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	11/25/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455 Based on observation, interview, and record review, the facility failed to supervise and monitor one out of three sampled Residents (Resident 1) to prevent falls. Resident 1 had a history of recurrent falls and was assessed as a high risk for falls. As a result, on 11/08/2024 at 8pm, Resident 1's suffered a fall from a wheelchair and sustained a left eyebrow laceration (skin tear) with bleeding and swelling. Resident 1 was transferred to a general acute care hospital (GACH) for further evaluation and management. GACH applied three sutures (a stitch or row of stitches holding together the edges of a wound or surgical incision) on Resident 1's laceration. The fall placed Resident at increased risk for severe injury and or death. Findings: During a review of Resident 1s admission record indicated Resident 1 was originally admitted to the facility on [DATE], with diagnoses that included lack of coordination (poor muscle control that causes clumsy movements), hypertension (HTN - high blood pressure), repeated falls, difficulty walking, and cognitive communication deficit (Difficulty with language comprehension and expression reasoning, attention, memory, organization, and planning). During a review of Resident 1's Fall Risk Evaluation form dated 9/09/2024 at 8:13pm, the fall risk evaluation indicated Resident 1 scored 12 (total score of 10 or higher is considered at high risk for potential falls). The fall risk evaluation form indicated Resident 1 had three or more falls in the past three months and that the resident was disoriented x3 at all times. During a review of Resident 1's care plan (CP) titled The Resident is at Risk for Falls r/t (related to) Confusion . gait/balance problems initiated 09/09/2024 and revised on 11/09/2024, the CP goal indicated the resident will be free of falls through review date, and that the resident will be free of minor injury through the review date The CP interventions included to anticipate and meet the resident's need and to provide a safe environment. During a review of Resident 1's History and Physical report completed on 9/10/2024, indicated Resident 1 could not make her own medical decisions but could make needs known. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055060	A. Building B. Wing	11/25/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1s Minimum Data Set (MDS - resident assessment tool) dated 9/16/2024, indicated Resident 1s cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired. The MDS indicated Resident 1 required partial to moderate assistance with eating and oral hygiene, required substantial to maximum assistance for toileting hygiene, upper and lower body dressing and putting on/taking off footwear, and was non-ambulatory. During a review of Resident 1's Situation-Background-Assessment-Recommendation (SBAR - is a technique used to provide a framework for communication between members of the health care team) form and progress notes dated 11/08/2024, indicated that on 11/08/2024 at around 8pm Resident 1 was found on the floor by the doorway of room [ROOM NUMBER] in a prone (face down) position. The SBAR indicated Resident 1 sustained a skin tear on the left eyebrow with minimum bleeding and swelling. During a review of Resident 1's Change in Condition (CIC) Evaluation notes dated 11/08/2024 at 8:20pm, the CIC indicated that on 11/08/2024 at around 8pm, Resident 1 was found on the floor across the resident's (Resident 1) by the doorway in prone position. Resident 1 sustained skin tear on the left eyebrow with minimal bleeding; Ice pack was placed on the left eyebrow; and 911 paramedics called. During a review of Resident 1's Progress Notes New dated 11/25/2024 at 10:46am, the progress notes indicated that on 11/08/2024 at 8pm, Resident 1 had unwitnessed fall and that the resident sustained a skin tear on the left eyebrow with minimal bleeding and swelling . Wheelchair was involved in the fall. During a review of Resident 1's Progress Note New dated 11/25/2024 at 11:23pm, indicated Resident 1Skin Issues Note: Left (L) eye (eyelid) laceration with 3 sutures . During an interview with Licensed Vocational Nurse 1 (LVN1) on 11/25/2024 at 11:45am, LVN1 stated Resident 1 was alert and oriented to name, with confusion that increased in the afternoon. LVN1 stated Resident1 lacks situational awareness, needs constant re-direction, and has limited mobility. During a telephone interview with LVN2 on 11/08/2024 at 1;49pm, LVN2 that on 11/08/2024 at7:30pm, she went downstairs to warm up her (LVN2) food. LVN2 stated that on the way up she heard someone fall and then ran towards the fall and found Resident 1 on the floor. LVN2 stated Resident 1 had a laceration to the left eyebrow. During an interview with Registered Nurse 1 (RN1) and Certified Nursing Assistant 1(CNA1) on 11/08/2024 at 1:58pm, RN1 stated Resident 1 was seated in a wheelchair across form room [ROOM NUMBER] when RN1 heard Resident 1 calling for help. RN1 stated RN1 observed Resident 1 with a laceration to the left eyebrow and rendered first aid to Resident 1. CNA1 stated CNA1 went on break and that the charge nurse (LVN2) also went to heat up her food downstairs. CNA1 stated that on her way back from break, she heard a fall like noise and found Resident 1 on the floor with a laceration. CNA1 stated Resident 1 was transferred to GACH. During an interview with LVN3 on 11/25/2024 at 2:33pm, LVN3 stated leaving a resident who has a history of repeated falls who has been assessed as high risk for falls unattended puts the resident at risk for fall which could result in severe injury such as fractures and even death. (continued on next page)

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	11/25/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview the Assistant Director of Nursing (ADON) and RN1 on 11/25/2024 at 2:36 pm, when asked what the risks are for leaving a Resident with a history of recurrent falls on a wheelchair unattended, both the ADON and RN1 refused to answer. During a review of the facility's policy and procedures (P&P) titled Fall management Program dated 11/7/2016 indicated, a resident who sustains multiple falls as defined as more than 1 fall .will be considered a high risk to for and as a result may sustain a major injury. These Residents may: I. require more frequent observation of activities and whereabouts. II. require a structured environment or routine.