintain theˆresident'sˆhighestˆpracticableˆphysical, mental, and psychological well-being, including:ˆ Services that would otherwise be provided for theˆabove butˆare not provided due to the resident exercising his or her rights, including the right to refuseˆtreatment.ˆ Any specialized services to be providedˆas a result ofˆa PASARR recommendations; andˆˆ Which professional servicesˆare responsible forˆeach element of care.ˆ Includes the resident'sˆstatedˆgoals upon admission and desiredˆoutcomes.ˆˆ Builds onˆresidents'ˆstrengths; andˆˆ Reflects currently recognized standards of practice forˆproblemˆand areasˆand conditions.ˆ

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interview and record review, the facility failed to develop a resident-centered Care Plan after a fall incident for one of six residents (Resident 66) investigated under the care area of accident. This deficient practice had the potential to result in Resident 66 not receiving the necessary care and services to prevent recurrence of falls. Findings:^ During a review of Resident 66's Face Sheet (the front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the facility originally admitted the resident on 5/14/2025 and readmitted the resident on 11/17/2025 with diagnoses including hypertension (high blood pressure) and history of falling. During a review of Resident 66's Minimum Data Set (MDS - a resident assessment tool), dated 12/08/2025, the MDS indicated the resident had the ability to usually make self- understood and the ability to usually understand others and required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with toileting hygiene, lower body dressing, putting on and taking off footwear and dependent (helper does all the effort) on staff for shower. During a concurrent observation and interview on 1/28/2026 at 10:48 a.m., in Resident 66's room, observed Resident 66 in a wheelchair, the resident`s bed was in low position with a landing mat on the floor. Resident 66 stated she had a nighttime fall incident which she could not fully recall. Resident 66 stated that she needs assistance with going to the bathroom and at the time of the incident she did not call for help and went to the bathroom unassisted. Resident 66 stated her feet got caught in the wheelchair footrests, causing her to fall and hit her head, resulting in a bump. During a concurrent interview and record review on 1/29/2026 at 9:10 a.m., with the Assistant Director of Nursing (ADON), Resident 66`s Care Plan for at Risk for Fall with last revision on 7/03/2025, Change of Condition (any acute, noticeable deviation from a patient's, particularly a long-term care resident's, baseline physical, cognitive, or behavioral status) and Post Fall Evaluation dated 12/8/2025 were reviewed. The ADON stated that the COC indicated that on 12/8/2025 at around 4:00 a.m., Resident 66 fell while trying to walk to the bathroom and the wheelchair was in her way which caused her to lose balance and hit her head on the trash can. Resident 66 was transferred to the hospital for further evaluation. The ADON stated that among the contributing factors of the fall incident was the wheelchair, which was unlocked and the footrest(s) was in the way. The ADON stated that the resident's care plan should have been updated after the fall to address contributing factors and implement interventions to prevent recurrence of falls. During a review of the facility`s policy and procedures (P&P) titled Care Planning-Interdisciplinary Team, last reviewed on 11/20/2025, the P&P indicated that revision of care planning is done quarterly or as needed patient`s condition or needs change. During a review of the facility`s policy and procedures (P&P) titled Care Plans, Comprehensive Person-Centered, last reviewed on 11/20/2025, the P&P indicated that A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident`s physical, psychosocial and functional needs is developed implemented for each resident.when possible, interventions address the underlying source(s) of the problem area(s), not just symptoms or triggers.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure there was a clear antibiotic treatment plan affecting one of three residents (Resident 88) for antibiotic use, by failing to clarify the resident's antibiotic therapy with the physician to determine whether the order needed to be updated. As a result, there was a lack of clear direction regarding two (2) doses of Resident 88's originally prescribed 20-dose Zosyn (a broad-spectrum antibiotic used to treat pneumonia [a lung infection]) regimen. This failure had the potential to result in incomplete antibiotic treatment regimen, confusion among the licensed nurses regarding Resident 88's updated antibiotic regiment as well as cause antibiotic resistance (occurs when bacteria evolve defenses to survive, multiply, and evade the drugs designed to kill them, rendering treatments ineffective, which can occur if an antibiotic is not taken as ordered in its entirety) to develop for Resident 88. Findings: During a review of Resident 88's Face Sheet (the front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the facility admitted the resident to the facility on 3/21/2025 and re-admitted on [DATE] with diagnoses that included pneumonia (PNA-an infection/inflammation in the lungs). During a review of Resident 88's Minimum Data Set (MDS, a resident assessment tool), dated 12/24/2025, the MDS indicated Resident 88 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 Resident 88 required partial or moderate assistance (helper does less than half the effort) with oral hygiene, upper body dressing, and personal hygiene. During a review of Resident 88's Physician's Orders, the orders indicated the following: 1.Piperacillin Sodium - Tazobactam Solution (brand name is Zosyn, an antibiotic medication) 3.375 grams intravenously every six hours for PNA for five days, dated 1/13/2026. 2. Insert Midline catheter for ongoing IV antibiotic therapy, Zosyn every six hours, dated 1/14/2026 at 9:42 p.m. During a review of Resident 88's undated Baseline Care Plan for Infection, the care plan indicated Resident 88 was taking Zosyn IV medication. The care plan indicated a goal that the resident would have no unrecognized signs or symptoms of infection after antibiotic use for 14 days. The care plan indicated an order administer antibiotic medications as ordered. During a review of Resident 88's Midline Insertion Record, dated 1/15/2026, the record indicated the midline was started on 1/15/2026 at 11:40 a.m. During a review of Resident 88's Nursing Progress Notes, created 1/14/2026 at 10:58 p.m., the note indicated Resident 88's IV access was no longer present, physician was notified, and midline catheter order was received and request placed. During a review of Resident 88's Nursing Progress Notes, created 1/15/2026 at 12:25 a.m., the note indicated the licensed nurse was unable to administer scheduled IV medication at this time due to IV access no longer present. During a review of Resident 88's Nursing Progress Notes, created 1/15/2026 at 7:26 a.m., the note indicated the following: Resident 88's IV access is no longer present and scheduled IV antibiotic cannot be administered at this time. Midline catheter has been ordered and request sent for placement. Physician notified and that Zosyn is IV only and IV access is pending. Awaiting further orders regarding continuation or temporary alternative therapy. Will resume IV antibiotics once access is obtained and continue to monitor patient. During a telephone interview with RN 2 on 1/28/2026 at 4:07 p.m., RN 2 stated Resident 88's IV was dislodged and she was unable to give the midnight and 6 a.m. doses of the IV medication, Zosyn. RN 2 stated she entered nursing progress notes that indicated this. RN 2 stated she notified Resident 88's physician who ordered a midline IV to be inserted which had to be done by an outside vendor since the licensed nurses do not insert midline IVs in the facility. During a review of Resident 88's Pharmacy Delivery Receipts, the receipts indicated the following: - Zosyn delivered to the facility on 1/14/2026 at 12:25 a.m. - 12 quantities - Zosyn delivered to the facility on 1/16/2026 at 4:19 a.m. - 8 quantities During an interview with the DON on 1/28/2026 at 4:45 p.m., reviewed Resident 88's 1/2026 Medication Administration Record (MAR) and Nursing Progress Notes (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	which indicated Resident 88 received only18 of the 20 prescribed doses of Zosyn. The DON stated she did not know why Resident 88 did not receive all 20 doses and was unable to find documentation that indicated the licensed nurses contacted Resident 88's physician regarding whether he (physician) wanted just the 18 doses or if he wanted to add and order for two doses beyond the 5th day to complete the antibiotic regimen. The DON stated it is important for licensed nurses to document a physician's decision to continue or discontinue medication doses for interruptions such as losing IV access. The DON stated it is important to prevent antibiotic resistance and ensure staff communicate effectively regarding the resident's condition. During an interview with the Infection Preventionist (IP) on 1/29/2026 at 9:13 a.m., the IP stated he was not aware of any doses not given. The IP stated his role is to make sure the initial first dose is given but does not check after that for antibiotic progress or completion. The IP stated the process is if there are any interruptions in dosing, the licensed nurse is to notify the physician to determine whether the antibiotic therapy should be continued, During a review of the facility's policy and procedure (P&P) titled, Charting Documentation, last reviewed 11/20/2026, indicated documentation in the medical record will be objective, complete, and accurate. During a review of the P&P titled, Change in a Resident's Condition or Status, last reviewed 11/20/2026, the P&P indicated the nurse will notify the resident's attending physician or physician on call when there has been a(an): (but not limited to) need to alter the resident's medical treatment significantly.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
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 onˆobservation,ˆinterview,ˆand record review, theˆfacility failedˆto provide an environment that is free from accident hazards for two of six sampled residents (Resident 3 and Resident 66) reviewed under the accidents care area by failing to: 1. Ensure Resident 3, who has a seizure (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness)ˆ has padded side rails (adjustable rigid plastic or metal bars attached to the bed that may be positioned in various locations on the bed; upper or lower, either or both sides)ˆas indicated in the resident's care planˆ(a document that outlines a resident's healthcare needs, goals, and the interventions planned to achieve those goals).ˆˆ This deficient practiceˆplacedˆResident 3ˆat an increased riskˆof injury.ˆ 2. EnsureˆResident 66's wheelchair is locked and footrests are folded when not in use. ˆAs a result, Resident 66's feet were caughtˆin the wheelchair`s footrests whileˆattemptingˆto ambulate to the bathroom, resultingˆin aˆfall. `ˆˆˆˆ Cross reference to F657.Findings:ˆ 1. During a review of Residentˆ3'sˆFace Sheet, theˆFace Sheetˆindicated the facility originally admitted Resident 3 onˆ9/15/2004ˆandˆreadmitted on [DATE]ˆwithˆdiagnoses including, but not limited to, metabolic encephalopathyˆ(the loss of brain function due to a chemical imbalance in the blood),ˆseizures,ˆand multiple sclerosisˆ(MS- a chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord).ˆ During a review of Resident 3's History and Physical (H&P), dated 12/6/2025, the H&Pˆindicatedˆthe resident did not have the capacity to understand and make decisions.ˆ During a review of Resident 3's Minimum Data Set (MDS, a standardized assessment and care screening tool), datedˆ10/29/2025, the MDS indicated Residentˆ3ˆhad moderate cognitive impairmentˆ(trouble with thinking, learning, and remembering clearly) and was totally dependent on staff or required substantial assistance with most activities of daily livingˆ(ADLs- activities such as bathing, dressing and toileting a person performs daily).ˆThe MDS furtherˆindicatedˆResident 3 had a seizure disorder.ˆ During a review of Resident 3's care plan,ˆtitled Seizure Disorder.,ˆinitiatedˆon 11/5/2024 andˆlast revised onˆ1/7/2026, the care planˆindicatedˆtoˆprovideˆa safe environment and keep the environment free of safety hazards.ˆThe care plan furtherˆindicatedˆto provideˆpadded side rails ifˆindicated.ˆ During a review of Resident 3's care planˆtitled [Resident 3] has Bilateral Padded Siderails to decrease potential injury related to seizure disorder,ˆinitiatedˆon 4/28/2024ˆand last revised onˆ1/26/2026, the care planˆindicatedˆthe goal to reduceˆthe risk of incidents of injury and falls.ˆ During aˆconcurrent observation andˆinterview onˆ1/26/2026ˆat 9:59ˆa.m. with Licensed Vocational Nurse (LVN) 3 at Resident 3's bedside, Resident 3ˆwas in bed with both siderails up.ˆTheˆright-sideˆrail wasˆobservedˆto haveˆblack foam padding partially covering the rail, the left side rail wasˆobservedˆto have no padding. LVN 3ˆstatedˆthe resident has one side rail padded for seizure precautions as she had a seizure when she was previously in the hospital. LVN 3ˆsaid it could be possible for Resident 3 to hit the left side rail during aˆseizure.ˆ (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During ˆan ˆinterview ˆon 1/26/2026 at ˆ10:55 ˆa.m. ˆwith ˆRegistered Nurse (RN) 1, ˆRN 1 ˆstated ˆthe resident only had one side rail padded because that was the side ˆResident 3 ˆcan move. ˆRN 1 then ˆstated ˆsince ˆResident 3 ˆhad right sided weakness and ˆonly the ˆright-side ˆrail was ˆobserved ˆto be ˆpadded, both side rails should have padding. ˆRN 1 ˆstated ˆboth side rails should be padded ˆbecause the side rails are made of metal and ˆthey could ˆcause internal injuries or bruising if the resident had a seizure. ˆ During an interview and on ˆ1/29/2026 ˆat ˆ11:00 a.m. ˆwith the Director of Nursing (DON), the DON ˆstated ˆResident 3 ˆhas had a risk of seizures ˆsince admission related to her diagnoses of metabolic encephalopathy and multiple sclerosis. ˆThe DON ˆstated ˆthe resident should have had ˆboth ˆside ˆrails ˆpadded ˆthe whole time ˆfor the resident's safety, ˆto protect ˆthe resident ˆfrom any potential injuries, ˆand ˆto ˆprevent any skin issues ˆin the event of an incident. During a review of the facility's policy and procedure (P&P) titled, Seizures and ˆEpilepsy ˆ– Clinical ˆProtocol, ˆlast ˆreviewed ˆ11/20/2025, ˆthe P&P ˆindicated, To prevent injury during seizure activity, side rails, if in use, will be padded. ˆ 2. During a review of Resident 66's Face Sheet (the front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the facility originally admitted the resident on 5/14/2025 and readmitted the resident on 11/17/2025 with diagnoses including hypertension (high blood pressure) and history of falling. During a review of Resident 66's Minimum Data Set (MDS - a resident assessment tool), dated 12/08/2025, the MDS indicated the resident had the ability to usually make self- understood and the ability to usually understand others and required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with toileting hygiene, lower body dressing, putting on and taking off footwear and dependent (helper does all the effort) on staff for shower. During a concurrent observation and interview on 1/28/2026 at 10:48 a.m., in Resident 66's room, observed Resident 66 in a wheelchair, the resident`s bed was in low position with a landing mat on the floor. Resident 66 stated she had a nighttime fall incident which she could not fully recall. Resident 66 stated that she needs assistance with going to the bathroom and at the time of the incident she did not call for help and went to the bathroom unassisted. Resident 66 stated her feet got caught in the wheelchair footrests, causing her to fall and hit her head, resulting in a bump. During a concurrent interview and record review on 1/29/2026 at 9:10 a.m., with the Assistant Director of Nursing (ADON), Resident 66`s Care Plan for at Risk for Fall with last revision on 7/03/2025, Change of Condition (any acute, noticeable deviation from a patient's, particularly a long-term care resident's, baseline physical, cognitive, or behavioral status) and Post Fall Evaluation dated 12/8/2025 were reviewed. The ADON stated that the COC indicated that on 12/8/2025 at around 4:00 a.m., Resident 66 fell while trying to walk to the bathroom and the wheelchair was in her way which caused her to lose balance and hit her head on the trash can. Resident 66 was transferred to the hospital for further evaluation. The ADON stated that among the contributing factors of the fall incident was the wheelchair, which was unlocked and the footrest(s) was in the way. The ADON stated that it is important to address contributing factors of the fall and implement interventions to prevent recurrence of falls. During a review of the facility`s policy and procedures (PP) titled ˆSafety and Supervision of (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Residents,ˆlastˆreviewed on 11/20/2025, the PPˆindicatedˆthatˆOur facility strives to make the environment as freeˆfrom accident hazards as possible. Resident safety and supervision andˆassistanceˆto prevent accidents are facility-wide priorities.theˆcare team shall target interventions to reduce individual risksˆrelated to hazards in the environment, including adequate supervision and assistive devices.ˆ ˆ

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
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 observation, interview, and record review, the facility failed to ensure one of one sampled residents (Resident 3) received appropriate treatment and services to prevent a urinary tract infection (UTI- an infection in the bladder/urinary tract) when the resident's indwelling urinary catheter (a hollow tube inserted into the bladder to drain or collect urine) tubing had a u-shaped dependent loop causing urine to collect and back up the tubing. This deficient practice placed Resident 3 at an increased risk of developing a UTI. Findings: During a review of Resident 3's Face Sheet, the Face Sheet indicated the facility originally admitted Resident 3 on 9/15/2004 and readmitted on [DATE] with diagnoses including, but not limited to, metabolic encephalopathy (the loss of brain function due to a chemical imbalance in the blood), UTI, and multiple sclerosis (MS- a chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord). During a review of Resident 3's History and Physical (H&P), dated 12/6/2025, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 3's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 10/29/2025, the MDS indicated Resident 3 had moderate cognitive impairment (trouble with thinking, learning, and remembering clearly) and was totally dependent on staff or required substantial assistance (helper provides more than half of the effort to complete an activity) with most activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 3's care plan (a document that outlines a resident's healthcare needs, goals, and the interventions planned to achieve those goals), titled Alteration in urinary elimination and at risk for UTI secondary to use of Foley Catheter (an indwelling urinary catheter) due to: neurogenic bladder (a problem with the brain, nerves, or spinal cord which causes a loss of control of the bladder), dated 1/7/2026, the care plan indicated to maintain proper alignment of the indwelling urinary catheter to promote proper drainage. During a concurrent observation and interview on 1/26/2026 at 9:59 a.m. with Licensed Vocational Nurse (LVN) 3 at Resident 3's bedside, Resident 3's indwelling urinary catheter tubing had a u-shaped loop with urine pooled and backing up the tubing towards the resident. LVN 3 stated the urine collection bag should be lower so the urine can flow into the bag. LVN 3 stated when urine backs up it is possible the resident could get a UTI. During an interview and on 1/29/2026 at 11:00 a.m. with the Director of Nursing (DON), the DON stated the catheter tubing should be positioned above the urine collection bag so urine does not back up the tubing, otherwise this would place the resident at risk for getting a UTI. During a review of the facility's policy and procedure (P&P) titled, Catheter Care, Urinary, last reviewed 11/20/2025, the P&P indicated the purpose of the P&P is prevent urinary catheter-associated complications, including UTIs. The P&P indicated to maintain unobstructed urine flow, prevent urine from flowing back into the bladder, and check drainage tubing and bag to ensure that the catheter is draining properly.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on interview and record review, the facility failed to ensure a blood pressure medication was held when a resident's systolic blood pressure (SBP-the force of blood against artery walls when the heart beats, representing the top number in a blood pressure reading) was below 110 millimeters of mercury (mmHg- a special unit that measures pressure shows how high a column of mercury rises) for one of three residents (Resident 4) reviewed for Closed Record. This deficient practice had the potential to cause complications such as hypotension (low blood pressure) that could require hospitalization. Findings: During a review of Resident 4's Face Sheet, the Face Sheet indicated that the facility admitted the resident on 11/20/2025 with diagnoses including muscle weakness and hypertension (high blood pressure- a common condition that affects the body's arteries). During a review of Resident 4`s History and Physical (H&P- the most formal and complete assessment of the patient and the problem), dated 11/28/2025, the H&P indicated Resident 4 can make needs known but cannot make medical decisions. During a review of Resident 66's Physician's Orders Summary (POS), the POS indicated an order for Metoprolol Tartrate Tablet 25 milligram (mg), give one tablet by mouth two times a day for hypertension with meals, hold if SBP is less than 110 and pulse less than 60 beats per minute dated 11/20/2025. During an interview and record review on 1/28/2026 at 12:03 p.m., with the Assistant Director of Nursing (ADON) Resident 4`s POS and electronic Medication Administration Record (eMAR- is the digital version of the traditional paper medication administration records used in healthcare facilities. It serves as a legal record of all the drugs that healthcare professionals have administered to a patient and is a part of the patient'sˆelectronic health record) were reviewed. The eMAR indicated that on 11/22/2025 at 7:30 a.m., the resident`s blood pressure was 108/56 mmHg and Metoprolol 25 mg was administered despite the resident's SBP was below 110 mm Hg. The ADON stated Metoprolol should have been held at that time because the physician`s order for Metoprolol has a parameter which should be followed to avoid resident becoming hypotensive. The ADON stated that hypotension can cause lightheadedness and can increase the risk of the residents sustaining a fall which can result in injury. ˆ During a review of the facility`s policy and procedures (PP) titled Administering Medications, last reviewed on 11/20/2025, the PP indicated that Medications are administered in a safe and timely manner, and as prescribed During a review of the facility`s policy and procedures (PP) titled Adverse Consequences, Medication Errors and Unnecessary Medication, last reviewed on 11/20/2025, the PP indicated that A medication error is defined as the preparation or administration of drugs or biological which is not in accordance with physician`s orders, manufacturer specifications, or accepted professional standards and principles of the professional(s) providing services, example of medication error includes unauthorized drug-as drug is administered without physician`s order or outside the parameter set in the order.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure medication was properly stored when one of two inspected medication carts (Medication Cart 1) had unlabeled, unpackaged tablets in the bottom of a cart drawer. This deficient practice placed residents at risk of receiving an incorrect or expired medication. Findings: During a concurrent observation of Medication Cart 1 and interview on [DATE] at 2:38 p.m. with Licensed Vocational Nurse (LVN) 3, one orange oval shaped tablet, one round white tablet, one white oval tablet, one half piece of a round yellow tablet, and two quarter pieces of a round, white tablet were observed to be unpackaged and unlabeled at the bottom of a drawer in the medication cart. LVN 3 stated the medications should not have been stored in that manner. During an interview on [DATE] at 11:00 a.m. with the Director of Nursing (DON), the DON stated all medications should be safely stored in the medication cart in their packaging and if they are not, they need to be disposed. The DON stated because the medications were not labeled, staff were unable to identify what the medications were or which residents they belong to. During a review of the facility's policy and procedure (P&P) titled, Medication Storage in the Facility, last reviewed [DATE], the P&P indicated the provider pharmacy dispenses medications in containers that meet legal requirements, and medications should be kept in these containers. The P&P further indicated outdated, contaminated, or deteriorated medications or those without secure closures are immediately removed from the stock and disposed of.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview, and record review, the facility failed to maintain sanitary conditions in the food services department when a fruit fly (a type of insect) was observed in the residents' dry food storage. This failure had the potential to result in 84 of 90 residents, who received food from the kitchen, to acquire food borne illnesses (illness caused by consuming contaminated foods or beverages) by consuming potentially contaminated food. Findings: During a concurrent observation and interview on 1/27/2026 at 8:07 a.m., of the food storage with the Dietary Supervisor (DS), observed a fly flying around the area. The DS stated they have a fruit fly in the dry storage room. During an interview on 1/28/2026 at 12:40 p.m. with the DS, the DS stated the kitchen should be fly-free as flies could cause cross-contamination and they do not know what sickness it could bring to the residents. The DS stated residents could get sick from contaminated food. During a review of facility's policies and procedures (P&P) titled Pest Control Policy, dated 11/20/2026, the P&P indicated, The facility shall maintain an effective pest control program. (1) This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056412	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Care Center	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)
F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide at least 80 square feet (sq. ft. - unit of measurement) per resident in multiple resident bedrooms for 27 out of 42 resident rooms (Rooms 4, 6, 8, 10, 12, 14 a. b., 14 c. d., 15, 17, 18, 19, 20, 21, 22, 23, 24, 25, 27, 28, 29, 31, 32, 35, 37, 39, 41 and 42). Rooms 4, 6, 8, 10, 12, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 25, 29, 31, 32, 35, 37, 39, 41 and 42 all have two beds in each room. rooms [ROOM NUMBERS] had 4 beds in each room. This deficient practice had the potential to result in inadequate usable living space for all the residents and inadequate working space for the health caregivers. Findings: During a review of the Request for Room Size Waiver letter dated 1/6/2026, submitted by the Administrator (ADM), the request for the 27 rooms was reviewed. The letter indicated the rooms did not meet the 80 square feet requirement per federal regulation. The letter indicated the residents' beds were in accordance with the special needs of the residents and will not adversely affect the residents' health and safety and do not impede the ability of the residents in that room to obtain their highest practicable well-being. The following rooms provided less than 80 square feet per resident: Rooms # Beds Floor Area Sq. Ft. Sq. Ft/Resident 4 2 154.64 77.3 6 2 155.25 77.6 8 2 151.20 75.6 10 2 153.90 76.9 11 2 153.17 76.6 12 2 153.17 76.6 14 a.b. 2 153.17 76.6 14 c.d. 2 154.18 77.1 15 2 157.95 78.9 17 2 153.17 76.6 18 2 157.93 78.9 19 2 153.17 76.6 20 2 157.93 78.9 21 2 157.93 78.9 22 2 155.11 77.5 23 2 157.93 78.5 24 2 158.66 79.3 25 2 155.11 77.5 27 4 309.54 77.4 28 4 309.54 77.4 29 2 153.00 76.5 31 2 153.00 76.5 33 2 154.18 77.1 35 2 154.18 77.1 37 2 154.18 77.1 39 2 154.18 77.1 41 2 154.18 77.1 42 2 154.18 77.1 The minimum square footage for a 2-bed room should be 160 sq. ft. The minimum square footage for a 4-bed room should be 320 sq. ft During the Resident Council meeting on 1/27/2026 at 10:30 A.M., no concerns were brought up by the residents regarding the size of the rooms. During the general observation of the residents' rooms on 1/28/2026 and 1/29/2026, the residents had ample space to move freely inside the rooms. There was sufficient space to provide freedom of movement for the residents and for nursing staff to provide care for the residents. There was also sufficient space for beds, side tables, and resident care equipment. During interviews with staff on 1/28/2026 at 1:32 P.M., there were no concerns regarding the size of rooms 4, 6, 8, 10, 12, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 25, 29, 31, 32, 35, 37, 39, 41 and 42. The facility submitted a written request for continued waiver. During a review of the facility provided policy and procedure titled, Bedrooms, last reviewed on 11/20/2025, the policy indicates bedrooms must measure at least 80 square feet of space per resident in double rooms.