

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 01/21/2026
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)		
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident's request for a lateral transfer to another skilled nursing facility closer to the resident's family was assisted and facilitated. The facility staff failed to assist a resident with required insurance changes to allow accepting facilities to process admission for one of four sampled residents Resident 2. This failure had resulted in an unreasonable delay and impeded Resident 2's right to transfer to the facility of choice. During a review of Resident 2's admission Records, the Records indicated Resident 2 was admitted to the facility on 5/29/2025 with a diagnoses including, hemiplegia and hemiparesis (severe or complete loss of strength or paralysis on one side of the body), type two diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy, hemiparesis (mild or partial weakness or loss of strength on one side of the body) essential primary hypertension (when the pressure in your blood vessels is too high). During a review of Resident 2's Minimum Data Set (MDS- resident assessment tool), dated 12/2/2025, the MDS indicated, Resident 2 had a moderate cognitive impairment (mental action or process of acquiring knowledge and understanding). Resident 2 is dependent on staff moderately (Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort), shower/bathing, upper dressing, and dependent with maximal assistance (Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with toilet transfer (the ability to get on and off a toilet or commode). During an interview on 1/21/2026 at 10:35 AM with Resident 2, Resident 2 stated I want to be close to my sons in Bakersfield, it has been a while since I wanted to do that. Resident 2's was not informed about the transfer process, unaware of what was happening. Resident 2 further stated, his son is the responsible party and is the one who is handling the transfer process. During an interview on 1/26/2026 at 10:21 AM with Resident 2's responsible party, the responsible party stated it has been almost three months since desire expressed and request made to the facility to transfer Resident 2 to Bakersfield, close to where his family lives. Responsible party stated, We were not given a list of available facilities in Bakersfield. The responsible party further stated, he did not get a chance to speak to the facility administrator (ADM) despite his requests, he was provided with conflicting and inconsistent information about reasons Resident 2 cannot be transferred. He did not get assistance from the facility to change Resident 2's insurance so that facilities in Bakersfield can accept Resident 2. During an interview on 1/26/2026 at 10 :55 AM with the social services director (SS), SS stated Resident 2's family has asked to transfer the resident to Bakersfield. It has been two to three months since the desire to discharge home and more than one month ago to transfer to another facility expressed. SS further stated the contacted facility at Bakersfield did not accept Resident 2's insurance. Changing insurance is the responsibility of residents or the responsible parties. A review of Resident 2's Progress Notes dated 1/27/2026 indicated, on 1/21/2026 at</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 055060	Facility ID: 055060 If continuation sheet Page 1 of 2

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1:51 PM SS spoke with admissions director for Bakersfield facility, the facility does not take Resident 2's insurance, SS will inform Resident 2's responsible party and will send out referrals to more facilities. Records do not indicate referrals and transfer plans prior complaint investigation date 1/21/2026. A review of Resident 2's Discharge Care Plan initiated on 6/4/2025 and revised on 1/27/2026, the Care Plan goal indicated Resident 2 will have a safe transition to home. And support when he gets home. The same care plan interventions indicated, discussed placement options as needed or as requested, review insurance verification and authorization as needed. During a review of the facility's policy and procedures (P&P) titled Resident Rights reviewed on 3/21/2025 indicated, Residents of skilled nursing facilities have rights under state and federal law. The facility will promote and protect those rights. Residents have freedom of choice, as much as possible, about how they wish to live their everyday lives and receive care, subject to the Facility's rules and regulations and applicable state and federal laws governing the protection of resident health and safety.		