

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/09/2026
NAME OF PROVIDER OR SUPPLIER MacLay Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12831 MacLay Street Sylmar, CA 91342	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to place one of three sampled residents (Resident 1) in a low air loss (LAL- a specialized medical-grade mattress used to prevent and treat bedsores) mattress in accordance with the physician order and care plan when the facility maintained Resident 1 on a standard mattress on 6/8/2026 who had a stage 2 pressure injury (localized damage to the skin and/or underlying tissue usually over a bony prominence). This failure had the potential to result in worsening of Resident 1's stage 2 pressure injury and increase the risk for further pressure related skin deterioration. Findings: During a review of Resident 1's admission Record, the admission record indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing). During a review of Resident 1's Minimum Data Set [MDS] resident assessment tool), dated 5/14/2026, the MDS indicated Resident 1 had impaired cognitive skills (ability to think, understand, learn, and remember) for daily decision making and needed maximal assistance (helper does more than half of the efforts) for toileting hygiene, showers, upper body dressing, and personal hygiene. During a review of Resident 1's History and Physical (H&P - a medical examination that involves a doctor taking a resident's medical history, performing a physical exam, and documenting their findings), dated 3/30/2026, the H&P indicated Resident 1 had fluctuating capacity to understand and make decisions. During a review of Resident 1's Order summary Report (OSR), dated 6/07/2026, the OSR indicated LAL mattress for wound management to be set per resident comfort every shift. During a review of Resident 1's care plan titled, LAL mattress for wound management, initiated 6/07/2026, the care plan goal indicated Resident will experience comfort and pressure relief while on low air mattress, as evidence by relaxed posture and absence of pressure related skin deterioration. The care plan intervention indicated maintain resident on LAL set per resident comfort to promote pressure redistribution and skin integrity. During an observation on 6/08/2026 at 10:51 a.m. inside Resident 1's room, Resident 1 was lying in bed on a standard mattress rather than the ordered LAL mattress. During a concurrent observation and interview on 6/08/2026 at 10:57 a.m. with Treatment Nurse (TXN) 2 in Resident 1's room. TXN 2 stated Resident 1 remained on a standard mattress and stated that staff should have placed Resident 1 on a LAL mattress following the 6/07/2026 order. TXN 2 further stated that Resident 1 had developed a stage 2 pressure injury to the sacrococcyx area, and the LAL mattress had been ordered to provide pressure injury treatment and prevention. During an interview on 6/09/2026 at 12:03 p.m. with Maintenance Assistant 1, Maintenance Assistant 1 stated that a nurse (unknown name) informed him on 6/07/2026 that Resident 1 required a LAL mattress due to a wound infection. Maintenance Assistant 1 stated that he attempted to locate and inflate an LAL, however, the mattress was not functioning properly. As a result, he did not replace Resident 1's mattress. Maintenance Assistant 1 further stated that he notified his supervisor of the issue, and the supervisor indicated to him that they were going to purchase a new LAL mattress. During an interview on 6/09/2026 at 12:45 p.m. with Assistant, Director of Nursing (ADON), the ADON stated that staff should have implemented the physician's order (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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	for a LAL mattress to relieve pressure, promote wound healing, and prevent further deterioration of Resident 1's wound. The ADON stated that staff failed to follow Resident 1's care plan and physician order because Resident 1 was never placed on a LAL after the order was issued on 6/07/2026. During a review of the facility's policy and procedure (P&P) titled, Pressure Ulcer Management, Treatment, and Prevention, revised 4/16/2026, indicated, The facility implements evidence-based practices, individualized care plans, and ongoing staff education to minimize risk and promote skin integrity in compliance with CMA requirements. Use pressure-relieving devices such as specialty mattresses, cushions, or heel protectors.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure medications were properly labeled and dated in accordance with facility policy in one of two inspected treatment carts (Station 2) when Treatment Nurse (TXN) 1 failed to: Label one tube of Ketoconazole cream with resident identification. Label three opened bottles of nystatin powder with resident identification and the date opened. Label container of silver sulfadiazine cream with resident identification and was labeled with an open date of [DATE]. These failures had the potential to result in medication errors, administration of medications to the wrong residents, and improper use of the medications. Findings: During a concurrent observation and interview on [DATE] at 10:36 a.m. of Station 2 Treatment Cart with the TXN 1, TXN 1 stated that the three bottles of nystatin powder observed in Station 2 Treatment Cart should have been labeled with resident identification and should have had an open date label. TXN 1 stated that the three bottles needed to be discarded because it did not have a label, we would not know who it belongs to and one of the bottles caps is missing from the nystatin powder. TXN 1 stated that ketoconazole cream observed was not labeled with resident name or had an open date and medication was opened. TXN stated that it was important to ensure that topical medications are stored properly and labeled with resident name to ensure we are administering to the right resident. During an observation on [DATE] at 10:59 a.m. in the treatment supply room in station 2, silver sulfadiazine cream container was on the shelf with no resident identification and with an open date of [DATE]. During an interview on [DATE] at 12:45 p.m. with Assistant Director of Nursing (ADON), the ADON stated that Silver Sulfadiazine is a topical antibiotic medication and it should have been discarded after being discontinued by the physician. ADON stated that TXN is responsible for discarding topical medications and ensuring that all topical medications are labeled with correct resident name. During a review of the facility's policy and procedure (P&P) titled, Medication Storage and Disposal, revised [DATE], the P&P indicated All medication will be stored, secured, temperature-controlled, properly labeled, and separated according to manufacturer's recommendations and facility protocol. All expired, discontinued, wasted, or contaminated medication will be removed and disposed of properly per facility process and applicable regulations.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure Certified Nurse assistant (CNA) 1 was wearing personal protective equipment {(PPE) refers to protective items or garments worn to protect the body or clothing from hazards that can cause injury and to protect residents from cross-transmission)} on enhanced barrier precautions (EBP- infection control measures for high-risk residents, to reduce the spread of multidrug-resistant organism or MDRO due to open wounds) room for one of three sample residents (Resident 1). This deficient practice placed the staff and all residents in the facility at risk for the spread of infection. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 7/31/2018 and readmitted on [DATE] with diagnoses including diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing). During a review of Resident 1's Minimum Data Set [MDS] resident assessment tool), dated 5/14/2026, the MDS indicated Resident 1 had impaired cognitive skills (ability to think, understand, learn, and remember) for daily decision making and needed maximal assistance (helper does more than half of the efforts) for toileting hygiene, showers, upper body dressing, and personal hygiene. During a review of Resident 1's History and Physical (H&P - a medical examination that involves a doctor taking a resident's medical history, performing a physical exam, and documenting their findings), dated 3/30/2026, the H&P indicated Resident 1 had fluctuating capacity to understand and make decisions. During a record review of Resident 1's Order summary Report (OSR), dated 6/08/2026, the OSR indicated Enhanced barrier Precautions-staff to utilize gowns and gloves for high-contact resident care activities due to wound sacrococcyx (sacrum-the triangular base of the spine connects to the coccyx -the tailbone) stage 2 (Partial-thickness loss of skin, presenting as a shallow open sore or wound) pressure injury (localized damage to the skin and/or underlying tissue usually over a bony prominence). During an observation on 6/08/2026 at 10:51 a.m. outside of Resident 1's room, CNA 1 entered Resident 1's room without wearing a gown and repositioned Resident 1 by pulling on the bed linens. During an interview on 6/08/2026 at 1:31 a.m. with CNA 1, CNA 1 stated that she was assigned to Resident 1. CNA 1 reported that she was unaware that Resident 1 was on EBP due to stage 2 pressure injury and stated this was the reason she did not wear a gown while providing care and repositioning Resident 1. During an interview on 6/8/2026 at 2:01 p.m. with Infection Preventionist (IP) nurse, the IP nurse stated that Resident 1 was on EBP due to a pressure ulcer. IP nurse stated that staff were to wear PPE while performing all patient care and if they were not wearing proper PPE, they were putting all the other residents at risk for spread of infection. During a review of the facility's policy and procedure titled, Enhanced Barrier Precautions, revised 4/16/2026, indicated Staff must wear gloves, gowns, mask and eye protection as indicated when providing direct care. PPE is donned before entering the resident area and removed before leaving.		