

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2025
NAME OF PROVIDER OR SUPPLIER Ararat Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 15099 Mission Hills Road Mission Hills, CA 91345	

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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Director of Nursing (DON) has an active Registered Nurse (RN) License while working in the capacity as the full-time DON in the facility. On [DATE], during an onsite visit, the DON's license was expired since [DATE].</p> <p>This deficient practice had the potential to affect the delivery of care and services to the residents.</p> <p>Findings:</p> <p>During a concurrent interview and record review with the Director of Staff Development (DSD) on [DATE] at 11a.m., the DON's Employee file had a copy of the California Board of Registered Nursing License with an expiration date of [DATE]. The DSD stated she typically does not check on the DON's file because her (DON) file is kept in the Administrator's (Admin's) office. The DSD stated she had no idea that the DON's license had expired back in February. The DSD stated the DON has been working as a Registered Nurse in the facility since [DATE]. The DSD stated the DON cannot practice as an RN and the DON needs to renew her (DON) license right away. DSD stated practicing as an RN with an expired license can have serious legal and professional consequences.</p> <p>During an interview with the DON on [DATE] at 12 p.m., the DON stated it was a failure on not following up with the Licensing Board for verification. The DON stated she (DON) will call the Licensing Board to verify her (DON) license.</p> <p>During an interview with the Admin on [DATE] at 12:30 p.m., The Admin stated, he was not aware the DON was practicing in the facility with an expired license. The Admin stated the DSD is usually responsible to verify that staff are working with active license. The Admin stated he will remove the DON from the floor because she cannot work at this time with an expired license.</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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