STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055060	A. Building B. Wing	09/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Post Acute Care	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454 Based on interview and record review, the facility failed to ensure resident received treatment and care in accordance with professional standards of practice for one of three sampled residents, Resident 1 by failing to implement facility ' s policy and procedures (P&P) titled, Death of a Resident when Resident 1 expired on [DATE]. This deficient practice placed Resident 1 in incomplete assessment and documentation required per facility ' s policy and procedure upon death. Findings: A review of Resident 1 ' s Admission Record indicated resident was admitted to the facility on [DATE] with diagnoses including hypertension (HTN - elevated blood pressure), diabetes mellitus (DM-a chronic condition that affects the way the body processes blood sugar [glucose]) and dementia (loss of cognitive functioning-thinking, remembering, and reasoning). A review of Record of Death, indicated, Resident 1 passed away on [DATE] at 9:48 a.m. A review of Resident 1 ' s Medical Record (electronic and paper charting) as of [DATE] indicated, there was no Nurse ' s notes regarding Resident 1 ' s death. A concurrent interview and record review of Resident 1 ' s medical record with Director of Nursing (DON) on [DATE] at 1:54 p.m., DON stated and confirmed, there was no notes when Resident 1 passed away on [DATE]. DON stated, there should be documentation recorded what happened on that day. DON further stated, Resident 1 was admitted on hospice care but there should still be receiving the proper care and treatment including a complete documentation should be recorded. During a review of the facility ' s policy and procedures (P&P) titled, Death of a Resident, reviewed on [DATE], the P & P indicated, All documentation pertaining to the resident ' s death, including the official pronouncement of death, communication with the resident ' s family/surrogate, communication with state agencies, and communication with the funeral home will be maintained in the medical record.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454 Based on observation, interview, and record review, the facility failed to follow their infection control policy and procedure (P&P) and implement the comprehensive care plan for one of two sampled resident (Resident 4) by failing to provide education about transmission-based precaution and offer personal protective equipment (PPE-a barrier precaution which includes the use of gloves, gown, mask, face shield, when anticipating coming in contact with blood, body fluids or other communicable toxins or agents) use to the visitor of Resident 4. This deficient practice had the potential to spread infection to the residents, visitors, and the community. Findings: A review of Resident 4 Admission Record indicated the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included hemiplegia (loss of strength in the arm, leg, and sometimes the face on one side of the body) and hemiparesis (loss of use in the arm, leg, and sometimes the face on one side of the body) following cerebral infarction (stroke), chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe) and type II diabetes mellitus (DM-a chronic condition that affects the way the body processes blood sugar [glucose]). A review of Resident 4's Minimum Data Set (MDS - a comprehensive standardized assessment and care-screening tool) dated 8/26/2024, indicated Resident 4 ' s cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was mildly impaired for daily decision-making. A review of Resident 4 ' s Care Plan for at risk for COVID-19 infection related to exposure to corona virus (COVID-19: an infectious disease that can cause respiratory illness in humans), initiated on 9/11/2024 indicated an intervention that include, to provide education to resident/responsible party regarding special care needs. During an observation with Resident 4 on 9/17/2024 at 11:32 a.m., Resident 4 ' s room/door was observed with a droplet precaution signage (necessary when a patient infected with a pathogen, such as influenza, is within three to six feet of the patient. Infections are transmittable through air droplets by coughing, sneezing, talking, and close contact with an infected patient's breathing). Resident 4 ' s family member 1 (FM 1) was observed inside Resident 4 ' s room now wearing any PPE. During an interview with FM 1 on 9/17/2024 at 11:40 a.m., FM 1 stated, Resident 4 was moved to another room because she (Resident 4) was exposed with COVID-19 infection. FM 1 was not wearing any PPE while assisting Resident 4 inside the room. FM 1 stated, she was not provided with any PPE, and no one told her that she needed to wear PPE while inside Resident 4 ' s room. FM 1 further stated, she does not know the reason why PPE is required inside the room. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with Licensed Vocational Nurse 1 (LVN 1) on 9/17/2024 at 11:42 p.m., LVN 1 stated, Resident 4 was exposed to COVID-19 and therefore, is under droplet precaution while on monitoring for any signs and symptoms of COVID-19. LVN 1 stated, all staff and visitors must wear PPE before going in the room, including visitors and they must be educated on the importance of wearing PPE. LVN 1 stated, if not following infection precaution guidelines, this put risk of spreading infection to others. During an interview with the Infection Preventionist Nurse (IPN) on 9/17/2024 at 1:36 p.m., IPN stated, visitors must be educated about COVID-19 and wearing PPE when visiting residents who are on isolation precaution room. During a review of the facility's policy and procedures (P&P) titled, Management of COVID-19, reviewed on 8/22/2024, the P & P indicated, Transmission Based Precautions may include wearing an N95 respirator upon entry into the patient ' s room or while in a designated area for isolation or quarantine, in addition to the recommended personal protective equipment and keeping the door to the patient ' s room closed . For those permitted entry, the visitor must pass all self-screening criteria: Instruct visitor to frequently perform hand hygiene, minimize interactions with others in the facility and surfaces touched, restrict the visit to the patient ' s room or other location designated by the Center . must wear a facemask while in the facility .