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June, 21, 2024

Letter 8

**IMPORTANT NOTICE – PLEASE READ CAREFULLY**  
**ENFORCEMENT CYCLE START DATE: April 19, 2024**

Administrator  
Chatsworth Park Health Care Center  
10610 Owensmouth  
Chatsworth, CA 91311

Dear Administrator:

**On June 6, 2024, a first revisit for Health Recertification Survey** was conducted at your facility by the California Department of Public Health, Center for Health Care Quality, to verify if your facility achieved and maintained compliance with federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. However, based on CDPH's revisit conducted on June 6, 2024, your facility is not in substantial compliance with the following participation requirement(s):

F656, F689, F758, F812, and F 842

The enclosed Centers for Medicare and Medicaid Services (CMS) form, entitled "Statement of Deficiencies and Plan of Correction" (CMS-2567), documents the deficiencies of participation requirements identified during this visit. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations (CFR).

**Plan of Correction (POC)**

A POC for the deficiencies must be submitted within **ten (10) days from receipt of the**

**CMS- 2567.** Failure to submit an acceptable POC by the due date may result in termination of your provider agreement or imposition of alternate remedies by the CMS and/or State Medicaid.

Please submit the POC in the same method in which you received the CMS-2567 (i.e., ePOC, RSS, or mail).

**For abbreviated standard surveys conducted in the RSS complaint/FRI survey application,** please follow the instructions below for submitting the signed CMS 2567 and POCs to CDPH electronically through RSS.

1. In RSS, select the "Details" tab to review the cover letter and download a copy of the CMS 2567, which you will need to sign and upload in the next step. This will send the signed CMS 2567 back to CDPH electronically, without the need to mail or email it.
2. The "People" tab, "Responsible People" section provides the list of persons at the facility who have access to the investigation and can submit Plans of Correction for deficiencies.
3. The "Incidents" tab lists deficiencies identified that require the submission of a Plan of Correction.
4. To enter a Plan of Correction:
  - a. Select the deficiencySelect the blue "Resolve" button  
Select the paper clip icon to attach the signed copy of the CMS 2567 with Plan of Correction.  
In addition, open a "Comments" field, copy and paste the Plan of Correction into the field. Please enter the Plan of Correction in the "Comments" field only if it is ready to be sent, not a draft in progress, as clicking "Save" will send the Plan of Correction to CDPH.  
Select Save
5. If there are multiple deficiencies, repeat the steps above for each deficiency.

Your POC must be submitted on the enclosed CMS-2567 form, and must contain the following:

- How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur;

- How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system; and
- Include dates when corrective actions will be completed. The corrective action completion dates must be acceptable to the State Agency.

### **Recommended Remedies**

The recommended remedies for imposition include the following:

**[X] Civil Money Penalty**

**[X] Termination effective October 19, 2024. (\$488.456)**

### **Imposed Remedies:**

The following remedies are imposed:

### **PREVIOUS RECOMMENDATIONS CONTINUE**

**New deficiencies are [Federal Tags: F656 (S/S-D), F689 (S/S-D), F758 (S/S-D), F812 (S/S-D) and F842 (S/S-D)].**

Based on the facility's **continued noncompliance**, as authorized by CMS, the California Department of Public Health is imposing the following previously imposed remedy to be continued:

**[X] Discretionary Denial of Payment for New Medicare and/or Medicaid Admissions, effective May 18, 2024.**

Please refer to the remedies in the **previous Enforcement Letter dated May 3, 2024.**

### **Appeal Rights**

If you disagree with the **determination of noncompliance (and/or substandard quality of care, if applicable)**, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board. Procedures governing this process are set out in 42 CFR §498.40, et. seq. You may appeal the finding of noncompliance that led to an enforcement action, but not the enforcement action or remedy itself. A written request for hearing must be filed no later than 60 days from the date of receipt of this letter. Such written request should be made **directly** to:

**Attention: Ms. Karen Robinson  
Departmental Appeals Board  
Civil Remedies Division  
Cohen Building, Room G-644  
330 Independence Avenue S.W.  
Washington, D.C. 20201**

A request for hearing should identify specific issues, and the findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. You may be represented at a hearing by counsel at your own expense.

Be sure to include a copy of this letter with your request to the Departmental Appeals Board. In addition, please forward a **copy of your request** to:

**Attention: Dara Graham  
Long Term Care Branch  
Division of Survey and Certification  
Centers for Medicare & Medicaid Services  
90 7<sup>th</sup> Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707**

**Alternatively, you can file your appeal electronically at the Departmental Appeals Board Electronic Filing System Web site (DAB E-File) at <https://dab.efile.hhs.gov>.**

To file a new appeal using DAB E-File, you first need to register a new account by: (1) clicking **Register** on the DAB E-File home page; (2) entering the information requested on the "Register New Account" form; and (3) clicking **Register Account** at the bottom of the form. If you have more than one representative, each representative must register separately to use DAB E-File on your behalf.

The e-mail address and password provided during registration must be entered on the login screen at [https://dab.efile.hhs.gov/user\\_sessions/new](https://dab.efile.hhs.gov/user_sessions/new) to access DAB E-File. A registered user's access to DAB E-File is restricted to the appeals for which he or she is a party or authorized representative. Once registered, you may file your appeal by:

[-Clicking the **File New Appeal** link on the Manage Existing Appeals screen, then clicking Civil Remedies Division on the File New Appeal screen.

And,

-Entering and uploading the requested information and documents on the "File New Appeal-Civil Remedies Division" form.

At minimum, the Civil Remedies Division (CRD) requires a party to file a signed request for hearing and the underlying notice letter from CMS that sets forth the action taken and the party's appeal rights. All documents must be submitted in Portable Document Format ("PDF"). Any document, including a request for hearing, will be deemed to have been filed on a given day, if it is uploaded to DAB E-File on or before 11:59 p.m. ET of that day. A party that files a request for hearing via DAB E-File will be deemed to have consented to accept electronic service of appeal-related documents that CMS files, or CRD issues on behalf of the Administrative Law Judge, via DAB E-File. Correspondingly, CMS will also be deemed to have consented to electronic service. More detailed instructions on DAB E-File for CRD cases can be found by clicking the CRD E-File Procedures link on the File New Appeal Screen for CRD appeals.

If you choose to file your appeal electronically, please also send a copy of the hearing request to:

**Attention: *Dara Graham***  
**Long Term Care Branch**  
**Division of survey and Certification**  
**Centers for Medicare & Medicaid Services**  
**90 7th Street, Suite 5-300 (5W)**  
**San Francisco, CA 94103-6707**

### **Allegation of Compliance**

If you believe these deficiencies have been corrected, you may submit your POC as your allegation of compliance to **Jayson Habacon, Supervisor of Region 2B-C, California Department of Public Health, Center for Health Care Quality, at 14500 Roscoe Blvd., 6-th Floor, Panorama City, CA 91402.** We may accept your POC as your allegation of compliance and presume compliance until substantiated by a revisit. The CMS Regional Office may impose revised remedy(ies), based upon changes in the seriousness of the noncompliance at the time of the revisit, if appropriate.

### **Informal Dispute Resolution**

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and relevant information (evidence) as to why you are disputing those deficiencies, to **Suzette Leverett-Clark, Chief of Health Facilities Inspection Division, California Department of Public Health, Center for Health Care Quality, via email to [CDPH-LA-County-DisputeRequest@cdph.ca.gov](mailto:CDPH-LA-County-DisputeRequest@cdph.ca.gov).**

This request must be sent during the same ten (10) days you have for submitting a POC for the cited deficiencies. An informal dispute resolution for the cited deficiencies will not delay the imposition of the recommended enforcement actions. A change in

the seriousness of the noncompliance may result in a change in the remedy selected. When this occurs, you will be advised of any change in remedy.

**Should CMS determine that termination or any other remedy is warranted, they will provide you with a separate formal notification of that determination.**

If you have any questions concerning this letter, please contact Jayson Habacon, Supervisor, at (818) 672-2900.

Sincerely,

Suzette Leverett-Clark, RN, MSN  
Chief, Health Facilities Inspection Division



Jayson Habacon, BSN, RN  
Supervising Health Facilities Evaluator Nurse  
Health Facilities Inspection Division  
Region 2B-C, North District  
14500 Roscoe Blvd. 6<sup>th</sup> Floor  
Panorama City CA 91402  
Tel: (818) 672-2900  
Fax: (818) 221-3404

JH/he

Enclosure: CMS-2567