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	03/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Post Acute Care	12121 Santa Monica Boulevard Los Angeles, CA 90025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455 Based on observation, interview, and record review, the facility failed to protect residents' rights for one of one sampled resident (Resident 60) by failing to obtain an out on pass physician's order for Resident 60. This deficient practice had the potential to affect Resident 60's psychosocial well-being, optimal functioning leading to low sense of self-worth and self-esteem. Findings: A review of Resident 60's admission record indicated Resident 60 was originally admitted to the facility on [DATE] with diagnoses that included muscle weakness, diabetes mellitus (elevated blood sugar), hypertension (HTN- elevated blood pressure) and morbid obesity (when a person weighs more than 100 pounds [lbs - unit of measurement] above ideal body weight). A review of Resident 60's Minimum Date Set (MDS-a standardized assessment and care screening tool) dated 1/12/2024, indicated Resident 60's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact. Resident 60 required supervision for sitting to lying, lying to sitting to standing, chair/bed to chair transfer and moderate assistance for walking 150 feet once standing. During an interview with Resident 60 in the hallways on 3/21/24 at 10:50 AM, Resident 60 complained that the facility was denying Resident 60 to go out on pass. Resident 60 stated Resident 60 had a doctor's order allowing Resident 60 to leave the facility on a pass for 4 hours a day if needed. A review of Resident 60's out on pass sign sheet titled Release of Responsibility for Leave of Absence, indicated Resident 60 went out of the facility on 2/3/24, 2/9/24, 2/12/24, 2/13/24, and 3/13/24. During an interview with Registered Nurse (RNS) on 3/21/24 at 11:15 AM, RNS stated that on 12/16/23, Resident 60's doctor issued a one-day order for Resident 60 to go out on pass. (continued on next page)

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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/21/24 at 12:04 PM, Director of Nursing (DON) stated Resident 60 did not have a physician's order to go out on pass. DON stated Resident 60 had been threatening staff saying that Resident 60 would blow up the facility if the facility did not allow Resident 60 to go out on pass. DON stated the staff had let Resident 60 out on pass without a doctor's order because of Resident 60 continuously threatened staff. DON further stated Resident 60 qualifies to go out on pass. A review of facility's policy and procedures (P&P) titled Accommodation of Needs dated 1/1/2012, indicated, in order to accommodate residents' individual needs and preferences, facility staff attitude and behavior are directed towards assisting the residents in maintaining independence, dignity and well-being to the extent possible according to the residents' wishes. A review of facility's P&P titled Out on Pass dated, 1/11/2016, indicated, if a Resident's attending physician and psychiatrist (if applicable) determine that the Resident may participate in activities outside the facility, the attending physician will write/give an order for a resident to go out on pass on the physician order sheet.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455 Based on interview and record review, the facility failed to promote dignity and respect for two of seven sampled residents (Residents 200 and 21) by failing to: 1. Conduct a personal property inventory upon admission for Resident 200. 2. Ensure staff did not speak in a language not understood by Resident 21 in the presence of the resident. These deficient practices had the potential to decrease self-worth, create anxiety and powerlessness, and affect the physical, mental, and psychological wellbeing of Residents 200 and 21. Findings: a. A review of Resident 200's admission record indicated Resident 200 was originally admitted to the facility on [DATE] with diagnoses including supra ventricular tachycardia (an irregularly fast or erratic heartbeat), muscle weakness, cognitive communication deficit (difficulty with thinking and how someone uses language), and end stage regional disease (ESRD- a medical condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis [a process of filtering the blood when the kidneys are not able to cleanse it] or a kidney transplant to maintain life). A review of Resident 200's Minimum Date Set (MDS-a standardized assessment and care screening tool) dated 3/17/2024, indicated Resident 200's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact. Resident 200 required set-up f for eating, moderate assistance for oral hygiene, substantial maximum assistance for toileting hygiene, shower/bathing, upper and lower body dressing, putting on or taking off footwear and personal hygiene. During an interview with Resident 200 on 3/18/2024 at 10:45AM, Resident 200 stated Resident 200's belongings were missing and did not know where they were. Resident 200 further stated, prior to admission to the facility, Resident 200 surrendered Resident 200's personal belongings including clothes, dentures, and cash in the amount of $700.00 to a general acute care hospital (GACH) where Resident 200 was admitted following a fall. (continued on next page)

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation and interview with Social Worker (SW) on 3/20/2024 at 10:55AM, the writer requested SW for Resident 200's completed personal property inventory list for when the facility admitted Resident 200. The writer further observed SW in Resident 200's room, with a plastic bag and a belongings check list, and was attempting to go over the belongings list with Resident 200. Resident 200's unsigned belongings list indicated cash listing of $220.00. SW stated additional items belonging to Resident were in a belongings bag but had not been added to the belonging list, so SW just added them. SW provided a signed inventory list from GACH that indicated Resident 200 had $220.00 listed. Resident 200 stated the facility staff (name unknown) brought Resident 200 dentures (artificial teeth) yesterday (3/19/2024). Resident 200 thanked surveyor for following up on Resident 200's belongings and dentures because Resident 200 had been having difficulty eating food. During an interview with Registered Nurse (RNS) on 3/25/2024 at 5:20 PM, RNS stated upon admission of a new resident into the facility, attending certified nurse assistant (CNA) verifies the resident's belongings at bedside and completes the belongings lists and the CNA asks the resident to sign the belongings list. RNS stated if the resident was unable to sign, the CNA and another licensed staff would witness and sign the resident's belongings list. RNS stated withholding a resident's denture could cause the Resident to have a difficult time chewing and eating food which could lead to malnutrition and subsequent unnecessary weight loss. During an interview with Assistant Director of Nursing (ADON) on 3/25/2024 at 6:15 PM, ADON stated, if the facility admits a resident with money, two licensed nurses are required to count the money and bear witness to the amount counted. ADON stated if the resident is admitted after business hours, the cash is placed in a facility locked box and given to SW on the next business day. ADON further stated failing to complete a resident's belongings list upon admission was a big mistake because a resident may lose irreplaceable valuables making the facility liable for any missing belongings because of no documented evidence (belongings list). A review of facility's policy and procedures titled Personal Property dated 7/14/2017, indicated, upon admission, the CNA/designee will conduct a personal property inventory of the resident's property and place in the medical record. The policy further states Money and other valuables should be taken to the office for safe keeping. 45037 b. A review of Resident 21's admission record indicated Resident 21 was admitted to the facility on [DATE], with a diagnoses including cellulitis (skin infection/inflammation) to the right and left lower limbs (a common potentially serious bacterial skin infection) and chronic kidney disease (a condition in which the kidneys are damaged and cannot filter blood as well as they should). A review of Resident 21's History and Physical indicated Resident 21 had the capacity to understand and make decisions for daily living (ADL). A review of Resident 21's MDS dated [DATE], indicated the resident was cognitively intact, and required moderate assistance for ADL. (continued on next page)

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/19/24 at 2:25 PM, Resident 21 complained that facility staff spoke in a language not understood by the resident, and in the presence of Resident 21. Resident 21 stated Resident 21 believed the staff spoke the language not understood by the resident to keep Resident 21, from knowing what the staff are talking about or if the staff are talking about me. Resident 21 stated staff speaking a language not understood by the resident, made Resident 21 very angry. During an interview with ADON on 3/19/24 at 2:55 p.m., ADON stated according to the facility's policy, the staff is not supposed to talk in any other language than English on the floor unless they are talking to a resident that does not speak English. ADON stated staff speaking in a language other than English, I would think that maybe they are talking about me, and I would not like it. A review of facility's policy and procedures (P&P) titled Resident Rights revised on 1/1/2012, indicated, the facility's environment is designed to assist the resident in achieving independent functioning and maintaining the resident's dignity and well-being. A review of facility's P&P titled Use of English Policy dated 1/2017, indicated, staff conversing with co-workers in the presence of residents/patients must confine themselves to the English language.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45528 Based on observation, interview, and record review, the facility failed to ensure comfortable sound levels at night for three of eight sampled residents (Residents 52, 246, and 83). This deficient practice resulted in Residents 52, 83 and 246 not being able to sleep undisturbed through the night, compromising the health, safety, psychosocial, behavioral, and environmental needs of residents to obtain or maintain the highest physical, mental, and psychosocial well-being. Findings: A review of Resident 52's admission record indicated the resident was admitted to the facility on [DATE] with medical diagnoses including atrial fibrillation (A fib- abnormal heartbeat), subdural hemorrhage (bleeding between the brain and the skull), and hypertension (HTN - elevated blood pressure). A review of Resident 52's Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 12/31/2023, indicated Resident 52 had intact cognition (capable of remembering, learning new things, concentrating, or making decisions that affect everyday life) and required partial/moderate to touch supervision staff assistance with eating, toilet use, oral hygiene, and personal hygiene. A review of Resident 246's admission record indicated the resident was admitted to the facility on [DATE] with medical diagnoses including generalized muscle weakness (decreased muscle strength), schizophrenia (mental illness that affects how a person thinks, feels, and behaves), and HTN. A review of Resident 246's MDS, dated [DATE], indicated Resident 246 had intact cognition and was dependent on staff for eating, toilet use, oral hygiene, and personal hygiene. A review of Resident 83's admission record indicated the resident was admitted to the facility on [DATE] with medical diagnoses including bipolar disorder (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration), depression (constant feeling of sadness and loss of interest), and generalized muscle weakness. A review of Resident 83's MDS, dated [DATE], indicated that Resident 83 had intact cognition and required set up or clean up assistance from staff for eating, toilet use, oral hygiene, and personal hygiene. During an initial tour and an interview with Resident 52 on 3/18/2024 at 10:04 AM, Resident 52 complained that there were high noise levels in the facility especially at night, I have to close the door in order for me to get some sleep. During an initial tour and an interview with Resident 246 on 3/18/2023 at 10:08 AM, Resident 246 complained that there were high noise levels during the day as well as during the night, At night I just try to sleep through it. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an initial tour and an interview with Resident 83 on 3/18/2024 at 10:25 AM, Resident 83 stated, the night shift is very loud. It's hard to get any sleep even. The staff come in at night, open the closet doors so loudly. I am not sure what they are getting from there. When the door is open, there is a breeze that also comes in that causes the window shutters to make noise as well. During an interview with Certified Nursing Assistant 1 (CNA 1) on 3/21/2024, at 3:15 PM, CNA 1 stated during the night shift when residents are sleeping, the lights should be turned off, nurses should not be loud especially at the nursing station so that the residents can be able to sleep. During an interview with Director of Nursing (DON) on 3/21/2024, at 5:15 PM, DON stated noise levels in the facility should be minimal especially at the nursing station, to make sure that the residents are able to sleep because noises can cause residents not to be able to sleep. A review of facility's policy and procedures (P&P) titled, Resident Rooms and Environment, revised 1/1/2012, indicated, purpose . To provide residents with a safe, clean, comfortable, and homelike environment . Facility staff aim to create a personalized, homelike atmosphere, paying close attention to the following: . comfortable noise levels. A review of facility's policy and procedures titled, comprehensive Person-Centered Care planning revised 11/2028, indicated, It is the policy of this facility to provide person centered, comprehensive and interdisciplinary care that reflects best practice standing for meeting health, safety, psychosocial, behavioral, and environmental needs of residents in order to obtain or maintain the highest physical, mental, and psychosocial well-being.

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45528 Based on interview, and record review, the facility failed to ensure a comprehensive assessment for pre-admission screening Resident Review (PASRR -an evaluation to determine if an induvial has a serious mental illness, intellectual disability, developmental disability, or related condition) for one of three sampled residents (Resident 33). This deficient practice had the potential to negatively affect the provision of necessary care and services for Resident 33. Findings: A review of Resident 33's admission record indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE] with medical diagnoses including major depressive disorder (constant feeling of sadness and loss of interest), anxiety disorder (excessive worry about everyday issues and situations) and post-traumatic stress disorder (PTSD -when a person has experienced or witnesses a scary, shocking, terrifying, or dangerous event). A review of Resident 33's PASRR level 1 screening dated 8/19/2020 section V- Mental illness -suspected mental illness question 27 was blank. A review of Resident 's Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 2/28/2024, indicated Resident 33 had intact cognition (capable of remembering, learning new things, concentrating, or making decisions that affect everyday life). The MDS indicated Resident 33 was independent with eating and was dependent on staff for activities of daily living such as, toilet use, oral hygiene, and personal hygiene. During a concurrent interview and record review with Assistant Director of Nursing (ADON), on 3/20/2024 at 10:52 AM, Resident 33's PASRR level 1, dated 8/19/2020 was reviewed. ADON stated, staff responsible for PASRR's are medical records, Administrator, and the Business office manager. The PASRR is done to determine the mental capacity of the resident. When a PASRR is incomplete, the resident cannot be treated the way they need to be treated and their needs cannot be met. ADON further stated question 27 on Resident 33's PASRR level 1 screening is empty. It is not an accurate assessment. ADON stated the blank on question 27 of the PASRR could lead to, not having a satisfactory and proper level of care regarding behavior for [Resident 33]. During an interview with Administrator (ADM) on 3/20/2024, at 11:52 AM, ADM stated, the, facility has only one staff, a Registered Nurse, who has access to the PASRR, we are working on getting more people to have the access. PASRR's need to be completed for quality of care and provision of services needed. (continued on next page)

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of facility's policy and procedures titled, Pre-Admission Screening Resident Review (PASRR) revised 7/2018, indicated, purpose . To ensure that all facility applicants are screened for mental illness and intellectual disability (ID) or a related condition (RC) prior to admission .The facility administrator will ensure any incomplete PASRR(s) are completed that day. If the person who initiated the PASRR is not there following day to complete, it must be completed by a PASRR Administrator. A review of facility's policy and procedures, titled, Completion & Correction, revised 1/1/2012, indicated, the purpose of this policy is to ensure that medical records are complete and accurate . Documentation will reflect medically relevant information concerning the resident and will be documented in a professional manner .No blank spaces are to be left on forms .

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45528 Based on interview and record review, the facility failed to ensure the assessment entries on the Minimum Data Set (MDS- an assessment and care screening tool) related to active diagnoses, were accurately documented to reflect the resident's psychiatric/mood disorder (related to mental illness and its treatment) for one of three sampled residents (Resident 12). This deficient practice had the potential to negatively affect the plan of care and delivery of necessary care and services for Resident 12. Findings: A review of Resident 12's admission record indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including anxiety disorder (excessive worry about everyday issues and situations), dementia (loss of cognitive function- thinking, remembering, and reasoning interfering with individuals' daily life and activities), and hypertension (HTN - elevated blood pressure). A review of Resident 12's MDS dated [DATE], indicated the resident was cognitively (relating to thought processes) impaired for daily decision making and required some help with self-care, supervision from staff for activities of daily living (ADLs-shower/bath, dressing and toileting hygiene). The MDS further indicated Resident 12 did not have a psychiatric/mood disorder. During a concurrent interview and record review with Director of Nursing (DON) on 3/22/2024 at 6:51 AM, Resident 12's MDS dated [DATE] section I-Active diagnoses was reviewed. DON stated Resident 12's MDS indicated Resident 12 did not have a psychiatric/mood disorder. DON stated the MDS was, missing the diagnosis of anxiety disorder; it (anxiety disorder) was not triggered. DON stated accurate documentation on the MDS, is imperative for the plan of care for the resident to be reflected. If not reflected there may be a possibility of not fully providing the proper care to the resident. A review of facility's policy and procedures, titled, Completion & Correction, revised 1/1/2012, indicated, the purpose of this policy is to ensure that medical records are complete and accurate . Documentation will reflect medically relevant information concerning the resident and will be documented in a professional manner .No blank spaces are to be left on forms. A review of facility's policy and procedures titled, Comprehensive Person-Centered Care planning revised 11/2028, indicated, It is the policy of this facility to provide person centered, comprehensive and interdisciplinary care that reflects best practice standing for meeting health, safety, psychosocial, behavioral, and environmental needs of residents in order to obtain or maintain the highest physical, mental, and psychosocial well-being.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45528 Based on interview and record review, the facility failed to conduct Pre-Admission Screening Resident Review (PASRR -an evaluation to determine if an individual has a serious mental illness, intellectual disability, developmental disability, or related condition) for two of three sampled residents (Residents 33 and 60). This deficient practice had the potential to result in inappropriate care and services necessary for Residents 33 and 60. Findings: a. A review of Resident 33's admission record indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE] with medical diagnoses including major depressive disorder (constant feeling of sadness and loss of interest), anxiety disorder (excessive worry about everyday issues and situations), and post-traumatic stress disorder (PTSD -when a person has experienced or witnesses a scary, shocking, terrifying, or dangerous event). A review of Resident 33's PASRR level 1 screening dated 8/19/2020 section V- Mental illness -suspected mental illness question 27 was blank. A review of Resident 33's Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 2/28/2024, indicated that Resident 33 had intact cognition (the ability to remember, learn new things, concentrate, or make decisions that affect everyday life). The MDS indicated Resident 33 was independent with eating and was dependent on staff for activities of daily living (ADL- toilet use, oral hygiene, and personal hygiene). During a concurrent interview and record review with Assistant Director of Nursing (ADON), on 3/20/2024 at 10:52 AM, Resident 33's PASRR level 1 screening form, dated 8/19/2020 was reviewed. ADON stated, staff responsible for PASRR's are medical records, Administrator, and the Business office manager. ADON stated PASRR is done to determine the mental capacity of a resident. ADON stated, When a PASRR is incomplete, the resident cannot be treated the way they need to be treated and their needs cannot be met. ADON further stated question 27 on Resident 33's PASRR level 1 screening, is empty (blank). It is not an accurate assessment. ADON stated a blank on question 27 of the PASRR may lead to Resident 33 not having a satisfactory and proper level of care regarding behavior. During an interview with Administrator (ADM) on 3/20/2024 at 11:52 AM, ADM stated, the facility has only one staff, a Registered Nurse, who has access to the PASRR. We are working on getting more people to have the access. PASRR's need to be completed for quality of care and provision of services needed. (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of facility's policy and procedures titled, Pre-Admission Screening Resident Review (PASRR), revised 7/2018, indicated, purpose . To ensure that all facility applicants are screened for mental illness and intellectual disability (ID) or a related condition (RC) prior to admission .The facility administrator will ensure any incomplete PASRR(s) are completed that day. If the person who initiated the PASRR is not there following day to complete, it must be completed by a PASRR Administrator. A review of facility's policy and procedures titled, Comprehensive Person-Centered Care Planning revised 11/2028, indicated, It is the policy of this facility to provide person centered, comprehensive and interdisciplinary care that reflects best practice standing for meeting health, safety, psychosocial, behavioral, and environmental needs of residents in order to obtain or maintain the highest physical, mental, and psychosocial well-being. 48903 b. A review of Resident 60's admission record indicated the resident was admitted to the facility on [DATE] with diagnoses including unspecified psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with external reality), dementia, and cognitive communication deficit. A review of Resident 60's History and Physical Examination dated 9/10/23 indicated, Resident 60 did not have the capacity to understand and make decisions. A review of Resident 60's MDS Section C Cognitive Patterns, dated 1/31/24, indicated the resident was not cognitively intact. During a concurrent interview and record review with ADON on 3/20/24 at 10:47 AM, Resident 60's PASRR dated 3/18/24 was reviewed. ADON stated, The resident was admitted on [DATE], PASSR start date is 3/18/24. PASSR determines the level of need of the resident. What he needs mentally and physically. If PASSR is not done the resident can get inappropriate care which can result in harm. A review of Resident 60's Care Plan titled The resident has impaired cognitive function/dementia or impaired thought processes dated 10/4/23, indicated, discuss concerns about confusion, disease process with resident. A review of facility's policy and procedures (P&P) titled, PASRR dated 7/18, indicated, All facilities must complete the PASRR by midnight of the date of admission. The Admissions Coordinator/Case Manager will ensure the PASRR is part of the admissions mini packet. The facility administrator will ensure any incomplete PASRR are completed that day.

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	055060	A. Building B. Wing	03/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Post Acute Care	12121 Santa Monica Boulevard Los Angeles, CA 90025

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455 Based on observation, interview, and record review, the facility failed to ensure one of 23 sampled residents (Resident 22), who was unable to carry out activities of daily living (ADL's: activities related to personal care. They include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating), received the necessary services to maintain good personal oral hygiene. This deficient practice resulted in Resident 22 having dry and cracked lips and had the potential to cause dental caries (tooth decay), bleeding, thrush (overgrowth of yeast in mouth), oral infection, leading to unnecessary hospitalization . Findings: A review of Resident 22's admission record indicated Resident 22 was originally admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including hepatic encephalopathy (dysfunction caused by liver when toxins that are normally cleared from the body by the liver accumulate in the blood), anoxic brain damage (caused by a complete lack of oxygen to the brain, which results in the death of brain cells), cirrhosis of the liver (a condition in which the liver is scarred and permanently damaged), and generalized muscle weakness. A review of Resident 22's Minimum Date Set (MDS-a standardized assessment care screening tool) dated 3/8/2024, indicated Resident 22's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired. The MDS indicated Resident 22 was totally dependent on staff for eating, oral hygiene, dressing, toileting, and personal hygiene. During an observation in Resident 22's room on 3/18/24 at 10:05AM, Resident 22 was observed having food like particles stuck on the resident's teeth, and the resident had dry cracked and peeling lips. During an interview with Registered Nurse (RNS) on 3/18/24 10:15 AM, when asked the reason Resident 22 had cracked, dry and peeling lips, RNS was unable to answer. RNS stated if Resident 22 continued to not receive oral hygiene, the resident could develop oral thrush, have worsening of dry cracked lips and lips could bleed. RNS stated Resident 22 could develop dental caries which could lead to infections and/or unnecessary hospitalization s. During an interview with Assistant Director of Nursing (ADON) on 3/21/24 06:38 PM, ADON stated totally dependent residents like Resident 22 need to receive oral care at least daily. ADON stated if oral care oral was not provided, residents could develop dental caries, dry, cracked lips that could lead to bleeding and infection, dry mouth and oral thrush which could lead to serious Infection, and unnecessary hospitalization . (continued on next page)

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of facility policy and procedures titled, Oral Care dated, 1/1/2012 indicated, it is the responsibility of each staff member within the nursing department to ensure good oral care for each resident. If the Resident is unable to perform self-oral care, .proceed to brush teeth. Policy further states the procedures above apply to debilitated residents, taking care to position resident on side to avoid aspiration.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48903 Based on observation, interview and record review, the facility failed to provide skin care and pressure ulcer (injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin) care consistent with professional standards of practice and per physician's orders for one of three sampled residents (Resident 89) on Low Air Loss Mattresses (LALM - a pressure-relieving mattress used to prevent and treat pressure injuries) by failing to ensure the LALM was set to Resident 89's weight. This deficient practice had the potential to delay healing and increased the risk of developing new pressure injuries, worsening of existing pressure injuries, and complications related to pressure injuries for Resident 89. Findings: A review of Resident 89's admission record indicated the resident was admitted to the facility on [DATE] with diagnoses including Type 2 Diabetes (elevated blood sugar) and Morbid Obesity (when the body weight is more than 80 to 100 pounds above the ideal body weight) due to excess calories and muscle weakness. A review of Resident 89's History and Physical (H&P) Examination dated 2/26/24, indicated the resident had the capacity to understand and make decisions. A review of Resident 89's Minimum Data Set (MDS - a standardized assessment and care screening tool) dated 3/4/24, indicated the resident was cognitively (relating to mental ability to make decisions of daily living) intact. The MDS indicated the resident had impaired movement to bilateral lower extremities (lower legs from hip down). A review of Resident 89's MDS Section M Skin Conditions, dated 3/5/24, indicated, Resident 89 was at risk of developing pressure ulcers/injuries and was admitted with two unstageable (bed sore that occurs due to prolonged pressure on a specific area of the skin, resulting in the lack of blood flow and oxygen to the tissue) pressure ulcers. A review of Resident 89's Order Listing Report dated 3/19/24, indicated Resident 89 had an order for LAL mattress for wound management. The order indicated facility staff to verify the functioning of LAL mattress every shift. A review of Resident 89's Care Plan initiated and revised on 2/27/2024, indicated Resident 89 had pressure ulcer or had a potential for pressure ulcer development related to immobility. The care plan interventions included LALM to prevent worsening or development of new pressure ulcers. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview with Licensed Vocational Nurse 2 (LVN 2) in Resident 89's room on 3/18/24 at 2:05 PM, Resident 89's LALM weight setting was set at 400 pounds (lbs). LVN 2 stated Resident 89 had not been weighed since admission (2/26/2024) because the resident's weight exceeded the facility's scale capacity of 400 lbs. LVN 2 stated the resident weighed 440 lbs according to the transferring hospital's report on 2/26/2024. LVN 2 stated if an air mattress settings were wrong, existing pressure ulcers could get worse. During an interview with Assistant Director of Nursing (ADON) on 3/20/24 at 12:30 PM, ADON stated Resident 89 had refused to be weighed since the admission to the facility. ADON stated Resident 89 weighed 400 lbs in general acute care hospital (GACH), so that's what I documented in [Resident 89's] chart. During an interview Interim Director of Nursing (IDON) on 3/20/24 at 12:45 PM, IDON stated, Residents need to be weighed to have an accurate value and have appropriate care provided. It is not acceptable to document a resident's weight without weighing [Resident 89] first. A review of LAL mattress User's Manual dated 2019, indicated, According to the weight and height of the patient, adjust the pressure setting to the most suitable level without bottoming out. A review of facility's policy and procedures titled, Mattress dated 1/12/12, indicated, The facility will provide mattress capable of meeting the following needs of the residents: A. To provide pressure reduction to residents at risk for skin breakdown. To distribute body weight relieving areas of pressure.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48903 Based on observation, interview and record review, the facility failed implement its policy and procedure in accordance with the care plan of the resident to monitor signs and symptoms of urinary tract infection (UTI-an infection involving any part of the urinary system, including urethra, bladder, and kidney) for one of six sampled residents (Resident 35). This deficient practice resulted in Resident 35 developing sediment (matter that settles to the bottom of a liquid) in urine and a UTI. Findings: A review of Resident 35's admission record (Face Sheet) indicated the resident was admitted to the facility on [DATE], with diagnoses that included neuromuscular dysfunction of bladder (bladder is not functioning normally), quadriplegia (person cannot move arms and legs), muscle weakness and dependence on wheelchair. A review of Resident 35's History and Physical (H&P) dated 11/28/23, indicated Resident 35 had the capacity to understand and make decisions for daily living. A review of Resident 35's Minimum Data Set (MDS-a standardized assessment and care screening tool) dated 4/6/24, indicated Resident 35 had intact cognition (capable of remembering, learning new things, concentrating, or making decisions that affect everyday life). The MDS also indicated Resident 35 was dependent on staff for eating, hygiene (oral and physical), and toileting. A review of Resident 35's Care Plan, initiated and revised on 2/3/2024, indicated the resident has indwelling catheter for neurogenic bladder with the goals including the resident will show no signs and symptoms of urinary infection. During a concurrent observation and interview on 3/18/24 at 11:32 AM with licensed vocational nurse 2 (LVN 2), Resident 35's indwelling catheter was observed. LVN 2 confirmed and stated, there's a lot of sediment in the Foley (type of indwelling catheter) tubing. Foleys are supposed to be checked every day by morning shift. Infection is possible if sediment in urine is not reported. A review of Resident 35s Order Listing Report, dated 3/19/24, indicated an order for indwelling foley for neurogenic bladder and (to) assess urinary drainage for signs and symptoms of infection, noting cloudiness, color, sediment, blood, odor, and amount of urine output every shift. During an interview on 3/21/24 at 12:43 PM with Assisted Director of Nursing (ADON). ADON stated, Foley Catheters are checked as needed, if there is a leakage, sedimentation. If there is sedimentation, we call MD (medical doctor), get sample to check for infection . Consequences are UTI if it not assessed, if there is sedimentation. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 3/21/2024 at 4:46 PM with registered nurse 1 (RN 1), Laboratory Urinalysis Results dated 3/19/24 were reviewed. RN stated, The elevated WBC (white blood cell count) and presence of bacteria in the urine indicate (an) infection. A review of facility policy and procedures (P&P) titled, Catheter Care of dated 6/10/21, indicated, Nursing staff will assess urinary drainage for signs and symptoms of infection, noting cloudiness, color, sediment, blood, odor, and amount of urine. A licensed nurse will notify the attending physician of any signs and symptoms of infection for clinical interventions.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. 45037 Based on interview and record review, the facility failed to ensure nursing staff met the skills and staff competency evaluation requirements. This deficient practice had the potential for a knowledge, training, and certification deficit among the nursing staff, leading to inadequate or delayed resident care. Findings: A review of employee file for licensed vocational nurse 1 (LVN 1), indicated there was no skills competency check list or a completed staff competency assessment in the employee file. The N95 (the most common particulate-filtering facepiece respirator) fit testing validation was incomplete. A review of employee file for LVN 2 indicated there was no skills competency check list or a completed staff competency assessment in the employee file. The N95 fit testing validation was incomplete. A review of employee file for certified nursing assistant 2 (CNA 2) indicated there was no skills competency check list or a completed staff competency assessment in the employee file. The N95 fit testing validation was incomplete. During an interview with LVN 1 on 03/20/24 10:18 AM, LVN 1 stated it is important to complete annual skills check list and annual staff competency assessment because it is a refresher for the nurses so that the nurses don't forget how to do certain task. LVN 1 also stated the competency assessment is to prevent delaying care for the residents, and to provide safe care for the residents. During an interview on 03/20/24 10:41 AM, with Director of Staff Developing (DSD). DSD stated, if the staff did not complete their annual skill and competency assessments yearly, the nurses could forget how to complete certain tasks which could result in the nurses providing poor care to the residents. DSD also stated, if nurses are not properly fitted for N95 mask, the nurses could be exposed to airborne pathogens that could make them very sick. During an interview on 03/21/24 12:37 PM, CNA 2 stated she could not remember the last time she completed the annual competency assessment, annual skills assessment, or the last time she was fit tested for N95 mask. CNA 2 stated she could forget how to do certain task for the residents which could delay care for them if the annual skills check, annual competency assessment, and fit testing for N95 mask were not completed. A review of facility policy and procedures (P&P) titled Staff Competency Assessment, with a revised date of 3/17/2022, indicated the purpose of completing competency assessments is to determine knowledge and/or performance of assigned responsibilities based on standard of practice, policy and procedure and regulatory requirement. It further indicated competency assessments will be performed upon hire during the employee's 90-day employment period, annually, or anytime new equipment or a procedure is introduced.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48903 Based on observation, interviews and record reviews, The facility failed to label medications for one of six sampled residents (Resident 89). This deficient practice had the potential to result in unsafe medication administration. in Resident 89 ingesting unlabeled medication, use expired medications and cause confusion about what the medication is. Findings: A review of Resident 89's admission record indicated the resident was admitted to the facility on [DATE] with diagnoses that included type 2 diabetes (a chronic condition with high blood sugar) and morbid obesity (severe overweight) due to excess calories and muscle weakness. A review of Resident 89's History and Physical (H&P) Examination dated 2/26/24, indicated Resident 89 had the capacity to understand and make decisions for daily living. A review of Resident 89's Minimum Data Set (MDS- a care assessment and screening tool), dated 3/4/24, indicated the resident was cognitively (relating to mental process such as thinking, reasoning, and remembering) intact. The MDS indicated Resident 89 had impaired movement to bilateral lower extremities (hip, knee, ankle, foot). The MDS also indicated Resident 89 was admitted to the facility with two unstageable pressure ulcers (bedsores whose severity cannot be determined with a visual exam). A review of Resident 89's Treatment Administration Report (TAR) dated 3/1/24 to 3/31/24, indicated Resident 89 had an order for Nystatin-Triamcinolone Cream (medication is used to treat fungal skin infections) to be applied every shift. A review of Resident 89's Care Plan, initiated and revised on 2/27/2024, indicated Resident has pressure ulcer or potential for pressure ulcer development related to immobility. The interventions in the care plan included to administer medications as ordered and to monitor/document for side effects and effectiveness. During a concurrent observation and interview on 3/18/24 at 2:10 PM with Licensed Vocational Nurse 2 (LVN 2), several cups with topical (applied on skin) cream medication were observed at Resident 89's bedside. LVN 2 confirmed and stated, creams are at bedside unlabeled, this is not acceptable to leave (medication) at bedside unlabeled because the resident can ingest the creams and it is not known how old the creams are. This can harm the resident. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/21/24 at 12:45 PM with Interim Director of Nursing (IDON), IDON stated, the process of administering topical medication is: check order, check site, cream comes in a tube, the tube has resident name, name of the medication, dose, strength, indication, frequency. (Medication) should not be left at bedside unlabeled. Patient may eat the medication, can be confused for something else; (Medication) should be administered by a licensed staff; It (leaving medication at bedside unlabeled) would be a safety hazard for resident. A review of facility's policy and procedures (P&P) titled, Medication Ordering and Receiving from Pharmacy: Medication Labels, dated 8/20, indicated, each prescription medication label includes: resident's name, directions for use, medication name, strength of medication, date dispensed, and expiration date.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45037 Based on observation, interview, and record review the facility failed to store and label food in accordance with professional standards and facility policy to ensure the safety of food service by failing to: 1. Label and date food items stored in the kitchen refrigerator. 2. Discard expired food stored in the resident's refrigerator. 3. Provide a refrigerator for the residents to store food brought in from the outside. 4. Label and date food items stored on the shelves in the kitchen. 5. Discard expired food items stored on the kitchen shelves. 6. Label and date food items stored in the resident's refrigerator. Those deficient practices placed residents with compromised health status at risk for foodborne illnesses. Findings: During the initial tour of the Kitchen on [DATE] at 8:46 AM, with Dietary Supervisor (DS). There were seven (7) food items in the refrigerator with past expiration dates and eight (8) food items on the shelves with no expiration dates on them. During a concurrent interview on [DATE] at 8:46 AM, DS stated it is all of the kitchen staff's responsibility to check for expired foods and discard them. SD stated the residents could get sick if they (residents) consumed expired foods. DS also stated she would remind the kitchen staff every morning in the stand-up meeting to check for expired foods and discard them. During an observation on [DATE] 9:53 AM, of the refrigerator for the residents' food brought from outside, there were 15 food items in the refrigerator that were not labeled or dated. During a concurrent interview on [DATE] 9:53 AM, DS stated residents' outside food is stored in the refrigerator with the facility staff food. DS also stated the refrigerator in the staff lounge is the only refrigerator in the facility that is used for residents outside food storage. DS stated she did not know how the staff knew what food in the refrigerator belonged to the residents. DS stated housekeeping is responsible for cleaning the refrigerator in the staff lounge and to discard all expired food and all food that is not dated and labeled. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on [DATE] 10:17 AM, Maintenance Assistant (MA) stated he is responsible for cleaning the refrigerator in the staff lounge every Thursday. MA stated the facility did not have a no separate refrigerator to store residents' food brought from outside. MA stated if the residents or staff consumed expired food they can get sick from the bacteria. A review of facility policy and procedures (P&P) titled Food brought in by Visitors, revised ,d+[DATE], indicated when food is brought into a nursing home prepared by others, the nursing home is responsible for ensuring that the food container is clearly labeled with the resident's name and date received and stored in a refrigerator designated for this purpose. A review of facility P&P titled Food Storage and Handling, with a revised date of [DATE], indicated food items will be stored, thawed, and prepared in accordance with standard sanitary practices. All items will be correctly labeled and dated. It further indicated Purpose: To properly store, thaw, and prepare food to avoid any foodborne illnesses.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455 Based on observation, interview and record review, the facility failed to provide at least 80 square feet (sq. ft. -unit of measure) per resident in multiple resident bedrooms for 33 out of the 36 resident rooms. Those 33 rooms consist of two beds each. This deficient practice had the potential to result in inadequate safe and useable living space for the residents and working space for the health caregivers. Findings: A review of the Request for Room Size Waiver letter, dated 3/21/2024, submitted by the Administrator, indicated there are 33 rooms not meeting the 80 square feet requirement per resident according to federal regulation. The letter indicated that the room sizes would not interfere with the daily nursing care or safety of the residents. The letter also indicated there would be enough space to provide for each resident's care, dignity and privacy in those rooms which are in accordance with the special needs of the residents. The letter indicated the spaces would not have an adverse effect on the residents' health and safety or impede the ability of any resident in the rooms to attain his or her highest practicable well-being. A review of the undated Client Accommodations Analysis submitted by the facility indicated the following rooms with their corresponding measurements: Rooms # Total Sq. Ft/Resident # Beds Floor Area Sq. Ft/Resident. room [ROOM NUMBER] 209 square feet with 3 beds (69 square feet per resident) room [ROOM NUMBER] 270 square feet with 4 beds (67 square feet per resident) room [ROOM NUMBER] 209 square feet with 3 beds (69 square feet per resident) room [ROOM NUMBER] 209 square feet with 3 beds (69 square feet per resident) room [ROOM NUMBER] 209 square feet with 3 beds (69 square feet per resident) room [ROOM NUMBER] 209 square feet with 3 beds (69 square feet per resident) room [ROOM NUMBER] 209 square feet with 3 beds (69 square feet per resident) room [ROOM NUMBER] 209 square feet with 3 beds (69 square feet per resident) room [ROOM NUMBER] 154 square feet with 2 beds (77 square feet per resident) room [ROOM NUMBER] 154 square feet with 2 beds (77 square feet per resident) (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	03/22/2024

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 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	room [ROOM NUMBER] 154 square feet with 2 beds (77 square feet per resident) room [ROOM NUMBER] 154 square feet with 2 beds (77 square feet per resident) room [ROOM NUMBER] 154 square feet with 2 beds (77 square feet per resident) room [ROOM NUMBER] 154 square feet with 2 beds (77 square feet per resident) room [ROOM NUMBER] 154 square feet with 2 beds (77 square feet per resident) room [ROOM NUMBER] 228 square feet with 3 beds (76 square feet per resident) room [ROOM NUMBER] 272 square feet with 4 beds (68 square feet per resident) room [ROOM NUMBER] 154 square feet with 2 beds (77 square feet per resident) room [ROOM NUMBER] 154 square feet with 2 beds (77 square feet per resident) room [ROOM NUMBER] 154 square feet with 2 beds (77 square feet per resident) room [ROOM NUMBER] 209 square feet with 3 beds (69 square feet per resident) room [ROOM NUMBER] 209 square feet with 3 beds (69 square feet per resident) room [ROOM NUMBER] 209 square feet with 3 beds (69 square feet per resident) room [ROOM NUMBER] 154 square feet with 2 beds (77 square feet per resident) room [ROOM NUMBER] 209 square. feet with 3 beds (69 square feet per resident) room [ROOM NUMBER] 154 square feet with 2 beds (77 square feet per resident) room [ROOM NUMBER] 290 square feet with 3 beds (69 square feet per resident) room [ROOM NUMBER] 154 square feet with 2 beds (77 square feet per resident) room [ROOM NUMBER] 154 square feet with 2 beds (77 square feet per resident) room [ROOM NUMBER] 154 square feet with 2 beds (77 square feet per resident) room [ROOM NUMBER] 209 square feet with 3 beds (69 square feet per resident) room [ROOM NUMBER] 209 square feet with 3 beds (69 square feet per resident) The minimum square footage for a 2-bed room should be 160 sq. ft. per federal regulation. (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	03/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Post Acute Care	12121 Santa Monica Boulevard Los Angeles, CA 90025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	During the multiple observations of the residents' rooms on 3/20/2024 to 3/21/2024, the residents had ample space to move freely inside the rooms. There were sufficient spaces for the residents to more freely and for nursing staff to provide care to the residents. There was also sufficient space for beds, side tables and resident care equipment. The minimum square footage for a 2-bed room should be 160 sq. ft. per federal regulation.