

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055060 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>10/01/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Westwood Post Acute Care |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>12121 Santa Monica Boulevard<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43454</p> <p>Based on interview and record review, the facility failed to ensure prompt attempt was made to resolve grievances for one of six sampled residents (Resident 6).</p> <p>This deficient practice violated Resident 6 ' s right to have grievances addressed.</p> <p>Findings:</p> <p>A review of Resident 6 ' s Admission Record indicated Resident 6 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles) following cerebral infarction (also called ischemic stroke, a cerebral infarction occurs as a result of disrupted blood flow to the brain due to problems with the blood vessels that supply it) affecting right non-dominant side and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>A review of Resident 6 ' s History and Physical (H&amp;P) dated 6/20/2024 indicated, Resident 6 cannot make own decisions but can make needs known.</p> <p>During a review of the Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/27/2024, indicated Resident 6's cognitive skill (mental action or process of acquiring knowledge and understanding) for daily decision-making were intact and required moderate assistance from staff for activities of daily living (ADL-sit to lying, sit to stand, toilet transfer and walking 10 feet).</p> <p>A review of Resident 6 ' s Care Plan (CP) for limited physical mobility (r/t) weakness, initiated on 9/20/2024 indicated a goal of resident (6) will maintain current level of mobility: able to walk with walker unassisted, 1 person assist for 15 feet (ft - unit of measurement) through review date.</p> <p>A review of Resident 6 ' s Inventory List, indicated there was a red (color) walker that was included on the list, the Inventory List does not have a date when it was initiated and no signature of Resident 6 and/or Resident 6 ' s Representative on the form.</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 |
|---|-------|-----------|

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055060   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>10/01/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Westwood Post Acute Care   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>12121 Santa Monica Boulevard<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an interview with Resident 6 on 10/1/2024 at 1:15 a.m., Resident 6 stated, she was sent to the hospital on and was readmitted on [DATE]. Resident 6 stated, when she came back, her own walker was not in her room anymore. Resident 6 stated, she has her own walker that has a pocket and inside the pockets, it has her personal documents and blank checks. Resident 6 stated, she told the nurses about it, and she had not heard what happened to her own walker.</p> <p>A review of the facility ' s Grievances Form as of 10/1/2024 indicated, there was no Grievance Form initiated and completed for Resident 6.</p> <p>A review of Resident 6 ' s Progress Notes as of 10/1/2024 indicated, there was no nursing notes and social services notes regarding Resident 6 ' s report of missing or stolen walker.</p> <p>During an interview with Licensed Vocational Nurse 1 (LVN 1) on 10/1/2024 at 12:20 p.m., LVN 1 stated, Resident 6 mentioned to her that her own walker was missing upon readmission from hospital on 9/24/2024.</p> <p>During an interview with Social Services Director (SSD) on 10/1/2024 at 11:51 a.m., SSD stated, she was aware of Resident 6 ' s report of missing walker during readmission on 9/24/2024. SSD stated, she asked the rehabilitation department if there was any walker that belong to Resident 6. SSD stated, she has not looked into Resident 6 ' s inventory list and had not started the theft and loss report because she is still waiting for the rehabilitation department if they find Resident 6 ' s walker. SSD stated, she would only initiate the theft and loss report once they identify that Resident 6 brought her own walker. SSD further stated grievance form was not completed as well and she does not have to do grievance report for any theft and loss report from residents and/or family members. SSD stated, she did not document that Resident 6 ' s reported her missing walker.</p> <p>During an interview with Director of Nursing (DON) on 10/1/2024 at 4:08 p.m., DON any theft and loss report should be investigated as soon as possible once report was received. DON stated, the inventory list should have been completed with date and signature upon admission so that they can ensure that residents ' belongings are listed and documented. DON further stated, a grievance and theft and loss report should have initiated upon Resident 6 report of missing or stolen walker.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Grievances and Complaints, reviewed on 9/26/2024, the P&amp;P indicated, Any resident, representative, family member, or appointed advocate may file a grievance or complaint concerning treatment, medical care, behavior of other residents, facility staff, etc., without fear of threat or reprisal in any form .Upon receiving a grievance/complaint report, the Grievance Official or designee provides a copy of the grievance/complaint report to the appropriate department manager to begin the investigation, and subsequent resolution . Social Services department will maintain copies of resident grievance/complaint reports for three years from the date of grievance decision.</p> <p>(continued on next page)</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055060 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>10/01/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Westwood Post Acute Care |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>12121 Santa Monica Boulevard<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|--|---|
| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a review of the facility ' s P&amp;P titled, Theft and Loss, reviewed on 9/26/2024, the P&amp;P indicated, The facility investigated all reports of stolen items, reports to authorities as required by law, and maintains documentation of all reports of lost or stolen property . At the time of admission and discharge, Facility staff complete a Resident Inventory . Items brought into the Facility after admission, are added to the Resident Inventory at the request of the resident or his/her representative . When property is reported missing, the staff will immediately begin a search for the missing property. A theft and Loss report is to be initiated. The forms are available at the nurse ' s station and in Social Services office. The completed Theft and Loss report should be given to Social Services staff for further investigation and resolution.</p> |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055060   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>10/01/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Westwood Post Acute Care   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>12121 Santa Monica Boulevard<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</b></p> <p>Based on interview and record review, the facility failed to effectively manage a resident's pain by not following physician ' s order for one of two sampled residents (Resident 2).</p> <p>This deficient practice resulted in Resident 2 experienced unnecessary pain.</p> <p>Findings:</p> <p>A review of Resident 2's Admission Record indicated resident was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including malignant neoplasm of stomach (a tumor that has developed from unhealthy cells in the stomach lining), muscle weakness and dysphagia (difficulty swallowing).</p> <p>A review of Resident 2 ' s History and Physical (H&amp;P), dated 9/23/2024, indicated, physician plan is for Resident (2) to continue Norco (is used to relieve moderate to severe pain) every six hours as needed for pain and Resident 2 has a potential negative impact on therapy due to pain.</p> <p>A review of the Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 9/12/2024, indicated Resident 2's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision-making were intact and required moderate assistance from staff for activities of daily livings (ADLs- toileting hygiene, shower/bathing self, upper and lower body dressing, and personal hygiene).</p> <p>A review of Resident 2 ' s Order Summary Report, dated 9/25/2024, indicated physician ordered the following:</p> <p>i. Assess for pain every shift and chart intensity of pain using 1-10 numeric pain scale (0= no pain, 1-4= mild pain, 5-7= moderate pain, 8-9=severe pain, 10= excruciating pain. Non-Pharmacological Interventions: A-Heat, B-Re-positioning, C-Relaxation Breathing, D-Food/Fluids, E-Massage, F-Exercise, G-Immobilization of Joints, H-Other (Document in Nurses note) N-Not Needed, every shift.</p> <p>ii. Norco Oral Tablet 5-325 milligram (MG - unit of measurement) - Give 1 tablet by mouth every 6 hours as needed for Moderate to Severe Pain (5-9/10 Pain Scale).</p> <p>During an interview with Resident 2 on 10/1/2024 at 10:33 a.m., Resident 2 stated, he had a recent surgery, and they removed his stomach due to cancer and he experiences pain throughout the day. Resident 2 stated, he would request his Norco every six hours as ordered by his physician, but the nurses has not been administering his pain medications on time. Resident 2 stated, he has a hard time doing his rehabilitation therapy due to pain.</p> <p>A review of Resident 2 ' s medication administration records (MAR - a daily documentation record used by a licensed nurse to document medications given to a resident) for the month of September indicated to assess for pain every shift and chart intensity of pain and intervention documented as:</p> <p>i. 9/16/2024 at night shift -pain level was 8/10: intervention indicated, N/A (not applicable)</p> <p>(continued on next page)</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055060 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>10/01/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Westwood Post Acute Care |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>12121 Santa Monica Boulevard<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|--|---|
| <p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>ii. 9/22/2024 at night shift - pain level of 8/10: intervention indicated, N/A (not applicable).</p> <p>During a concurrent interview with Assistant Director of Nursing (ADON) and record review of Resident 2 MAR on 10/1/2024 at 3:02 p.m., ADON stated, Resident 2 ' s MAR indicated, Resident 2 ' s pain level of 8/10 indicated severe pain and the licensed nurse should have indicated what type of intervention was provided to resident when he reported 8/10 pain level. ADON reviewed Resident 2 ' s MAR for Norco and indicated, Norco was not given to Resident 2 during the night shift on 9/16/2024 at 9/22/2024. ADON stated, when Resident 2 reported a pain level of 8/10, the nurse should have administered Norco.</p> <p>During an interview with Director of Nursing (DON) on 10/1/2024 at 4:19 p.m., DON stated, pain level of 8/10 indicated severe pain and when a resident reported severe pain, the licensed nurse should provide interventions according to physician ' s order.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Pain Management, reviewed on 9/26/2024, the P&amp;P indicated, The licensed nurse will administer pain medication as ordered and document medication administered on the MAR . The Licensed Nurse will document resident's pain level and response to interventions in the medical record.</p> |