

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  10/21/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45524</b></p> <p>Based on observation, interviews, and record review the facility failed provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of diseases for three out of four residents (Residents 1, 3, and 4) by failing to ensure:</p> <ol style="list-style-type: none"> <li>1. To assess Residents 1, 3 and 4 ' s skin rash.</li> <li>2. To place Residents 1, 3, and 4 on contact precautions due to the presence of an unidentified rash.</li> <li>3. Failing to notify Resident 3's physician that the treatments ordered were not effective.</li> </ol> <p>These deficient practices had the potential to spread infection to the residents, visitors, and the community.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included dysphagia (difficulty swallowing), encephalopathy (a disease in which the functioning of the brain is affected by some agent or condition-such as viral infection or toxins in the blood), and cognitive communication deficit (occurs when a person has communication problems caused by issues with a cognitive process, rather than issues with speech or language. Some examples of cognitive processes include attention and concentration, memory, executive functioning, problem-solving, and reasoning).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 10/10/2024, indicated the resident 1 had severe cognitive impairment (a condition where a person has difficulty with memory, learning, concentration, and decision-making that affects their daily life). The MDS indicated Resident 1 required between partial/moderate assistance and dependent for Activities of Daily Living such as toileting hygiene, shower/bathe self, putting and taking off footwear, personal hygiene, and upper and lower body dressing.</p> <p>During a review of Resident 1 ' s History and physical (a term used to describe a physician's examination of a patient. In an H&amp;P, the physician obtains a thorough medical history from the patient, performs a physical examination, and then documents their findings) dated 6/4/2024 indicated Resident 1 had memory loss and lacked capacity to make medical decisions.</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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation of Resident 1 and interview with Certified Nursing Assistant (CNA) 2 on 10/21/24 at 9:15 am, CNA 2 confirmed Resident 1 was scratching her arms and thighs and had healed scars to both her arms. Resident 1 had red, raised scaly rashes to both her lower legs.</p> <p>During a review of Resident 3 ' s admission record indicated Resident 3 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), hemiplegia &amp; hemiparesis (total paralysis of the arm, leg, and trunk on the same side of the body), and hyperlipidemia (abnormally high levels of fats in the blood).</p> <p>During a concurrent observation and interview with Resident 3 on 10/21/2024 at 10:20 am, Resident 3 was observed to be constantly scratching his arms, chest, abdomen and attempting to scratch his back and thighs but was unable to reach. Resident 3 was observed to have red raised, scaly rashes all over his chest, abdomen, arms hands, thighs, legs, feet, and back. There was burrowing (refers to the tunnels created by mites such as scabiei var hominis when they dig into the top layer of the skin to lay eggs) noted to Resident 3 ' s hands and feet. Resident 3 stated that the itching was very bad as he continuously scratched all over his torso and arms. Resident 3 looked at this surveyor with a sad face and stated, please help me get some sort of medication to stop this itching.</p> <p>During a review of the dermatologist (MD 1- a medical practitioner specializing in the diagnosis and treatment of skin disorders) noted dated 10/25/2024 indicated, Resident 3 was seen for an itchy rash that was located throughout his body. The rash was described as nodular, red, scaly, moderate in severity and had it for months. The same note indicated Resident 3 had a history of not sleeping due to the itching. The same note indicated the impression/Plan included, erythematous eczematous patches (red, itchy skin lesions that are a characteristic of eczema), linear burrows (tiny, raised, grayish-white, or flesh-colored lines on your body. They're caused by the mites digging their way into your skin), and scabietic nodules (rare, severe form of scabies that appear as firm, itchy, red bumps on the skin) located on the body throughout.</p> <p>During a review of Resident 4 ' s admission record indicated Resident 4 was admitted to the facility on [DATE] with diagnoses that included Acute Respiratory Failure (a condition where there's not enough oxygen or too much carbon dioxide in your body) with hypoxia (low levels of oxygen in your body tissues), hypertension (HTN - elevated blood pressure), and dysphagia.</p> <p>During a review of Resident 4 ' s MDS dated [DATE] indicated Resident 4 had severe cognitive impairment. The MDS indicated Resident 4 required between supervision or touching assistance to partial/moderate assistance for toileting hygiene, shower, upper and lower body dressing, personal hygiene, and upper &amp; lower body dressing.</p> <p>During a concurrent observation and interview with Resident 4 on 10/21/24 at 9:09 am, Resident 4 was observed sitting in his wheelchair as he was slowly wheeling himself from the bathroom where Certified Nursing Assistant (CNA) 1 had just finished assisting him. Resident 4 was observed to have red, raised, nodular rashes with some healed scars all over his torso, arms, hands, thighs, legs, and feet. Resident was observed continuously scratching and stated that he could not even remember when he developed the rash. Resident 4 stated that he might have been given a special bath but could not remember what the special bath consisted of but that it had not helped at all.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 4 ' s COC dated 10/21/2024 at 6:05 pm indicated, Resident 4 complained about itching and was noted to have a rash to his abdomen, hips, and left buttocks.</p> <p>During a review of MD 1 note dated 10/25/2024 indicated, Resident 4 was seen for an itchy rash that was located throughout his body. The rash was described as nodular, red, scaly, moderate in severity and had it for months. The same note indicated Resident 4 had a history of not sleeping due to the itching. The same note indicated the impression/Plan included, erythematous eczematous patches, linear burrows, and scabietic nodules located on the body throughout.</p> <p>During a concurrent interview and record review of Resident 3 ' s chart with the Director of Nursing (DON) on 10/21/24 1:16 pm, the DON stated that Resident 3 was thought to have an allergic reaction in early September and admitted that facility staff had not reassessed to evaluate if the treatment given was effective or not. The DON confirmed that the nursing staff should have noted that Resident 3 ' s skin was not clear as documented in his weekly skin assessment but that he had an itchy rash all over his body.</p> <p>During a concurrent interview and record review of Resident 4 ' s chart with the DON on 10/21/24 1:20 pm, the DON confirmed that the nursing staff had not identified Resident 4 ' s itchy rash which resulted in the delay of his care. The DON stated that this delay resulted in the worsening of the rash and itching.</p> <p>During a review of a review of a P&amp;P titled Prevention and Management of Scabies, revised 7/25/2024 indicated the purpose was to, Provide guidelines for the prevention of scabies and management of scabies infestation or outbreak. The same P&amp;P indicated under procedure for prevention of scabies infestation and outbreak When the weekly progress note is written, the resident's skin will be examined for problems including rash. If a new undiagnosed rash is identified the resident will be placed on contact isolation until a diagnosis is made. The P&amp;P indicated: Confirmation of Scabies Diagnosis or Outbreak</p> <ul style="list-style-type: none"> <li>- Place any resident with signs and symptoms of scabies on contact isolation until scabies has been ruled out or treated.</li> <li>-Prepare line listings of symptomatic residents and health care personnel with a separate line list of their contacts. Evaluate the contacts for scabies.</li> <li>-On suspect cases, a dermatologist (or attending physician or other designee) will perform skin-Scrapings to confirm the presence of scabies.</li> </ul>		