STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555579	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ararat Nursing Facility	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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
	555579	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ararat Nursing Facility	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse (deliberately aggressive or violent behavior with the intention to cause harm) for one of six sampled residents (Resident 1) when on 7/25/2025 at approximately 2:30 p.m., Resident 2 threw a four-ounce (oz - a unit of measurement) thickened flavored water cup at Resident 1, inside Room A (Resident 1 and Resident 2's shared room), hitting Resident 1 on the left lower lip. This deficient practice resulted in Resident 1 being subjected to physical abuse by Resident 2 while under the care of the facility. On 7/25/2025, Resident 1 sustained a three (3) centimeter (cm - unit of measurement) scratch (a type of wound characterized by damage on the surface of the skin) to Resident 1's left lower lip with bleeding that needed first aid (initial assistance and care given to a resident who has been injured). Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 8/19/2024 with diagnoses including cerebrovascular accident (CVA - stroke, loss of blood flow to a part of the brain), hemiplegia (total paralysis [loss of ability to move] of the arm, leg, and trunk on the same side of the body), and dysphagia (difficulty swallowing). During a review of Resident 1's History and Physical (H&P - a comprehensive assessment of a resident's medical condition), dated 8/20/2024, the H&P indicated Resident 1 did not have the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 5/6/2025, the MDS indicated Resident 1 had moderately impaired cognitive functioning (a decline in a resident's mental abilities, impacting their ability to think, learn, remember, reason, and make decisions). The MDS further indicated Resident 1 required maximal assistance (helper does more than half of the effort) from staff with oral hygiene, upper body dressing, and was dependent (helper does all of the effort) on staff for toileting hygiene, showers, and personal hygiene. During a review of Resident 1's Change of Condition (COC -major decline or improvement in a resident's status that will not resolve without intervention) form, dated 7/25/2025, timed at 3:51 p.m., the COC form indicated that on 7/25/2025 (time not indicated), CNA 1 entered Room A after hearing shouting between two residents (Resident 1 and Resident 2). The COC form indicated that Resident 1 was observed with blood on the lower lip, resulting from a three cm scratch on Resident 1's left side of the lip. The COC form further indicated that Resident 2 admitted to throwing a four-ounce thickened flavored water cup at Resident 1. The COC form indicated that the scratch on Resident 1's lower lip was cleansed and left open to air (uncovered). The COC form indicated Resident 1 was placed on monitoring for discoloration (change in the skin's natural color) of the affected area, monitoring for the condition of the scratch on the left lower lip, and for signs of emotional distress (a state of significant psychological discomfort or suffering, impacting a person's ability to function normally) related to receiving aggression (behaviors intended to cause harm) from Resident 2. During a review of Resident 1's CP (untitled), initiated on 7/28/2025, the CP indicated that Resident 1 sustained a skin tear (a type of wound where the outer layers of skin separate from each other due to friction, shear or blunt force) on the left side of the mouth due to roommate (Resident 2) throwing a cup of thickened liquid at Resident 1 on 7/25/2025. (Resident 1's COC indicated the injury as scratch.) The CP interventions included cleansing the affected area (Resident 1's left lower lip) with normal saline (a mixture of water and salt). During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 2/10/2025 with diagnoses including CVA, hemiplegia, and diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 2's H&P dated 2/12/2025, the H&P indicated Resident 2 had the capacity to understand and make decisions. During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 had intact cognitive functioning (the state where a resident's mental processes, including memory, attention, language, reasoning, and executive functions, are working at a normal or expected level for their age and background). The MDS further indicated Resident 2 required moderate assistance (helper does less than half of the effort) from staff with oral hygiene and upper body dressing. The MDS further indicated Resident 2 required maximal assistance from staff with toileting hygiene, showers, and lower body dressing. During a review of Resident 2's COC form, dated 7/25/2025, timed at 2:48 p.m., the COC form indicated that on 7/25/2025 (time not indicated), CNA 1 entered Room A after shouting was heard between two residents (Resident 1 and Resident 2). The COC form indicated Resident 1 was observed with blood on the lip, resulting from a three cm scratch on the left side of Resident 1's lower lip. The COC form further indicated that Resident 2 admitted