

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  05/09/2025
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>49135</p> <p>Based on interview and record review, the facility failed to ensure the provision of medically-related social services to meet one of five sampled residents (Resident 4) needs by failing to follow up the status of Resident 4's missing rollator walker (a mobility aid designed for residents who need support while walking) and ensure timely replacement of Resident 4's missing rollator walker. On 10/26/2024, Resident 4 was discharged from the facility without providing Resident 4's rollator walker.</p> <p>This deficient practice placed Resident 4 at risk for health and safety impacts such as impairing Resident 4's ability to walk safely leading to fall and injury, reduced mobility (movement), and loss of independence which can lead to decreased self-esteem (confidence in one's own abilities or worth) and a sense of helplessness.</p> <p>Findings:</p> <p>During a review of Resident 4's Admission Record, the Admission Record indicated the facility admitted the resident on 3/27/2024 with diagnoses that included systemic lupus erythematosus (a chronic autoimmune disease in which the body's immune system mistakenly attacks its own healthy tissues and organs), cerebral infarction (refers to brain damage caused by a lack of blood flow [ischemia] to a part of the brain) and difficulty in walking.</p> <p>During a review of Resident 4's Minimum Data Set (MDS- a resident assessment tool) dated 10/18/2024, the MDS indicated Resident 4 had intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and senses). The MDS indicated Resident 4 required supervision with oral hygiene and partial or moderate assistance from staff with toileting hygiene, shower or bathing and lower body dressing.</p> <p>During a review of Resident 4's Inventory List dated 10/26/2024, the Inventory List indicated Resident 4 had a walker; however, the section indicating that the item (rollator walker) was received in satisfactory condition upon discharge was left blank. Upon further review of the Inventory List, there were no signatures from either the facility representative or Resident 4 (or Resident 4's Responsible Party [RP]) to confirm the return of the walker.</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
---	-------	-----------

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  05/09/2025
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 5/9/2025 at 2:25 p.m., with Social Services Assistant 1 (SSA 1), Resident 4's Inventory List dated 10/26/2024 was reviewed. SSA 1 stated there was no documented evidence found indicating Resident 4's walker was provided to Resident 4 upon Resident 4's discharge on 10/26/2024. SSA 1 stated that on 10/26/2024, Resident 4 was discharged without her (Resident 4's) walker. SSA 1 stated she (SSA 1) should have followed up with Resident 4 in obtaining her (Resident 4) walker sooner. SSA 1 stated not providing a rollator walker to a resident who is in need can affect both health and quality of life such as increased risk for fall or reduced mobility.</p> <p>During a review of the facility's policy and procedure titled, Social Services, last revised 1/21/2025, indicated medically related social services is provided to maintain or improve each resident's ability to control everyday physical needs (e.g., appropriate adaptive equipment for eating, ambulation, etc.), and mental and psychosocial needs (e.g., sense of identity, coping abilities, and sense of meaningfulness or purpose).</p>		