

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

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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 07/21/2026
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 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to prevent a fall and injury for one of three residents (Resident 1) who had severely impaired cognition (resident had lost the ability to think, learn, remember, or make decisions to the point that resident cannot live independently and require full-time supervision or help with daily tasks like eating and dressing). The facility failed to ensure two or more nursing staff assisted Resident 1 when Certified Nursing Assistant (CNA) 1 repositioned (turned or moved a resident to a new position in bed) Resident 1 while providing bed bath (a care method used to clean a person who is unable to leave the bed), with no assistance from another staff, on 6/27/2026 at around 9:35 a.m. As a result, on 6/27/2026 around 9:35 a.m., Resident 1 rolled off the bed on the floor, face down, and sustained an abrasion (a superficial skin injury caused by the skin rubbing or scraping against a rough surface) with bleeding on the back of the head, a bump on the right eye, and laceration (a rough, jagged tear or cut in the skin and underlying soft tissue) on the left big toe. Resident 1 was transferred to General Acute Care Hospital (GACH) 1 on 6/27/2026 at 10:20 a.m. where Resident 1 was diagnosed with right supraorbital soft tissue hematoma (a collection of blood pools in the soft tissue just above the right eye, typically along the eyebrow arch [curved part of the eyebrow] or lower forehead) measuring 2.1 centimeters (cm - a unit of measurement) in length x (by 2.7 cm in width x 4 cm in depth and Resident 1's lacerations were repaired with nine staples (sterile metal clips doctors used to quickly hold the cut edges of skin together so the wound can heal). During a review of Resident 1's undated admission Record, the admission Record indicated the facility admitted Resident 1 on 1/26/2021 and readmitted on [DATE] with diagnoses including type 2 diabetes mellitus (the body's inability to process sugar), atelectasis (the complete or partial collapse of a lung [an organ responsible for breathing]), chronic myeloproliferative disease (a group of rare blood cancers [occurs when abnormal cells grow uncontrollably and spread to other parts of the body] where the bone marrow [the soft, spongy tissue found inside the center of large bones] produces too many red blood cells [a type of blood cell in the body]), hemiplegia (a form of paralysis [the loss of voluntary muscle function in one or more parts of the body] that affects one side of the body) and hemiparesis (weakness or partial paralysis) following cerebral infarction (when blood flow to an area of the brain is blocked), and muscle weakness. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 6/25/2026, the MDS indicated Resident 1 had severe impaired cognitive skills (a profound and persistent decline in memory, reasoning, language, and judgment that makes it impossible for a person to manage daily life without substantial help) for daily decision making and was dependent (helper does all of the effort and resident does none of the efforts to complete the activity or the assistance of two or more helpers is required for the resident to complete the activity) with staff with oral hygiene, toileting hygiene, shower and bathing, upper and (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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