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| 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>08/01/2025 |
| 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)  |  |  |
| F 0678<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few  | <p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to immediately initiate cardiopulmonary resuscitation (CPR - an emergency treatment that's done when someone's breathing or heartbeat has stopped) in accordance with the American Heart Association (AHA - organization dedicated to fighting heart disease and stroke) guideline for one of three sampled residents (Resident 1). On [DATE] at 4:08 P.M., Resident 1 was found unresponsive (when a person is not reacting to shaking, touch, sound, or verbal commands and may or may not continue breathing) in the patio, facility staff transferred Resident 1 to his room to start the CPR.</p> <p>As a result, Los Angeles Fire Department (LAFD) paramedics (healthcare professional/s trained to provide advanced emergency medical care, often in pre-hospital settings) pronounced Resident 1 dead in the facility on [DATE] at 4:34 P.M.</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record, the admission record indicated the facility admitted Resident 1 on [DATE] and readmitted Resident 1 on [DATE] with diagnoses including chronic (on going) systolic heart failure (a specific type of heart failure that occurs in the heart's left ventricle [chamber which are responsible for pumping blood out of the heart]), generalized muscle weakness (when muscles aren't as strong as they should be), and acute embolism (a blockage of a pulmonary [lung] artery).</p> <p>During a review of Resident 1's Physician Orders for Life -Sustaining Treatment (POLST - is a medical order that helps give people with serious illness more control over their care during a medical emergency) dated and signed by Resident 1 on [DATE], indicated Resident 1 wanted the facility to attempt resuscitation (bring back to life)/CPR and provide full treatment with the primary goal of prolonging life by all medically effective means.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated [DATE], indicated Resident 1 was cognitive intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 1 required partial/moderate to substantial/maximal assistance from staff with activities of daily living (ADL - routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0678</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>During an interview on [DATE], at 11A.M., with the medical doctor (MD), the MD stated, "We are not sure why staff moved him [Resident 1] to the room." MD stated CPR should be started immediately on an unresponsive patient. MD stated that in order for chest compressions to be adequate, residents need to have a board placed underneath them. MD stated When they find a resident unresponsive they need to get him flat as well because from what I understand I think he was he was leaning up against this other resident's shoulder so obviously they had to lay him flat anyways and then start CPR. MD stated that the patio floor is a flat surface and appropriate to start CPR. MD stated that when a person is pulseless, the heart is not contracting therefore blood flow and perfusion to organs are not occurring so the process of CPR is to put in place that function of the heart, you are literally pumping the chest to pump the heart, to pump the blood to try and perfuse the tissues. MD stated that the sooner CPR is started the better the outcome for the resident/person not performing CPR may lead to end organ damage, because tissue without oxygenation and perfusion can start to die.</p> <p>During a review of the facility Part 3: Adult Basic and Advanced Life Support 2020 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care indicates, "1. On recognition of a cardiac arrest event, a layperson should simultaneously and promptly activate the emergency response system and initiate cardiopulmonary resuscitation (CPR)"</p> <p>During a review of the facility policy and procedures (P&amp;P) titled Cardiopulmonary Resuscitation revised on [DATE], indicated,</p> <p>"Policy:</p> <p>1. The facility shall ensure that properly trained personnel (and certified in CPR for Healthcare Providers) are available immediately (24 hours per day) to provide basic life support, including cardiopulmonary resuscitation (CPR).</p> <p>a. The facility's procedure for administering CPR shall incorporate the guidance from the current standards established by the American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care or facility Basic Life Support (BLS) training material.</p> <p>2. If an individual is found unresponsive and not breathing normally, a staff member who is certified in CPR/BLS shall initiate CPR.</p> <p>PURPOSE:</p> <p>To provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives/expressed wishes.</p> |  |  |