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	06/10/2026

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 0760 Level of Harm - Actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was free from significant medication error (one which causes the resident discomfort or jeopardizes his or her health and safety) when Registered Nurse (RN) 1 failed to resume Resident 1's apixaban (a generic name of a blood thinner medication used to prevent blood clots) on 5/28/2026 as ordered by the Medical Doctor (MD). On 5/27/2026, the MD gave an order to RN 1 to hold Resident 1's apixaban on that night (5/27/2026) because of nose bleeding but to resume it the next day (5/28/2026). Resident 1 did not receive the apixaban medication from 5/28/2026 through 6/1/2026. As a result, on 6/1/2026 at around 8 a.m., Resident 1 experienced a significant change of condition (COC - a major decline in a resident's status), including new onset left-sided weakness, left side facial drooping (a noticeable loss of muscle tone on one side of the face), and slurred speech requiring further medical evaluation and intervention. The facility transferred Resident 1 to the General Acute Care Hospital (GACH) on 6/1/2026 at 8:30 a.m. where Resident 1 was diagnosed with acute ischemic stroke (a life-threatening medical emergency when there is a sudden interruption of blood flow to part of the brain) due to occlusion (blockage) of right middle cerebral artery (a major blood vessel that supplies oxygenated blood to the right side of the brain and primarily controls movement and sensation on the left side of the body).Findings:During a review of Resident 1's undated admission Record (AR), the AR indicated the facility admitted Resident 1 on 5/27/2025 with diagnoses including congestive heart failure (CHF - a heart disorder which causes the heart not to pump the blood efficiently, sometimes resulting in leg swelling), chronic atrial fibrillation (an irregular heartbeat that can lead to blood clots), presence of prosthetic heart valve (replacing and implanting heart valve in the body), and respiratory failure (when not enough oxygen passes from the lungs to the blood).During a review of Resident 1's GACH Skilled Nursing Facility Transfer Orders, dated 5/27/2026, the Skilled Nursing Facility Transfer Orders indicated an order for apixaban 2.5 milligram (mg - a metric unit of measurement, used for medication dosage and/or amount) tablet with the instruction to take one tablet by mouth two times daily. The Skilled Nursing Facility Transfer's Medication List indicated the last time apixaban was given to Resident 1 was on 5/27/2026 at 9 a.m.During a review of Resident 1's Progress Notes, dated 5/27/2026 at 11:59 p.m., the Progress Notes indicated a late entry documentation note for 5/27/2026. The Progress Notes indicated medications were reviewed with the MD which included apixaban (Eliquis is the brand name) 2.5 mg. The Progress Notes indicated that RN 3 reported to the MD that Resident 1's nose was bleeding. The Progress Notes indicated a pack of gauze was applied to control the bleeding. The Progress Notes indicated the MD ordered for Resident 1 to skip tonight, on 5/27/2026, the resident's Apixaban 2.5 mg medication.A review of Resident 1's MD-History and Physical (H&P) Nursing Facility, dated 5/28/2026, the H&P indicated Resident 1 had fluctuating capacity to understand and make decisions.During a review of Resident 1's Progress Notes, dated 5/28/2026 at 4:53 p.m., the Progress notes indicated a late entry. The Progress Notes indicated Licensed Vocational Nurse (LVN) 2 looked through Resident 1's medications and noticed apixaban medication was not in the list and LVN 2 documented that it was no longer there. During a review of Resident 1's Medication Administration Record (MAR - a log used to track a resident's prescribed medications), dated 5/27/2026 to 5/31/2026, the MAR did not have an order for the (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

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F 0760 Level of Harm - Actual harm Residents Affected - Few	medication Apixaban 2.5 mg by mouth twice a day. The MAR did not indicate that apixaban was held on 5/27/2026 (one dose) and there was no order to continue the medication.During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 6/1/2026, the MDS indicated Resident 1 had severely impaired cognitive functioning (the ability to think, learn, remember, use judgment and make decisions). The MDS indicated Resident 1 required maximal assistance (helper does more than half the effort. Helper lifts and supports trunk or limbs and provides more than half the effort) with oral hygiene, toilet hygiene, upper body dressing, and with putting on and taking off footwear.During a review of Resident 1's COC, dated 6/1/2026 at 8:30 a.m., the COC indicated that at 8:30 a.m., Certified Nurse Assistant (CNA) 1 reported that when she (CNA 1) transferred Resident 1 from bed with the sit-to-stand machine (a mobility device designated to help individuals safely transition from sitting to standing), she noted that Resident 1 was leaning on her left side so a RN (name not specified) was called to further evaluate Resident 1. The COC indicated Resident 1 was transferred to bed with two licensed staff (names not specified). The COC indicated that upon RN's assessment Resident 1 was noted with left side facial drooping, left side weakness, and slurred speech. The COC indicated the facility called 911 (number to call for emergency services) and transferred Resident 1 to the GACH.During a review of Resident 1's Emergency Department (ED - emergency room in the hospital) Provider Notes from the GACH, dated 6/1/2026 at 9:40 a.m., the ED Provider Notes indicated Resident 1 presented to the ED for evaluation of left-sided weakness approximately one hour and with the chief complaint of facial drooping and weakness. The ED Provider Notes indicated Resident 1 was brought to the ED as a code stroke (an urgent hospital emergency protocol activated when a patient inside the hospital or arriving through ambulance shows immediate signs of having a fresh stroke) and CAT Scan (CT - Computed Tomography, a medical test used first in a stroke emergency) showed right M2 occlusion (a physical blockage [blood clot] in the second segment of the right middle cerebral artery). The ED Provider Note's Diagnoses/Clinical Impression indicated Resident 1 had an acute ischemic stroke due to occlusion of right middle cerebral artery.During a review of Resident 1's Magnetic Resonance Imaging Brain Without Contrast (MRI - a non-invasive medical imaging test to create detailed pictures of the brain structure without injecting any special dye into the person's veins) Notes from the GACH, dated 6/2/2026 at 2:54 p.m., the Impression indicated Resident 1 had multiple scattered foci of cortical and subcortical acute infarct (several distinct, small areas of brand-new brain tissue damage caused by a sudden loss of blood flow) throughout the right middle cerebral artery territory involving the right frontal and parietal lobes (two large, interconnected regions located on the right side of the brain) and posterior insula (a deeply hidden region.During an interview with the MD on 6/10/2026 at 2:30 p.m., the MD stated he (MD) received a call from a nurse (RN 1) on 5/27/2026 that Resident 1's nose was bleeding, and he (MD) gave orders to hold the dose for apixaban that night (5/27/2026). The MD stated he (MD) did not discontinue Resident 1's medication. The MD stated this medication (apixaban) is used to prevent blood clots and stopping the medication may lead to a stroke.During an interview with the Assistant Director of Nursing (ADON) on 6/10/2026 at 1:15 p.m., the ADON stated that she was working on 6/1/2026 and an LVN (name not specified) notified her that at around 8 a.m. Resident 1 was experiencing left-sided weakness and left mouth drooping. The ADON stated she went in with another RN (name not specified) and they assessed Resident 1. The ADON stated they took Resident 1's vital signs (are essential measurements of the body's most basic functions) and she (ADON) called 911. The ADON stated she called the MD, and he (MD) informed her (ADON) that on 5/27/2026 he received a call from a nurse (RN 1) stating that Resident 1 had a nosebleed, and he ordered to hold the dose for the night on 5/27/20206 and to resume the medication the next day. The ADON stated that Resident 1's Family Member called the MD to notify him that the facility was not administering Resident 1's apixaban. The ADON stated apixaban is an anticoagulant medication, and it is used to prevent blood clots. The ADON stated that not administering this medication (apixaban) can lead to a stroke.During an interview with RN 1 on 6/12/2026 at 11:20 a.m., RN 1 stated that he (RN 1) admitted Resident 1 to (continued on next page)

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F 0760 Level of Harm - Actual harm Residents Affected - Few	the facility and while he was working on Resident 1's admission, another nurse called him to let him know that Resident 1 was having a nosebleed. RN 1 stated he notified the MD and MD gave him orders to hold apixaban for the night (of 5/27/2026) and then to resume the medication the next day. RN 1 stated he must have forgotten to put in the apixaban order for Resident 1. RN 1 stated that not administering the medication apixaban can lead to Resident 1 having a stroke.During a review of the facility's Policy and Procedure (P&P) titled, Physician Orders, dated 5/1/2019, the P&P indicated the facility will ensure that all physician orders are complete and accurate. The P&P indicated the medical records department will verify that physician orders are complete, accurate and clarified as necessary. Medication/treatment orders will be transcribed into the appropriate resident administration record.