

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: 555791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2026
NAME OF PROVIDER OR SUPPLIER The Gardens Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17650 Devonshire Street Northridge, CA 91325	
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 0555 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to choose his or her attending physician. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to respect the rights of five of eight sampled residents (Residents 1, 2, 3, 4, and 5) by:1. Failing to ensure Resident 1 and Resident 2's rights to choose their own attending physician (AP) were followed.2. Failing to ensure Residents 3, 4, and 5 were given an option to choose their own AP while at the facility. These failures violated the rights of Residents 1, 2, 3, 4, and 5 in choosing their own AP while at the facility. Findings:During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on [DATE], and readmitted on [DATE], with diagnoses that included diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing), and generalized muscle weakness. During a review of Resident 1's Skilled Nursing Facility (SNF) Transfer Order, dated [DATE], the SNF Transfer Order indicated Physician 1 as the Primary Care Provider (PCP). The SNF Transfer Order indicated Physician 1 will be the provider after the transfer to SNF. During a review of Resident 1's General Acute Care Hospital (GACH 1)'s Discharge summary, dated [DATE], the Discharge Summary indicated the Admitting Physician and Primary Care Provider of Resident 1 will be Physician 1. During a review of Administrators (ADM) Compliance Problem Complaints for Physician 1, dated 12/2025, The Compliance Problem Complaints for Physician 1 indicated on [DATE], ADM spoke to Physician 1 and notified Physician 1 that Resident 1 will be assigned to the facility's Medical Director (MD) as Resident 1's attending physician while in the facility for a total of 15 days. During a review of Resident 1's History and Physical (H&P- a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings), dated [DATE], the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated [DATE], the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were moderately impaired. During an interview on [DATE], at 3:09 p.m., with Physician 1, Physician 1 stated he (Physician 1) visited Resident 1 in the Skilled Nursing Facility (SNF) and the Administrator (ADM) informed him (Physician 1) that they will assign Resident 1 to a different Physician who was the MD per Resident 1's choice. Physician 1 stated he (Physician 1) was Resident 1's physician for 20 years. Physician 1 stated the ADM and him (Physician 1) had asked Resident 1 and Family Member 1 (FM 1) who both did not change the physician. During an interview on [DATE], at 4:08 p.m., with FM 1, FM 1 stated Resident 1 was admitted a month ago (11/2025) in the SNF before she (Resident 1) was readmitted on [DATE], and Physician 1 was her (Resident 1) AP at the SNF. FM 1 stated before Resident 1 was admitted in SNF, he (FM 1) got a call from admission Director (AD) and informed him (FM 1) that MD will be Resident 1's AP and not Physician 1. FM 1 stated he (Resident 1) replied that Physician 1 will be the AP. FM 1 stated he (FM 1) was clear to inform the AD that Physician 1 will be the main physician for Resident 1 and not the MD. FM 1 stated (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 0555 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	one day (FM 1 unable to remember exact date and time), he (FM 1) got a call from Resident 1, upset that he (FM 1) had allowed a change of physician. FM 1 informed Resident 1 that Physician 1 is still her (Resident 1) AP. FM 1 stated SNF insisted that he (FM 1) had authorized the change. FM 1 stated the AD was deceitful (mislead) that he (FM 1) had authorized the change. FM 1 stated he (FM 1) was on the speaker phone when the ADM and Physician 1 were in the room with Resident 1 and he (FM 1) had notified the ADM that he (FM 1) did not authorize the change. b. During a review of Resident 2's GACH 1 Internal Medicine Progress Notes, dated [DATE], the Internal Medicine Progress Notes indicated Physician 1 assessed and documented the Internal Medicine Progress Notes. During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on [DATE], with diagnoses that included history of falling, DM and generalized muscle weakness. During a review of Resident 2's H&P, dated [DATE], 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's cognitive skills for daily decisions were moderately impaired. During an interview on [DATE], at 3:09 p.m., with Physician 1, Physician 1 stated he (Physician 1) had another resident (Resident 2) who was about to be discharged to SNF and he (Physician 1) informed Resident 2 and FM 2 that he (Physician 1) might not be the physician in the SNF. FM 2 stated she (FM 2) will request Physician 1 to be the AP at the SNF. Physician 1 stated FM 2 notify him that the facility had revoked Physician 1's privileges from the SNF. During an interview on [DATE], at 3:29 p.m., with Resident 2, Resident 2 stated she (Resident 2) did not understand why she (Resident 2) was not allowed to keep Physician 1 as her (Resident 2) AP. Resident 2 stated SNF did not allow Physician 1 to visit her (Resident 2) in SNF. Resident 2 stated she (Resident 2) had tried and tried for SNF to allow Physician 1 to see her (Resident 2) but still not allowed Physician 1 to be her (Resident 2) AP. Resident 2 stated it is resident rights to choose who she (Resident 2) wanted to be her (Resident 2) Physician and she (Resident 2) was not allowed that. Resident 2 stated she (Resident 2) had nothing against the MD and the SNF but knows it is her (Resident 2) right to choose her (Resident 2) physician. c. During a review of Resident 3's admission Record, the admission Record indicated the facility admitted Resident 3 on [DATE], with diagnoses that included unspecified (unconfirmed) asthma (a long-term lung disease that causes your breathing tubes to swell and narrow), and generalized muscle weakness. The admission Record indicated Resident 3 was the Responsible Party (RP). During a review of Resident 3's H&P, dated [DATE], the H&P indicated Resident 3 had the capacity to understand and make decisions. During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3's cognitive skills for daily decisions were moderately impaired. During an interview on [DATE], at 8:35 a.m., with Resident 3, Resident 3 stated she (Resident 3) was not asked if she (Resident 3) can keep her (Resident 3) AP. Resident 3 stated when she (Resident 3) came at the SNF she (Resident 3) was already assigned to have the MD as her (Resident 3) AP. d. During a review of Resident 4's admission Record, the admission Record indicated the facility admitted Resident 4 on [DATE], with diagnoses that included uncomplicated asthma, generalized weakness and unspecified low back pain. The admission Record indicated Resident 4 was the Responsible Party (RP). During a review of Resident 4's H&P, dated [DATE], the H&P indicated Resident 4 had the capacity understand and make decisions. During a review of Resident 4's MDS, dated [DATE], the MDS indicated Resident 4's cognitive skills for daily decisions were moderately impaired. During an interview on [DATE], at 8:41 a.m., with Resident 4, Resident 4 stated she (Resident 4) was not asked if she (Resident 4) wanted to keep her (Resident 4) AP. Resident 4 stated she (Resident 4) was just informed that whoever was the physician at the SNF will be her (Resident 4) AP. Resident 4 stated it would have been better if had her (Resident 4) AP as her (Resident 4) AP at the SNF too. e. During a (continued on next page)		

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F 0555 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	review of Resident 5's admission Record, the admission Record indicated the facility admitted Resident 5 on [DATE], with diagnoses that included hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness on just one side of the body) following cerebral infarction (brain tissue has died because a blocked blood vessel prevented blood and oxygen from reaching it) affecting the right dominant side, essential hypertension (HTN-high blood pressure) and need assistance with personal care. The admission Record indicated Resident 5 was the Responsible Party (RP).During a review of Resident 5's H&P, dated [DATE], the H&P indicated Resident 5 had the capacity to understand and make decisions.During an interview on [DATE], at 8:42 a.m., with Resident 5, Resident 5 stated he (Resident 5) was not asked if he (Resident 5) wanted to keep his (Resident 5) AP here at the SNF. Resident 5 stated when he (Resident 5) got in the SNF, he (Resident 5) was already assigned to a physician. Resident 5 stated he (Resident 5) had never met the assigned physician to him yet.During an interview on [DATE], at 9:57 a.m., with the AD, the AD stated once they received referral from GACH, they reviewed, verify insurance and benefits, and communicate referral to nursing department and proceed with the admission process. The AD stated if the residents AP is not their physician, it is their standard practice to assign to their MD. The AD stated he (AD) does not ask if residents have a preferred AP unless it is requested upon. The AD stated he (AD) does not give residents option to choose the AP unless the GACH endorses that information. The AD stated he (AD) was just following orders from the ADM on who will be the assigned AP for the residents. The AD stated it is the facility's standard to have their MD as the residents AP. The AD stated Physician 1 was allowed before to see residents in the SNF but due to compliance issues Physician 1 cannot oversee residents in the facility. The AD stated there was no change in the physician after Resident 2 requested Physician 1 because the admission was already processed under the MD. The AD stated Resident 2 was admitted to the facility under MD and Resident 2 requested Physician 1 as the AP on 4/2026. The AD informed FM 2 that if they want Physician 1 to be the AP, SNF would do a lateral transfer (move residents to another facility) where Physician 1 can see Resident 2. The AD stated Resident 2 and FM 2 agreed to stay in the SNF under the MD. The AD stated he (AD) did the admission inquiry and FM 2 had mentioned Physician 1 as the AP and he (AD) had spoken to FM 2 that MD will be Resident 2's AP.During an interview on [DATE], at 10:29 a.m., with the ADM, the ADM stated the MD was assigned to residents unless the AP is going to be following the residents in the SNF. The ADM stated Physician 1 did not have privileges in the facility since 12/2025 after admitting Resident 1. The ADM stated we had our MD coordinate care with Physician 1 for Resident 1 and Resident 2. The ADM stated Resident 1 and Resident 2 were offered lateral transfer for them to keep Physician 1 as their AP. The ADM stated the residents decided to stay. The ADM stated Resident 2's admission was missed, we did not know that she (Resident 2) was under Physician 1. The ADM stated the SNF do not want Physician 1's residents here in the facility.During a concurrent interview and record review on [DATE], at 10:35 a.m., with the Director of Nursing (DON), facility's policy and procedure (P&P), titled, Resident Rights, dated 2/2021, and last reviewed on [DATE], the P&P indicated, Employees shall treat all residents with kindness, respect and dignity. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents right to: . s. choose an attending physician. The DON stated Resident 1 and Resident 2 were given an option for lateral transfer so Physician 1 can visit them. The DON stated there was no documented evidence that Resident 2 was offered the lateral transfer. The DON stated residents should be given the option to choose their AP as indicated in their policy as residents right.		