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	05/28/2026

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, interview, and record review, the facility failed to ensure the proper use of a low air loss mattress (LALM- a specialty bed that alternates pressure to help heal and prevent pressure ulcer/injuries [PU/PI-injuries that breakdown the skin and underlying tissue when an area of skin is placed under pressure]) for one of five sampled residents (Resident 1) when on 5/28/2026 a cloth pad and a sheet were placed over the mattress surface while Resident 1 was also wearing an incontinence (loss of bowel or bladder control) brief (diaper). This deficient practice had the potential to compromise the effectiveness of the LALM by reducing airflow and pressure redistribution, thereby increasing the risk of skin breakdown, development or worsening of PU/PI, excess moisture retention and delayed wound healing. During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 1/30/2026 with diagnoses that included, but were not limited to, peripheral autonomic neuropathy (a condition where the nerves that automatically control important body functions are damaged), traumatic brain injury (TBI- a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head), and benign prostatic hyperplasia (non-cancerous enlargement of the prostate gland that can make it harder to urinate). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 5/29/2026, the MDS indicated Resident 1's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and senses) skills for daily decision making were moderately impaired. The MDS further indicated Resident 1 was dependent for showering, required maximum assistance with toileting hygiene, lower body dressing and putting on/and taking off footwear, and required moderate assistance with oral hygiene, personal hygiene, and upper body dressing. The MDS also indicated Resident 1 needed moderate assistance with bed mobility (movement) and transfers, including rolling left and right (the ability to roll from lying on back to left and right side, and return to lying on back on the bed), sit-to-lying (the ability to move from sitting on side of bed to lying flat on the bed), and sit-to-stand (the ability to come to a standing position from sitting in a chair, wheelchair [a mobility device consisting of a chair mounted on wheels, designed for individuals who have difficulty or are unable to walk due to illness, injury, disability or age], or on the side of the bed).During a review of Resident 1's Physician Order dated 3/3/2026, the Physician Order indicated a LALM mattress was ordered for skin management, with settings based on the resident's weight.During a review of Resident 1's Care Plan (CP) initiated 1/30/2026 and revised on 5/6/2026, the CP indicated Resident 1 was at risk for skin breakdown related to impaired Activities of Daily Living (ADL- refers to the basic, routine self-care tasks a person performs to survive and function independently), and incontinence of bowel and bladder. The CP also indicated interventions that included the use of a LALM for skin management, with settings based on the resident's weight. During a concurrent observation and interview on 5/28/2026 at 9:19 a.m., with Certified Nursing Assistant 1 (CNA 1), observed Resident 1 lying on a LALM while wearing an incontinence brief. The LALM was covered with a flat sheet and a cloth incontinence pad. When CNA 1 was asked what the recommended linen set up for a LALM, CNA 1 stated the cloth incontinence pad should not have been used and should have been replaced with a disposable/paper incontinence pad. CNA 1 further stated that Resident 1 should not have been wearing an incontinence brief when an incontinence pad and (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	05/28/2026

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	sheet were placed over the LALM because the additional layers could contribute to skin irritation and wound development. During an interview on 5/28/2026 at 9:44 a.m., with the Treatment Nurse (TxN), the TxN stated a LALM mattress should be covered only with a flat sheet and a disposable incontinence pad. The TxN further stated residents should not wear an incontinence brief when an incontinent pad is used on the top of the LALM, as excess layering can interfere with airflow, increase moisture retention, and contribute to skin breakdown. During an interview on 5/28/2026 at 3:49 p.m., with the Director of Nursing (DON), the DON stated that the least amount of linen possible should be used on a LALM to maximize pressure relief. The DON further stated that additional layers can increase pressure on the skin, reduce the mattress's ability to circulate air, promote moisture accumulation, and increase the risk for PU/PI and skin breakdown. During a review of the facility's policy and procedure (P&P) titled, Guideline for use of linen on a Low Air Loss Mattress, last revised on 1/20/2026, the P&P indicated, The facility shall ensure that linens used on a low air loss mattress do not interfere with the therapeutic function of the mattress system. Staff shall apply linens in a manner that allows adequate airflow, moisture management, pressure redistribution, and resident safety. Recommended linen setup 1. LALM mattress cover (manufacturer supplied), 2. One-fitted breathable sheet, 3. One breathable draw sheet if needed, 4. One approved moisture management pad if indicated. Avoid excessive linen layering.