

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 02/27/2025
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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43636</p> <p>Based on interview and record review the facility failed to ensure one of three sampled residents (Resident 1) discharge planning process included, providing Resident 1 and Resident 1 ' s Responsible Party (RP) 1 with information including services and quality measures (quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems) of the accepting skilled nursing facility Resident 1 was transferred to.</p> <p>This deficient practice had potential for decreased quality of care, decreased quality of life and continuity of care.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (facesheet) dated 2/16/2025, the Admission Record indicated, Resident 1 was admitted to the facility on [DATE] with diagnoses including metabolic encephalopathy (a change in how your brain works due to an underlying condition), pneumonia (an infection/inflammation in the lungs), cerebral infarction (CVA-stroke, loss of blood flow to a part of the brain), dementia (a progressive state of decline in mental abilities) and alcohol dependence.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and care planning tool) dated 2/18/2025, the MDS indicated, Resident 1 ' s cognition (ability to think and make decisions) was severely impaired. The MDS further indicated that Resident 1 required maximum assistance by staff for oral hygiene, toileting hygiene, showering, upper body dressing, lower body dressing and putting on/taking off footwear.</p> <p>During a review of Resident 1 ' s Social Services Progress note dated 2/18/2025, the note indicated, Resident 1 verbalized Resident 1 wanted to be transferred to another facility. Social Services assisted resident in finding a new facility .Social Services informed Resident 1 ' s RP (RP 1) of Resident 1 wishes, Resident 1 ' s RP (RP 1) was in agreement.</p> <p>During an interview on 2/26/2025 at 9:30 a.m., with RP 1, RP 1 stated that on 2/18/2025, RP 1 received a phone call from the Social Services Director (SSD) who stated that Resident 1's placement in the facility was not appropriate because Resident 1 was too calm. RP 1 stated around 9 p.m. on 2/18/2025 RP 1 received a call from the new skilled nursing facility that Resident 1 had been admitted .</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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/27/2025 at 11:05 a.m. with the SSD, the SSD stated that on 2/18/2025, the SSD met with Resident 1, Resident 1 requested a transfer to another facility. The SSD stated that the SSD found a new facility for Resident 1. The SSD informed Resident 1 and RP 1 regarding the transfer to the new facility and provided the address to RP 1. The SSD stated that the SSD did not provide any further information regarding the new facility to RP 1.</p> <p>During an interview on 2/27/2025 at 1:00 p.m. with the Director of Nursing (DON), the DON stated the correct process when transferring a resident to a new facility, the resident and the resident 's RP, if applicable, should be provided information including services provided at the new facility, as well as quality measures of the new skilled nursing facility.</p> <p>During a review of the facility policy and procedure (P&P) titled Discharging the Resident with a revision date of 1/21/2025 indicated, the purpose of this procedure is to provide guidelines for the discharge process .If discharging the resident to another long-term care facility tell the resident:</p> <ol style="list-style-type: none"> a. Where the new facility is located. b. How large the facility is, what services it offers, what it looks like. c. Any information you can about the facility. d. Who will be providing the resident ' s care. e. That his or her family and visitors will be informed of the discharge and where the resident will be living. f. Why the discharge is necessary. 		