

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555574	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER STONEY POINT HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 21820 CRAGGY VIEW ST. CHATSWORTH, CA 91311	
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 - Few	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 ensure the resident's right to choose an attending physician was honored for one (1) of three (3) residents (Resident 1), reviewed for the care area resident rights. This deficient practice resulted in the violation of resident's rights to choose an attending physician of their choice. Findings: A review of Resident 1's Face Sheet (admission record) indicated the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- an assessment and care screening tool) dated 4/12/19, indicated the resident usually has the ability to understand others and usually has the ability to make self understood. During an interview, on 1/30/20 at 10:20 a.m., Resident 1 stated that she requested for a change in physician in 09/19. Resident 1 stated the facility changed the Attending Physician 1 (AP 1) initially to Attending Physician 2 (AP 2) then reassigned AP 1 back to her. During a concurrent interview, and record review, on 1/30/20 at 11:50 a.m., Registered Nurse 1 (RN 1) verified the following: -On 8/30/19, Resident 1 requested a change of Attending Physician from AP 1 to a different physician. -On 12/5/20, the request for a change of Physician was met by facility. -On 1/22/20, AP 1 was reassigned back to Resident 1. -On 1/30/20, at 11:50 a.m., AP 1 is still assigned to Resident 1. RN 1 stated he did not know why this incident had occurred and stated he is unable to find any documentation of why the physician was reassigned to the resident without being provided a notice of the change. A review of the facility's policy and procedure titled, Designation of a Personal Physician, revised 2/08, indicated Residents of the facility have the right to choose a personal Attending Physician.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.