

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055060	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/29/2024
NAME OF PROVIDER OR SUPPLIER Westwood Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 12121 Santa Monica Boulevard Los Angeles, CA 90025	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>43454</p> <p>Based on observation, interview, and record review the facility failed to maintain safe and functional area to prevent the infestation of roaches and provide a clean environment in one of one staff ' s breakroom in the facility.</p> <p>This deficient practice had the potential to negatively impact the psychosocial wellbeing of the staffs.</p> <p>Findings:</p> <p>During a concurrent observation and interview with Maintenance Supervisor (MS) on 3/29/2024 at 9:35 a.m. in the staff ' s breakroom on the lower level, observed multiple dead roaches under the sink. Observed dirty ground, dusty floors with the dead roaches with baits under the sink. MS stated, it appears that the roaches has been dead for quite a long time, and it has not been cleaned. MS stated, it should have been cleaned and they should remove the dead roaches.</p> <p>During an interview with Administrator (ADM) on 3/29/2024 at 12:06 p.m., ADM stated, he will make sure that the Maintenance Staffs and Housekeeping staffs will clean the staff ' s breakroom and remove the dead roaches.</p> <p>A review of the facility ' s policy and procedures (P&P) titled, Pest Control, reviewed on 1/26/2024 indicated, To ensure the facility is free of insects, rodents, and other pests that could compromise the health, safety, and comfort of residents, facility staffs and visitors.</p> <p>A review of the facility ' s P&P titled, Housekeeping - General, reviewed on 1/26/2024 indicated, To ensure that the facility is clean, sanitary, and in good repair at all times so as to promote the health and safety of residents, staff, and visitors . Floor cleaning procedures are as follows: vacuum or sweep floor thoroughly, paying close attention to corners and areas near or under furniture.</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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