

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2024
NAME OF PROVIDER OR SUPPLIER  Canyon Oaks Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  22029 Saticoy Street Canoga Park, CA 91303	

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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>42275</p> <p>Based on interview and record review, the facility failed to develop a person-centered care plan (a document designed to facilitate communication among members of the care team that the summarizes a resident ' s health conditions, specific care needs, and current treatments) for one of three sampled residents (Resident 1) to address Resident 1 ' s gastrointestinal atony (inability of the stomach to contract normally, causing a delay in the movement of food out of the stomach).</p> <p>This deficient practice had the potential to result in a delay or lack of delivery of care and services and placed Resident 1 at risk for hospitalization .</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record indicated the facility originally admitted the resident on 10/9/2023 and readmitted Resident 1 on 12/23/2023 with diagnoses that included pneumonia (an infection of the lungs) and cerebral infarction (also known as a stroke, refers to damage to tissues in the brain due to a loss of oxygen to the area).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS- a standardized assessment and screening tool) dated 10/22/2023, indicated that Resident 1 ' s cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact. The MDS further indicated that Resident 1 was dependent on staff with toileting hygiene, shower, and bathing; lower body dressing, bed mobility and transfer; and required maximum assistance with eating and personal hygiene.</p> <p>During a review of Resident 1's Physician ' s Order dated 12/14/2023, an order was noted that indicated to obtain a stat (immediately) Kidney, Ureter, and Bladder (KUB) X-radiation (the process of taking pictures or images of the inside of the body) to assess the abdominal area for Resident 1 ' s stomach pain.</p> <p>During a review of Resident 1's KUB X-ray Interpretation Report dated 12/14/2023, the report indicated that Resident 1 was affected with ileus (a temporary condition where the intestine can't push food and waste out of the body).</p> <p>(continued on next page)</p>

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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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Progress Notes dated 12/14/2023, timed at 7:53 p.m., indicated Resident 1 ' s physician was notified of the KUB report and stated that Resident 1 needed to mobilize (move) more.</p> <p>During a concurrent interview and record review with the Assistant Director of Nursing (ADON) on 7/18/2024 at 4:40 p.m., the ADON reviewed Resident 1's Physician Order for KUB X-ray dated 12/14/2023, the KUB X-ray interpretation report dated 12/14/2023, and Resident 1 ' s care plans from 12/14/2023 to 7/18/2024. The ADON stated that the facility did not develop a comprehensive care plan for Resident 1's condition of ileus.</p> <p>During a review of the facility policy and procedures titled Care Plans, Comprehensive Person-Centered, revised 03/2022, last reviewed on 7/17/2024, indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident . Reflects currently recognized standards of practice for problem areas and condition Assessment of residents are ongoing and care plans are revised as information about the resident and the residents ' conditions change.</p>