STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555574	A. Building B. Wing	10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stoney Point Healthcare Center	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42275 Based on interview and record review, the facility failed to obtain an informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) verification from a resident responsible party (RP - a person who makes medical decision for a resident) for one of four sampled residents (Resident 1) regarding the administration of antipsychotic (a medication used to treat psychosis [a severe mental condition in which thought, and emotions are so affected that contact is lost with reality] related symptoms and conditions) medication known as Olanzapine (a medication used to treat and manage psychosis) from Resident 1's RP. This deficient practice resulted in the facility administering a psychotropic (a medication that affects how the brain works and causes changes in mood, awareness, thoughts, feelings, or behavior) medication to Resident 1 without informed consent and denied Resident 1's RP the right to make informed treatment decisions. Findings: During a review of Resident 1's Admission Record indicated the facility originally admitted Resident 1 on 8/8/2024 and readmitted on [DATE] with diagnoses that included psychosis and epilepsy (a disorder of the brain characterized by repeated seizure [a sudden, uncontrolled burst of abnormal electrical activity in the brain that can cause changes in behavior, feelings, movements, and levels of consciousness]). During a review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/30/2024 indicated Resident 1's cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact. The MDS indicated Resident 1 needed supervision or touching assistance from staff with eating, and moderate assistance with oral hygiene, toileting hygiene, dressing, personal hygiene, and bed mobility (movement). During a review of Resident 1's Physician Orders dated 9/24/2024 indicated to administer Olanzapine oral tablet 10 milligrams (mg - unit of measure) one (1) tablet by mouth at bedtime for 14 days. Further review of Resident 1's Physician Orders dated 9/26/2024 indicated to administer Olanzapine 10 mg give one (1) tablet by mouth at bedtime for paranoid schizophrenia (a type of schizophrenia [a serious mental illness that affects how a person thinks, feels, and behaves] that is characterized by paranoia [a mental disorder in which a person has an extreme fear and distrust of others] and delusions [an unshakable belief in something that's untrue]) manifested by making up stories. (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
	555574	A. Building B. Wing	10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stoney Point Healthcare Center	21820 Craggy View St. Chatsworth, CA 91311

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1's Informed Consent - Psychoactive Medication (PA - a medication or other substance that affects how the brain works and causes changes in mood, awareness, thoughts, feelings, or behavior) form dated 8/8/2024 and 9/24/2024 indicated that the facility obtained the informed consent verifications for only mirtazapine (an antidepressant medication to treat depression [a constant feeling of sadness and loss of interest, which stops you doing your normal activities]) and divalproex (a medication used to treat epilepsy, and mood disorders) from Resident 1 and the RP. There were no documentations found an Informed Consent was obtained for Olanzapine. During a concurrent interview and record review on 10/18/2024 at 2:50 p.m. with Registered Nurse 1 (RN 1), RN 1 reviewed Resident 1's Physician Orders for Olanzapine dated 9/24/2024 and 9/26/2024, and the Informed Consent- Psychoactive Medication form dated 8/8/2024 and 9/24/2024. RN 1 stated that Resident 1 was transferred to the hospital on 9/11/2024 due to behavioral issues, then returned to the facility on [DATE]. RN 1 stated that Olanzapine was started at the hospital. RN 1 stated there was no informed consent verification obtained for Resident 1's use of Olanzapine. RN 1 further stated Resident 1 received Olanzapine from 9/24/2024 to 9/29/2024 (six days without informed consent). RN 1 stated that she (RN 1) reviewed Resident 1's progress notes from 9/24/2024 to 10/18/2024, but there were no documents found regarding obtaining an informed consent from Resident 1's RP regarding the use and administration of Olanzapine. During an interview on 10/18/2024 at 3:20 p.m., with the Administrator in Training (AIT), the AIT stated that psychotropic medications should be checked thoroughly upon admission and/or readmission. The AIT stated that the facility must obtain an informed consent verification from the resident or resident's RP for any new psychotropic medications (including psychotropic medications started while at the hospital) including upon admission or upon returning to the facility, before administering the psychotropic medications. During a review of the facility's policy and procedures titled, Informed Consent last reviewed on 1/16/2024, indicated, The resident or resident representative has the right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers A licensed nurse must verify informed consent has been obtained from the resident or the resident's representative prior to administering psychotropic medication.