

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555574	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2024
NAME OF PROVIDER OR SUPPLIER Stoney Point Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 21820 Craggy View St. Chatsworth, CA 91311	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49109</p> <p>Based on observation, interview, and record review, the facility staff failed to follow the facility ' s policy related to smoking for two of five sampled residents (Resident 3 and 4) when they allowed Resident 3 to share a cigarette with Resident 4.</p> <p>This deficient practice has the potential for Resident 4 to be place at risk for accidents such as burns.</p> <p>Findings:</p> <p>A review of Resident 3 ' s Admission Record indicated the facility admitted the Resident 3 on 1/15/2024 with diagnosis that included Type 2 Diabetes Mellitus (A long-term condition in which the body has trouble controlling blood sugar and using it for energy), and respiratory disorders (diseases related to the lungs).</p> <p>A review of Resident 3 ' s History and Physical dated 1/16/2024 indicated that Resident 3 has the capacity to understand and make decisions.</p> <p>A review of Resident 3's Minimum Data Set (MDS - a standardized assessment and screening tool) dated 1/22/2024, indicated that Resident 3 had moderately impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) . The MDS further indicated that Resident 3 required moderate assistance from staff with mobility (movement).</p> <p>A review of Resident 4's Admission Record indicated the facility originally admitted Resident 4 on 7/27/2022 and readmitted Resident 4 on 3/4/2024 with diagnosis that included chronic obstructive pulmonary disease (COPD- a common lung disease causing restricted airflow and breathing problems).</p> <p>A review of Resident 4's MDS dated [DATE], indicated that Resident 4 had moderately impaired cognition. The MDS further indicated that Resident 4 required supervision from staff with mobility (movement).</p> <p>During an observation on 4/18/2024 at 1:46 p.m., observed Resident 4 smoking a cigarette while next to Resident 3 in the smoking patio.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/18/2024 at 1:54 p.m. with Gatekeeper (Gate), Gate stated that Resident 3 gave a cigarette to Resident 4. When Gate was asked if residents are allowed to share cigarettes, Gate stated that residents are not allowed to share cigarettes. When asked how come Gate did not prevent Resident 3 and Resident 4 from sharing cigarettes, Gate unable to respond.</p> <p>During an interview on 4/18/2024 at 2:04 p.m. with Activities Supervisor (ACT), when asked if Resident 3 and Resident 4 are allowed to share cigarettes, ACT stated Resident 3 and Resident 4 are not allowed to share cigarettes.</p> <p>During an interview on 4/18/2024 at 4:07pm with Director of Nursing (DON), DON stated that facility does not allow sharing of cigarettes.</p> <p>A review of the facility's policy and procedure titled, Smoking Policy - Residents, undated, indicated that Residents are not permitted to give smoking items to other residents.</p>