

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/17/2026
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)		
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** Based on interview and record review the facility failed to ensure that one of three sampled residents (Resident 1) had Bioethics Committee (a multidisciplinary group that provides guidance, education and case consultations on complex moral and ethical dilemmas related to resident care) assess the need for continued psychotropic medication (medication that changes how a person, feels, or acts by adjusting brain chemicals) and sign the consent form for a psychotropic medication, Lorazepam (medication used to treat anxiety disorders [a mental health condition featuring excessive, ongoing fear and worry]) upon readmission to the facility. This deficient practice violated Resident 1's right to have bioethics committee make an informed decision regarding the use of psychotropic medications and had the potential for Resident 1 to receive unnecessary medications. Findings: During a review of Resident 1's admission Record, the admission Record indicated that the facility admitted Resident 1 on 5/27/2011 with diagnoses that included dementia (a progressive state of decline in mental abilities), anemia (a condition where the body does not have enough healthy red blood cells), bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs) and schizophrenia (a mental illness that is characterized by disturbances in thought). During a review of Resident 1's Interdisciplinary Conference Form (a form used by the facility when having an interdisciplinary team [a multidisciplinary group of facility staff that meets to discuss resident care within the facility] meeting) dated 8/2/2018, the Interdisciplinary Conference Form indicated Resident 1 had no resident representative, resident (Resident 1) had impaired cognition thus, unable to make his/her own decisions. The team discussed and agreed that the IDT will act on resident's behalf in selecting Resident 1's attending physician. During a review of Resident 1's History and Physical (H&P-a comprehensive assessment of a resident's medical condition) dated 8/28/2020, the H&P indicated Resident 1 does not have the capacity to understand and make decisions. During a review of Resident 1's Nursing Progress Note dated 7/3/2021, the Nursing Progress Note completed by Registered Nurse (RN) 1 indicated Resident 1 was readmitted to the facility on [DATE] following a hospitalization. During a review of Resident 1's Physician Order Summary dated 7/3/2021, the Physician Order Summary indicated a physician order for Lorazepam 0.5 milligram (mg-unit of measurement) twice a day for anxiety manifested by increased agitation. During a review of Resident 1's Facility Verification of Informed Consent dated 7/3/2021, completed by RN 1, the Facility Verification of Informed Consent indicated Resident 1 and Resident 1's Responsible Party (RP) 1 provided consent for Lorazepam 0.5mg twice a day for anxiety manifested by increased agitation and Resident 1 and RP 1 were provided information related to the risk and benefits of the psychotropic drug (Lorazepam). The Facility Verification of Informed Consent form further indicated that Resident 1 did not require bioethics committee for care decisions. During a concurrent record review and interview on 7/17/2026 at 3:00 p.m. with the Director of Nursing (DON), (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555574
		If continuation sheet Page 1 of 2

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the Facility Verification of Informed Consent dated 7/3/2021 was reviewed, The DON confirmed that RN 1 documented that Resident 1 and RP 1 provided verbal consent for Lorazepam 0.5 mg twice day for agitation and that Resident 1 did not require a bioethics committee for care decisions. The DON confirmed that Resident 1 was under the Bioethics Committee for care decisions at that time during his admission at the facility. The DON confirmed that Bioethics Committee should have been notified and involved in making decisions regarding Resident 1's psychotropic medications upon readmission to the facility. During a review of the facility Policy and Procedure (P&P) titled admission Criteria last reviewed on 1/20/2026, the P&P indicated the objectives of our admission criteria policy are to provide uniform criteria for admitting residents to the facility, admit residents who can be cared for adequately by the facility, address concerns of residents and families during the admission process, review with the resident, and/or his/her representative, the facility's policies and procedures relating to resident rights and resident care. During a review of the facility P&P titled Psychotropic Medication Use, last reviewed on 1/20/2026, the P&P indicated residents do not receive psychotropic medications that are not clinically indicated and necessary to treat a specific condition documented in the medical records. psychotropic medication management is an interdisciplinary process that involves the resident, family, and/or the representative and includes determining adequate indication for use, establishing appropriate dose and duration. psychotropic medications are never used to sedate or alter a resident's behavior for discipline or for the convenience of staff. prior to initiating the use of increasing the dose of, or switching a different psychotropic medication, the staff and physician will review the following with the resident/representative prior to obtaining documented consent or refusal. the resident's/representative right to accept or decline the treatment.		