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	06/18/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility's failed to:1. Implement standard precautions (a set of infection control practices used to prevent the transmission of diseases) in the provision of care for one out of one sampled resident (Resident 96).2. Check and the temperatures for two of two facility laundry dryers (Dryer 1 and Dryer 2) to ensure the dryers temperature was at 180 degrees according to the facility's policy and procedures (P&P) titled, Laundry - Sorting, Washing & Drying. The facility's census was 84 residents.3. Ensure one of one sampled resident (Resident 82's) nasal cannula (NC- flexible plastic tubing used to deliver oxygen directly through the nose) was not left on the floor. Resident 82 was dependent on oxygen therapy.These deficient practices placed residents at increased risk of acquiring and transmitting infections/pathogens (a virus or bacteria that enters your body and causes illness or disease) to residents, staff and visitors. Findings: 1. A review of Resident 96's admission record indicated the resident was admitted to the facility on [DATE] with diagnoses that included traumatic subarachnoid hemorrhage (bleeding into the subarachnoid space—the area between the brain and the tissues that cover it—caused by physical head trauma), fracture of the base of skull (break in one or more of the bones forming the floor of the enclosed cranial cavity), type 2 diabetes mellitus (a disease that occurs when your blood glucose, also called blood sugar, is too high), hypertension (high blood pressure), hyperlipidemia (excess of lipids, circulating in your blood.), muscle weakness and history of falling. A review of Resident 96's history and physical (H&P) dated 6/14/2026 indicated Resident 96 has the capacity for medical decision making. During a facility tour observation on 6/15/2026 at 9:03am, a urinal (a portable, handheld vessel used by bedridden patients to collect urine) with 500 milliliters of urine like liquid was observed on Resident 96's bedside table next to Resident 96's fast food from El [NAME] loco. During an interview on 6/15/2026 at 9:08am, Licensed Vocational Nurse (LVN) 2 stated the urinal had urine and should not be placed next to Resident 96 food because of potential exposure to infection from (harmful microorganisms (such as bacteria, viruses, fungi, or parasites) in the body). During an interview on 6/18/2026 at 5:45pm, Director of Nursing (DON) stated urinal placed by Resident 96's food puts the resident at risk for possible cross contamination and infection. A review of the facility's policy and procedures (P&P) titled Infection Control-Policies & Procedures dated 6/10/2026 indicated, The facility's infection control policies and procedures are intended to facilitate maintaining a safe sanitary and comfortable environment and to help prevent. transmission (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

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	06/18/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	of diseases and infections. 2. During a concurrent observation and interview on 6/16/2026 at 12:24 P.M. with the Maintenance Supervisor (MS) in the laundry room, the manufacturer thermometer indicated below 40 degrees Fahrenheit (a unit of measurement for temperature) for Dryer 1 and Dryer 2. The MS confirmed and stated, both dryer thermometers are broken (not functional). The MS stated he did not know when the thermometers broke. During a review of the facility's Laundry Temperature Schedule (LTS) log for Dryer 1 and Dryer 2, dated June 2026, the laundry temperature log indicated a handwritten temperature of 180 degrees was documented every hour from 6am to 8pm from 6/1/2026 to 6/14/2026 for Dryer 1 and Dryer 2. During a concurrent interview and record review on 6/16/2026 at 12:31 P.M. with the MS, Laundry Staff (LS), and Laundry Technician (LT), the facility's LTS log, dated June 2026 was reviewed. The MS, LS, and LT all confirmed and stated, 180 degrees for the laundry Dryers 1 and 2 is not correct because the thermometers for the dryers are showing below 40 degrees Fahrenheit. The MS stated, if the temperature is too hot, this can cause a fire and place the residents' safety at risk. If the temperature is too low, this can grow bacteria or viruses and make the residents sick. During an interview on 6/18/2026 at 9:56 A.M. with the Registered Nurse Supervisor (RNS) 1, RNS 1 stated, the facility laundry temperatures for the washer and dryer need to be hot enough to eradicate (eliminate) bacteria (a microscopic living organism that exists everywhere) and viruses (a tiny germ that causes illness). RNS 1 stated if the temperature is not hot enough, this can potentially cause further infection and result in more residents becoming sick. During an interview on 6/18/2026 at 4:56 P.M. with the DON, the DON stated, it is important for the facility laundry temperatures for the dryer and washer to stay hot to decrease the risk of contamination (presence of a harmful or unwanted substance). The DON stated this can potentially result in the residents becoming sick. During a review of the facility's P&P titled, Laundry – Sorting, Washing & Drying, dated 1/1/2012, indicated, When drying the laundry, the machine is set for the correct temperature and drying time for the load. During a review of the facility's manufacturer's dryer manual titled, Tumble Dryers, dated 12/2025, indicated the following: Ensure all guards and panels are properly installed. Medium setting is Temperature 180 degrees Fahrenheit. Ensure temperature sensors are free of lint. To ensure proper operation, the fire suppression system must be tested every month. If the fire suppression system failed the maintenance test, do not operate the tumble dryer. 3. During a review of Resident 82's admission Record (AR), the AR indicated the facility admitted (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	06/18/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 82 on 5/28/2026 with diagnoses that included but not limited to chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing) and congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling). During a review of Resident 82's Minimum Data Set (MDS – a resident assessment tool) dated 6/4/2026, the MDS indicated Resident 82 had moderate cognitive (the mental ability to make decisions of daily living) impairment. The MDS indicated Resident 82 needed supervision/touching staff assistance with eating and oral hygiene, partial/moderate staff assistance with activities of daily living (ADL- toileting hygiene, upper body dressing, personal hygiene, sit/stand, toilet transfer, chair/shower and chair/bed transfer) and maximum staff assistance with shower/bath, lower body dressing and walking 10 feet. During an observation on 06/16/2026 at 8:43 am to 8:55 am, in Resident 82's room, Resident 82's nasal cannula (NC- flexible plastic tubing used to deliver oxygen directly through the nose) was observed on the floor. During an interview on 06/16/2026 on 8:47 AM, with Licensed Vocational Nurse (LVN) 3, LVN 3 stated, Nasal Cannula on the floor can be an infection issue. During an interview on 06/17/2026 on 1:52 pm, with the DON, DON stated, Anything can happen, there are many potentials in this situation. DON refused to say anything else regarding the situation. During the review of Resident 82's care plan (CP) untitled dated 5/28/2026, indicated that Resident 82 is dependent on supplemental oxygen (medical treatment that delivers concentrated oxygen to lungs when body can't get enough naturally) r/t (related to) chronic respiratory and/or cardiopulmonary (relating to the heart and lungs) condition, resulting in risk for hypoxia (a medical condition where your body, or a specific part of your body, does not get enough oxygen to function properly), decreased activity tolerance and respiratory compromise. The CP interventions indicated to ensure oxygen equipment is properly functioning and secure and positioned correctly. During a review of the facility's policy and procedures (P&P) titled, Infection Control – Policies and Procedure dated 6/10/2026, the P&P indicated, Purpose: To provide infection control policies and procedures required for a safe and sanitary environment. Policy: The Facility's Infection Control policies and procedures are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections.

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	06/18/2026

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 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. Based on observation and interview, the facility failed to ensure staff completely closed the bedside privacy/dignity curtain during care that fully closed provide privacy and maintain the a resident's dignity (basic right to be valued, respected, and treated as a human being) during activities of daily living care (ADL - activities such as bathing, dressing and toileting a person performs daily) for one of one sampled resident (Resident 41) according to the facility's policy and procedures (P&P) tiled Resident Rights -Quality of Life, reviewed and approved 6/10/2026. A a result, Resident 41's private parts were visible from the hallway violating Resident 41's rights to be treated with privacy and dignity with the potential for the resident to suffer lowered self esteem and feel undignified.Findings: A review of Resident 41's admission Record indicated the facility admitted Resident 41 on 11/4/2025 with diagnoses including stroke (loss of blood flow to a part of the brain), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and hypertension (HTN - high blood pressure). A review of Resident 41's Minimum Data Set (MDS - resident assessment tool) dated 5/30/2026, indicated Resident 41 is cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 41 is dependent on staff with ADL care. During an observation on 6/15/2026, at 9:16 A.M., in Resident 41's room, Certified Nursing Assistant (CNA) 1)was seen providing ADL care to Resident 41 and the residents private parts were exposed and visible from the hallway. On further observation, the privacy/dignity curtain at the foot of the bed was missing, During an interview on 6/15/2026, at 9:17 A.M., with CNA 1, CNA 1 stated that CNA 1 was providing care to Resident 41 while the bed privacy/dignity curtain at the foot of the resident's bed was open and because there is no curtain provision to cover that part (foot of the bed). CNA 1 stated that the resident's privacy/dignity curtain only covers alongside the bed and does not cover the foot side of the bed. CNA 1 stated that there should be a curtain covering along the foot side of the bed to provide the resident with privacy. During an interview on 6/18/2026, at 1:53 P.M., with the Director of Nursing (DON), the DON stated that facility expectation is to provide and maintain Resident 41's dignity at the bedside during ADL care by making sure that the privacy/dignity curtain in closed all the way and that no part of the resident's body is exposed. The DON stated that the facility needs to make sure that the privacy/dignity curtains are provided and are fully functional, provide the resident with full coverage from wall to wall. The DON stated that, if the dignity curtain does not fully cover the resident's bed, resident's body parts may be exposed and making the resident feel undignified. A review of the facility's P&P titled tiled Resident Rights -Quality of Life, reviewed and approved 6/10/2026 indicated that,PurposeTo ensure that each resident receives the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.PolicyEach resident shall be cared for in a manner that promotes and enhances the quality of life, dignity, respect, individuality and receives services un a person-centered manner, as well as those that support the resident in attaining or maintaining his/her highest practicable well-being.Procedure. X. Facility Staff promotes, maintains, and protects resident privacy, Including body privacy, whenassisting with personal care and during treatment procedures.XI. Demeaning practices and standards of care that compromise dignity are prohibited. Facility Staffpromote dignity and assist residents as needed by:.XII. Facility Staff treats cognitively Impaired residents with dignity and sensitivity.

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	06/18/2026

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility failed to ensure the residents and/or responsible party (RP) had the ability to consent to use of psychoactive medication (a drug that changes brain function and results in alterations in perception, mood, consciousness or behavior) treatment prior to initiating treatment for two of three sampled residents (Resident 7 and 9). This deficient practice violated the residents' right to make an informed decision regarding the use of psychoactive medications for Residents 7 and 9.Findings: A review of Resident 7's admission Record indicated the resident was admitted to the facility on [DATE] and re-admitted on [DATE], with diagnoses that include but are not limited to Major depressive disorder (MDD-a persistently depressed mood or loss of interest in activities, lasting at least two weeks), schizophrenia (a severe and serious ongoing brain disorder that disrupts a person's ability to think logically, manage emotions, relate to others, and perceive reality), difficulty walking, heart failure (a chronic clinical syndrome where the heart cannot pump enough oxygen-rich blood to meet the body's needs.), chronic obstructive pulmonary disease (COPD- progressive lung disease characterized by persistent and often worsening airflow limitation, which makes it hard to breathe), anemia (blood disorder in which the blood has a reduced ability to carry oxygen to the rest of the body), anxiety disorder (health condition characterized by persistent, excessive, and disproportionate fear or worry in response to everyday situations), and repeated falls. A review of Resident 7's History and Physical (H&P) dated 11/30/2025 indicated Resident 7 has the capacity to make medical decisions. A review of Resident 7's Minimum Data Set (MDS - a resident assessment tool, and care-screening tool) dated 3/15/2026, indicated Resident 7 had moderate cognitive (the mental ability to make decisions of daily living) impairment. The MDS indicated Resident 7 required substantial /maximal assistance with eating, required staff assistance with oral hygiene, toileting hygiene, upper body dressing and personal hygiene, shower/bathe self, lower body dressing, and for putting on/taking off footwear. A review Resident 7's Physician Order Summary Report dated 6/18/2026, indicated a medication order to give Resident 9 Haloperidol (medication to treat mental illness) oral tablet 10mg by mouth two times a day for schizoaffective disorder manifested by (m/b) visual hallucinations (is a false perception of objects or events involving your senses: sight, sound, smell, touch and taste), seeing bugs crawling all over the resident's body, give at 9 am (morning) and HS (hour of sleep) at 9 pm effective 6/10/2026 at 9 pm. A review of Resident 7's Psychotherapeutic Drug Informed Consent (PDIC), indicated that a physician obtained a informed consent for Haloperidol on 3/31/2026. The same PDIC indicated that two (2) licensed nurses with their names and signatures, signed the PDIC on 3/8/2026. The PDIC sections for Resident 7's name and signature section was hand written, unable to sign. During a telephone interview on 6/8/2026 at 11:27am with Resident 7's responsible party (RP)/emergency contact, RP stated that RP had never received a call from the facility requesting for consent authorization for Resident 7 due to Resident 7's inability to give consent. A review of Resident 9's admission Record indicated the resident was admitted to the facility on [DATE] and re-admitted on [DATE], with diagnoses that include but are not limited to encephalopathy(disturbance, damage, or malfunction of the brain that alters its function or structure), type 2 diabetes (metabolic disorder leading to persistently high blood sugar (glucose) levels), difficulty walking, schizophrenia, polymyalgia rheumatica (inflammatory condition affecting the joints, muscles, bones, and connective tissues), COPD, and muscle weakness. The same admission record indicated that Resident 9 was self-responsible and did not have a next of kin and/or power of attorney listed. A review of Resident 9's H&P dated 5/22/2026, indicated Resident 9 can make needs known but cannot make medical decisions. A review of Resident 9's MDS dated [DATE], indicated Resident 9's cognition was severely impaired. The MDS indicated Resident 9 required setup or clean-up for eating and oral hygiene, required supervision for toileting hygiene, upper body dressing and personal hygiene, required partial/moderate assistance for shower/bathe self, lower body (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	06/18/2026

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dressing and putting on and/or taking off footwear. A review of the Resident 53 Physician Order Summary Report dated 6/18/2026, indicated to give Resident 53 Escitalopram Oxalate (medication to treat depression) oral tablet 5mg, give 1 tablet by mouth one time a day for depression (m/b) verbalization of worriedness about health verbalization about health condition as evidenced by frequently expressing fear of worsening health. A review of Resident 53's informed consent dated 5/6/2026, indicated a physician obtained informed consent for Escitalopram Oxalate, The same PDIC indicated that two (2) licensed nurses with their names and signatures, signed the PDIC on 5/6/2026. The PDIC sections for Resident 9's name and signature was hand written, gave verbal consent. During an interview on 6/18/2026 at 5:45 pm with the Director of Nursing (DON), the DON stated, It is important to obtain psychotherapeutic drug informed consent because it (psychotherapeutic drug) is a chemical restraint. The DON stated that if a resident is unable to sign/give consent, then the consent can be obtained from the resident's family representative. Additionally, the DON sated that, if a resident is self-responsible and has no family representative and/or power of attorney (POA), the facility will form a bioethics committee (is an advisory body within healthcare institutions that navigate and offer assistance in addressing ethical issues that arise in patient care and facilitate sound decision) to protect patient rights, and mediate conflicts between medical teams and surrogates (to act on behalf). A review of the undated facility policy and procedures (P&P) titled Informed Consent dated 6/10/2026, indicated, It was the policy of the facility to involve residents in their care decisions by facilitating information and obtaining consent for the use of psychotropic drugs .The attending physician determines the capacity of the resident to make decisions and give informed consent on his/her history & physical. If the Resident is determined to not have the capacity to make informed decisions, a surrogate decision-maker is identified.

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	06/18/2026

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** Based on observation and interview, the facility failed to ensure one of one sampled residents (Resident 88) room was free of clutter, safe, clean, comfortable, homelike environment according to the facility's policy and procedure (P&P) titled Resident Rooms and Environment reviewed and approved 6/10/2026. Resident 88's room floor was cluttered with multiple several clothing and stuffed animal on the floor. This deficient practice resulted in an environment that was unsafe, unclean, uncomfortable, not homelike and had the potential for infection.Findings: A review of Resident 88's admission Record indicated the facility admitted Resident 88 on 11/28/2023 with diagnoses including epilepsy (a brain disorder that causes a person to have repeated, unprovoked seizures), atrial fibrillation (Afib - a condition where the heart's natural electrical signals get confused. out of control instead of beating smoothly), and fracture (a broken bone) of the femur (thighbone). A review of Resident 88's Minimum Data Set (MDS - a resident assessment tool) dated 3/3/2026, indicated Resident 88 is cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life) and was independent with Activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily) care. During a concurrent observation and interview with Resident 88 on 6/15/2026, at 9:34 A.M., Resident 88's room was observed with multiple cluttered clothing and a big stuffed [NAME] mouse doll approximately 3 feet tall on the floor and on the nightstand. Resident 88 stated that she has asked multiple facility staff to give her containers to store her belongings that are on the floor by her bedside for months and nothing has happened. During a concurrent interview and record review on 6/16/2026, at 11:06 A.M., with Registered Nurse Supervisor (RNS) 1, a picture of Resident 88's room with the multiple cluttered items that included clothing and a stuffed big [NAME] mouse doll about 3 feet tall that were seen on the floor and on the nightstand was reviewed. RNS 1 stated that Resident 88's clothing and/or items need to be in the resident's closet or the nightstand and should not be left on the floor or cluttered. RNS 1 stated leaving the residents belonging on the floor is a fire hazard, the clutter may cause the resident to fall, trip over, injury themselves and a risk for infection. The residents room/facility need to maintain a home-like environment and hazard free. During an interview, on 6/18/2025, at 2:14 P.M., with the Director of Nursing (DON), the DON stated resident's clothing/belongings need to be stored in the residents' closet, not on the floor for infection control and to maintain a homelike environment for the residents. A review of the facility's P&P, titled Resident Rooms and Environment reviewed and approved 6/10/2026, indicated that:PurposeTo provide residents with a safe, clean, comfortable and homelike environment.PolicyThe Facility provides residents with a safe, clean, comfortable, and homelike environment. Facility Staff will provide residents with a pleasant environment and person-centered care that emphasizes the residents' comfort, Independence, and personal needs and preferences. To this end, the Facility encourages residents to use their personal belongings to the extent possible.ProcedureI. Facility Staff aim to create a personalized, homelike atmosphere, paying close attention to thefollowing:A. Cleanliness and order

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	06/18/2026

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, for three of eight sampled residents (Residents 72, 74, and 78), the facility failed to implement its policy and procedures (P&P) titled, Grievances and Complaints, with a review date of 6/10/2026. Inform/educate the residents that the Administrator (Admin) is the facility's appointed Grievance Officer (GO - a resident advocate who handles residents/complaints, ensures the residents rights are respected, and investigates the residents' concerns without fear of retaliation) to oversee the facility grievance process (a formal complaint that is investigated by the facility). Address Residents 72, 74, and 78's concerns and grievances. This failure resulted in: Resident 72 felt scared of backlash (a strong, usually negative reaction by a large group of people to a change, event, or decision) if the resident made a complaint. Resident 74 waiting all day/several hours for staff to answer the call light. Resident 78 having difficulty moving in and out of his bathroom with the wheelchair (WC). Findings: During a review of Resident 72's admission record, dated 4/26/2026, indicated Resident 72 was admitted to the facility on [DATE] with diagnoses but not limited to hemiplegia (severe or complete loss of voluntary movement on one side of body), diabetes (a disorder characterized by difficulty in blood sugar control), and end stage renal disease (ESRD- irreversible kidney failure). During a review of Resident 72's Minimum Data Set (MDS- a resident assessment tool), dated 6/5/2026, indicated Resident 38 was cognitively intact (mental ability to make decisions). During a review of Resident 78's admission record, dated 4/30/2026, indicated Resident 78 was admitted to the facility on [DATE] with diagnoses but not limited to fracture of right femur (thigh bone), polyneuropathy (multiple nerves outside brain and spinal cord are damaged), and depression (a serious mood disorder that causes persistent sadness). During a review of Resident 78's MDS, dated [DATE], indicated Resident 78 was cognitively intact. During a review of Resident 74's admission record, dated 2/19/2026, indicated Resident 74 was admitted to the facility on [DATE] with diagnoses but not limited to fracture of vertebrae (one of the bones of spinal column), depression, and hypertension (high blood pressure). During a review of Resident 74's MDS, dated [DATE], indicated Resident 74 was cognitively intact. During an interview on 6/17/2026 at 10:44 A.M. with Resident 72, Resident 72 stated, I am scared of backlash (a strong, usually negative reaction by a large group of people to a change, event, or decision) if I make a complaint. During an interview on 6/17/2026 at 10:44 A.M. with Resident 74, Resident 74 stated, I have waited all day for staff to answer the call light, sometimes for hours. During an interview on 6/18/2026 at 10:58 A.M. with Resident 78, Resident 78 stated, I have difficulty moving in and out of the bathroom with my wheelchair. I told a couple of nurses (unable to recall names), and they (facility) didn't offer to change the room. During the Residents Council Meeting interview on 6/18/2026 at 10:13 A.M. with Residents 72, 74, and 78 at the Resident Council Meeting, all three residents stated that they do not know what a grievance is and would have filed a grievance if they had known the grievance process, this is frustrating. During an interview on 6/18/2026 at 9:08 A.M. with the Assistant Director of Nursing (ADON), the ADON stated if a resident is not aware of the facility's grievance process, then the residents can feel frustrated and their needs unmet. During an interview on 6/18/2026 at 9:56 A.M. with the Registered Nurse Supervisor (RNS) 1, RNS 1 stated the Social Services Director (SSD) is the facility's GO. During an interview on 6/18/2026 at 10:08 A.M. with SSD, SSD stated if the facility was not aware of a resident's grievance, this can potentially cause the resident to feel unheard and frustrated. SSD stated the facility's Admin is the GO. During an interview on 6/18/2026 at 12:45 P.M. with the Admin, the Admin stated the SSD is the facility's GO. The Admin stated, It is the Grievance Officer's responsibility to resolve grievances appropriately. The Admin stated if residents are not aware of the grievance process, then the facility will have no knowledge of resident complaints, and this can potentially result in the residents feeling unheard and frustrated. During a review of the (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	06/18/2026

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	facility's policy and procedures (P&P) titled, Grievances and Complaints, with a review date of 6/10/2026, indicated, the facility Administrator is the Grievance Official responsible for overseeing the grievance process. The Grievance Official or designee provides a copy of the grievance/complaint report to the appropriate department manager to begin the investigation, and subsequent resolution. If follow-up is required, the Grievance Official is responsible for ensuring that the follow-up action is taken in a timely manner. During a review of the facility's P&P titled, Grievances and Complaints with a review date of 6/10/2026, indicated: To ensure that residents, family members, and representatives know about the procedure for filing grievances and complaints to the facility or other agency or entity that hears grievances. The facility Administrator is the Grievance Official responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusion, maintaining the confidentiality of information associated with the grievance as necessary and assuring written grievance decisions are provided to the residents upon request. Any resident, representative, family member, or appointed advocate may file a grievance or complaint concerning treatment, medical care, behavior of other residents, facility staff, etc., without fear of threat or reprisal in any form.When a Facility Staff member overhears of receives a grievance/complaint from a resident, a resident's representative, or another interested family member of a resident concerning the resident's medical care, treatment, food, clothing, or behavior of other residents, etc., the Facility Staff member is encouraged to advise the resident that the resident may file a complaint or grievance without fear of reprisal or discrimination, and will assist the resident, or person acting on the resident's behalf, in filing a written complaint with the Facility. During a review of the facility's P&P titled, Resident Rights - Quality of Life, dated 3/2017, indicated, Each resident shall be cared for in a manner that promotes and enhances the quality of life, dignity, respect, individuality and receives services in a person-centered manner, as well as those that support the resident in attaining or maintaining his/her highest practicable well-being. During a review of the facility's job description titled, Social Service Coordinator, not dated, indicated, that the Social Service Coordinator will Assist with the Grievance protocol.

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	06/18/2026

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to:1. Ensure staff did not store a black pouch with seven credits cards inside Medication cart [NAME] (MC-W) drawer for to one of one sampled resident (Resident 105).2. Returned the credit cards and black pouch to Resident 105 when the facility discharged Resident 105 on 4/10/2026 according to the facility's policy and procedures (P&P) titled, admission and Discharge - Personal Property dated 10/2/2025. This deficient practice increased the risk for unauthorized access and use of Resident 105's credit cards resulted in exposing Resident 105 to the risk of financial abuse.Findings: During a review of Resident 105's admission Record (AR), the AR indicated the facility admitted Resident 105 on 3/27/2026 with diagnoses that included but not limited to essential hypertension (high blood pressure) and depression (ongoing sadness, emptiness, irritability, or numbness,. extreme fatigue, or changes in weight and appetite, difficulty concentrating, memory issues, or negative thinking). AR indicated that Resident 105 was discharged from the facility on 4/10/2026 at 7:15 pm. During a review of Resident 105's Minimum Data Set (MDS - a resident assessment tool) dated 6/4/2026, the MDS indicated Resident 105 had moderate cognitive (the mental ability to make decisions of daily living) impairment. The MDS indicated Resident 105 needed set up/cleaning assistance with eating, supervision/touching assistance with activities of daily living (ADL-oral hygiene, personal hygiene, sitting/laying, and partial/moderate assistance with toileting hygiene, shower/bath, upper and lower body dressing, personal hygiene, sit/stand, toilet transfer, sit/stand and walking 50 feet). During a review of Resident 105's History and Physical (H&P - medical document which include resident's background, physical exam and assessment) by resident's physician and signed by the same physician, dated 3/28/2026, H&P indicated, The resident has the capacity to make medical decisions. During a review of Resident 105's Personal Effects Inventory Form (PIF - a formal document signed by a facility staff and the resident/resident representative with the list of all of resident's valuables and belongings, resident had upon admission and discharge), dated 3/27/2026 (upon admission), PIF indicated, Zero belongings and valuables. There was no documented evidence that Resident 105's PIF was reviewed and signed upon Resident 105's discharge on [DATE]. During a concurrent observation and interview on 06/17/2026 at 9:58 am, with Registered Nurse (RN) - 1, a black pouch with 7 credits cards found in a locked drawer of Med Cart [NAME] (MC-W). RN 1 stated, Facility should have returned the credit cards to the resident upon resident's discharge. During an interview on 06/17/2026 at 10:24 am, with Business Office Manager (BM), BM stated, Once resident is getting discharged , the facility should not keep any of the resident's cash or credit card. The facility should give those (black pouch and all credit cards) back to the resident. During an interview on 06/17/2026 at 1:58 pm, with Director of Nursing (DON), DON stated, All charge nurses have access to that locked drawer (of MC-W). It is not appropriate for multiple staff members to have access to a discharged resident's credit cards. Facility has the responsibility to give back the credit cards back to the resident (Resident 105) upon discharge. During an interview on 06/17/2026 at 2:20 pm, with Social Services Director (SSD), SSD stated, (Residents) credit cards do not belong in the medication cart. The facility should have returned all the credit cards to the resident (Resident 105) when the resident was discharged . I do not see any documentation that we (facility) contacted the resident after discharge. During a review of the facility's policy and procedures (P&P) titled, admission and Discharge - Personal Property dated 10/2/2025, the P&P indicated, Upon admission, the Certified Nursing Assistant (CNA/designee) will conduct a personal inventory of the resident's property. Money and other valuables should be taken to business office for safekeeping. Upon discharge home, if the resident/resident representative does not take his/her belongings at the time of discharge, Social Service Staff/Designee will contact the resident/resident representative to explain the belongings can only be stored at the facility for 30 days.

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	06/18/2026

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that resident specific information for payment and quality measures were electronically transmitted to the Internet Quality Improvement Evaluation System (IQIES - digital filing cabinet and grading system that allows healthcare facilities like nursing homes and home health agencies to report patient data to the government) Assessment Submission and Processing (ASAP) System, an minimum data set (MDS - a standardized health checklist used by Medicare- or Medicaid-certified nursing homes) record that passes Centers for Medicare and Medicaid Services (CMS - a United States of America federal government agency that oversees public health insurance programs) standard edits and is accepted into the system, within 14 days of the final completion date, or event date in the case of Entry and Death in Facility situations, of the record for two of two sampled residents (Residents 17 and 87). The facility admitted Residents 17 on 10/29/2025, and admitted Resident 87 on 1/8/2026 and discharged Resident 87 on 2/11/2026. This deficient practice resulted in delayed notification to Center of Medicare and Medicaid services (CMS - It is the federal agency that provides health coverage through administers and Children Health Insurance Program [CHIP]) of Resident 17 admission assessment and Resident 87's discharge assessments. Findings: A review of Resident 17's admission Record indicated the facility admitted Resident 17 on 10/29/2025 with diagnoses including dementia (progressive state of decline in mental abilities), osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage), and hypertension (HTN - high blood pressure). A review of Resident 17's Minimum Data Set (MDS - resident assessment tool) dated 5/27/2026, indicated Resident 17 was cognitively impaired (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 17 was dependent on staff with activities of daily living (ADL -routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) care. A review of Resident 87's admission Record indicated the facility admitted Resident 87 on 1/8/2026 and the facility readmitted residents 87 on 2/6/2026 with diagnoses including neoplasm of head of pancreas (a new, abnormal growth of tissue, better known as a tumor. It can be benign [non-cancerous] or malignant cancerous]), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and hypertension (HTN - high blood pressure). A review of Resident 87's MDS dated [DATE], indicated Resident 87 is cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 87 is dependent on staff with activities of daily living (ADL -routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) care. During a concurrent interview and record review, on 6/18/2025, at 11:36 A.M., with the Minimal Data Set Nurse (MDSN), Resident 17 and Resident 87's electronic charts were reviewed. The MDSN stated residents MDS assessments are done on admission, quarterly, annually, and when there is a significant change of condition. The MDSN stated that the resident assessments are then submitted in IQIES within 14 days of the assessment being completed. The MDSN stated that MDS assessments are done to accurately reflect the resident's clinical status and for facility compliance with CMS regulations and care planning. The MDSN stated that Residents 17 was admitted to the facility on [DATE], the most recent MDS assessment done was the quarterly assessment which was due for submission to CMS on 6/9/2026 however, was not submitted to CMS until 6/16/2026 which was late and out of compliance. The MDSN stated that Resident 87 was discharged from the facility on 2/11/2026 and Resident 87 needed a discharge MDS assessment done on the same day, 2/11/2026, however, Resident 87's MDS for discharge was done and submitted on 3/3/2026 which was late and out of regulatory compliance. During an interview, on 6/18/2025, at 2:17 P.M., with the Director of Nursing (DON), the DON stated (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	06/18/2026

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	MDS assessments are a comprehensive residents assessment used to guide in the resident's care in the facility and for billing purposes. The DON stated that MDS assessments need to be submitted within 14 days of their due date and if not done may not accurately communicate the resident's picture of care and lead to noncompliance. A review of the facility's policy and procedure (P&P) titled RAI process reviewed and approved 6/10/2026, indicated thatPurposeTo provide resident -assessments that accurately depict and identify residents specific issues and objectives as required, while meeting state and federal guidelines and data submission.PolicyThe facility will utilize the Resident Assessment Instrument (RAI) process as the basis for the accurate assessment of each resident's functional capacity and health status, as outlined in the CMS RAI MDS 3.0 Manual.Procedure1.The facility uses CMS's RAI Version 3.0 Manual as a reference tool.V. Data ProcessingA. The facility will transmit MDS assessments in accordance with the transmission dates outline in AP-30-Form A-RAI OBRA Required Assessment Summary and AP -30 -Form B -Medicare Assessment Reporting Schedule. A review of the facility provided CMS's Resident Assessment Instrument (RAI) Version 3.0 Manual dated 10/2024, the Manual indicated, .5.1 Transmitting MDS DataAll Medicare and/or Medicaid certified nursing homes and swing beds, or agent's pf those facilities, must transmit required MDS data records to CMS Internet Quality Improvement and Evaluation System (IQIES).Completion Timing:-For all non-admissions Omnibus Budget Reconciliation Act (OBRA-a series of Congress acts) and post-postscript (PPS -a payment system used by Medicare) assessment, the MDS completion date must be no later than 14 days after the assessment references date (ARD).

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	06/18/2026

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one (1) out of three sampled residents (Residents 9) preadmission screening and annual resident review (PASARR 1- a federally mandated assessment process ensuring that individuals with mental illnesses, are not inappropriately placed in Medicaid-certified nursing facilities and receive the specialized care they need) assessment screening was accurately completed to determine the facility's ability to provide the necessary care and appropriate services for the resident. This deficient practice placed Resident 9 at risk to not receive the necessary care and appropriate services necessary for the resident to reach the highest practicable physical, mental and psychological well-being.Findings: A review of Resident 9's admission Record indicated the resident was admitted to the facility on [DATE] and re-admitted on [DATE], with diagnoses that include but are not limited to encephalopathy(damage, or malfunction of the brain that alters its function or structure) difficulty walking chronic obstructive pulmonary disease (COPD- progressive lung disease characterized by persistent and often worsening airflow limitation, which makes it hard to breathe), type 2 diabetes (metabolic disorder leading to persistently high blood sugar (glucose) levels), difficulty walking, schizophrenia (a severe, chronic brain disorder that disrupts a person's ability to think logically, manage emotions, relate to others, and perceive reality), polymyalgia rheumatica (inflammatory condition affecting the joints, muscles, bones, and connective tissues), and muscle weakness A review of Resident 9's History and Physical (H&P) dated 5/22/2026 indicated Resident 9 can make needs known but cannot make medical decisions. A review of Resident 9's Minimum Data Set (MDS - a resident assessment tool) dated 4/9/2026, indicated Resident 9's cognition was severely (the mental ability to make decisions of daily living) impaired. Resident 9 required setup or clean-up for eating and oral hygiene, supervision for toileting hygiene, upper body dressing and personal hygiene, Resident 9 required partial/moderate assistance for shower/bathe self, lower body dressing and putting on and/or taking off footwear. A review of Resident 9 order listing report dated 6/18/2026 Escitalopram oxalate (medication to treat depression) oral tablet 5 milligrams (mg-unit of measurement) to be given by mouth one time a day for depression manifested by verbalization of worriedness about health condition as evidenced by frequently expressing fear of worsening of health. A review of Resident 9's PASRR dated 5/4/26, the facility documented NO for question 9 under Section III-Serious Mental Illness, if Resident 9 has been Diagnosed serious mental illness-Does the individual have a serious diagnosed mental disorder NO for question 10 if Resident 9, is Suspected Mental Illness-After observing the individual or reviewing their records, do you believe the individual may be experiencing serious depressing.ated NO for question 11 if Resident 9 is on Psychotropic Medication. Has the individual been prescribed psychotropic medications for serious mental illness . A review of Resident 9's Psychiatrist Notes dated of service 6/10/2026 indicated Resident 9 has a diagnosis of Major depressive disorder (MDD). During an interview on 6/18/2026 at 5:45 pm Director of Nurses (DON) failing to accurately complete a Level l PASRR's result in inaccurate assessment and recommendations that could result in improper placement, denial of necessary specialized services, and delayed medical care. A review of the facility's undated policy and procedures titled Preadmission Screening and Annual Resident Review (PASRR), dated 6/10/2026 indicated facility will ensure that a PASRR will be completed and placed in the resident's medical record. A review of the facility's Registered Nurse (RN) job description indicated, general duties and responsibilities:. Records care information accurately, timely and concisely.including Resident assessments. In the medical record in accordance with policy.

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	06/18/2026

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities Based on interview and record review, the facility failed to ensure that a pre-admission screening Resident Review (PASRR -a detailed assessment that determines if someone with a mental illness [like serious mental illness, intellectual disability, or related conditions] needs specialized services and the most appropriate place to receive them) level I assessment for residents identified with mental disorder was accurately completed for one of one sampled resident (Resident 2), in accordance with the facility's policy and procedures (P&P) titled admission Screening Resident Review (PASRR) with review and approval date of 6/10/2026. This deficient practice had the potential to negatively affect the appropriate care and services rendered to Resident 2.Findings: A review of Resident 2's admission Record indicated the facility admitted Resident on 5/3/2019 and readmitted Resident 2 on 4/30/2026 with diagnoses including bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), Parkinson's (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), and mild cognitive impairment (the stage between the expected cognitive decline of normal aging and the more serious decline of dementia [a progressive state of decline in mental abilities]) of unknown etiology (the cause). A review of Resident 2's Minimum Data set (MDS - a resident assessment tool) dated 3/29/2026, indicated Resident 2 was cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 2 required staff assistance with activities of daily living (ADL -routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) care. A review of resident 2's PASARR level I (is a mandatory federal screening used to identify if an individual being admitted to a Medicaid certified nursing facility has a suspected serious mental illness (SMI - a mental health condition that significantly disrupts a person's ability to function in daily life, impacting their thoughts, feelings, and behaviors), intellectual disability (ID) or related condition) dated 5/17/2025, the PASARR level 1 indicated the assessment was negative for a SMI - and that level II mental health evaluation was not required for SMI. During a concurrent interview and record review, on 6/18/2026, at 7:46 A.M., Registered Nurse Supervisor (RNS) 1, Resident 2's PASARR level I, face sheet and history and physical (H&P - formal and complete assessment of the patient and the problem) were reviewed. The RNS 1 stated that Resident 2 has a diagnosis is bipolar disorder which is a serious mental illness, and that Resident 2's PASARR level 1 that was completed on 5/17/2025 question number 9 indicated No that Resident 2 did not have a SMI. RNS 1 stated the PASAR level I was inaccurate based on Resident 2's diagnosis of bipolar disorder. RNS 1 stated that if the resident's assessment for PASARR level I is not done accurately, the facility may not be able to determine if the resident is being provided/receiving the proper care. During an interview on 6/18/2026, at 1:58 P.M., with the Director of Nursing (DON), the DON stated that the completion of PASRR level I allows the facility to determine if the resident needs to have a PASARR level II (an in depth, federally mandated evaluation triggered if a PASSAR Level I screen indicates a likeliwood os SMI, ID, or a related condition) assessment done, the appropriateness of the care in the facility. The DON stated that bipolar disorder is a definitely a SMI and that the answer to question nine No of the PASARR for Resident 2 that was done 5/17/2025 is inaccurate and appropriate answer should have been a yes. The DON stated that an inaccurately completed level I PASARR may not guide the facility to provide proper/appropriate care to the resident. A review of the facility's P&P titled, completion and correction effective date 3/25/2026, indicated, .III. Entries will be recorded in a timely manner and will be complete, legible, and accurate.IV. Documentation will reflect medically relevant information concerning the Resident and will be documented in a professional manner. A review of the facility's P&P titled, admission Screening Resident Review (PASRR) with review and approval date of 6/10/2026, indicated,1. The facility staff will ensure that a PASRR level I ls completed for each (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	06/18/2026

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident prior toadmission. A copy of the PASRR will be printed and placed In the resident's medicalrecord.5. The Facility MDS Coordinator will be responsible for accessing and ensuring updates to the PASRR are completed per MDS guidelines.

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	06/18/2026

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop a baseline care plan for one of one sampled resident (Resident 2) in accordance with the facility's policy and procedures (P&P) titled Person-Centered Care Planning with review and approval date of 6/10/2026, by failing ensure that resident 2 had a person-centered care plan. This deficient practice had the potential to negatively affect the delivery of necessary care and services needed for Resident 2.Findings: A review of Resident 2's admission Record indicated the facility admitted Resident on 5/3/2019 and readmitted Resident 2 on 4/30/2026 with diagnoses including bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), Parkinson's (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), and mild cognitive impairment (the stage between the expected cognitive decline of normal aging and the more serious decline of dementia [a progressive state of decline in mental abilities]) of unknown etiology (the cause). A review of Resident 2's MDS dated [DATE], indicated Resident 2 is cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 2 required staff assistance with activities of daily living (ADL -routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) care. During a concurrent interview and record review, on 6/18/2026, at 7:46 A.M., with Registered Nurse Supervisor (RNS) 1, Resident 2's medical chart was reviewed. RNS 1 stated that Resident 2 has a diagnosis of bipolar disorder however, the resident did not have a care plan on bipolar disorder. RNS 1 stated that the resident needs to have a care plan for bipolar disorder so that the facility can know how to manage the resident in terms of his psychiatric condition in this care bipolar disorder. RNS 1 stated that Resident 2 should have had a baseline care plan initiated within three days of admission for bipolar disorder. RNS 1 stated that if a resident does not have a care plan, the facility may not have a guide on how to care for the resident which may lead to worsening or escalating behaviors. During an interview, on 6/18/2026, at 2:14 P.M., with the Director of Nursing (DON), the DON stated that a baseline care plan should be initiated within 48 hours of the resident's admission. The DON stated that for Resident 2 with diagnosis of bipolar disorder should have a care plan so the facility staff may know how to manage the psychosocial/emotional aspect of the resident and there if there no care plan for it, then the facility may not know how to manage the residents psychosocial/emotional care. A review of the facility's P&P, titled Person-Centered Care Planning with review and approval date of 6/10/2026, indicated,1. Definitiona. Person-centered care plan means that the facility focuses on the resident as thecenter of control and support each resident in making his or her own choices.Person-centered care includes making an effort to understand what is important toeach resident with regard to daily routines and preferred activities and having anunderstanding of the resident's life before coming to reside in nursing facility.2. Baseline Care [NAME]. The baseline care plan must include the minimum healthcare information necessaryto properly care for each resident immediately upon their admission. It shouldaddress resident-specific health and safety concerns to prevent decline or injury, andwould identify needs for supervision, behavioral interventions, and assistance withactivities of daily living, as necessary.b. The Baseline Care Plan will be developed and implemented, using the necessarycombination of problem specific care plans to promote continuity of care andcommunication among facility staff, increase resident safety and safeguard againstadverse events, within 48 hours of the resident's admission. It will include, at minimum, the following information necessary on each care plan to properly care fora resident:i. Initial goals based on the admission ordersii. Physician ordersiii. Dietary ordersiv. Therapy Servicesv. Social Servicesvi. PASRR recommendations, if applicablec. The baseline care plan must (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	06/18/2026

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reflect the resident's stated goals and objectives andinclude interventions that address his or her needs.3. Baseline Care Plan Summarya. The baseline care plan summary will be developed within 48 hours of admission.

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	06/18/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that professional standards of practice met resident care and needs for one of one sampled resident (Resident 38) in accordance with the facility's policy and procedures (P&P) titled Physician Orders with review and approval date of 6/10/2026 when physicians orders were not carried out as instructed for resident follow up with the Orthopedic (a medical specialty that emphasizes the treatment of injuries and diseases of the musculoskeletal system) doctor and a Computed tomography (CT - a diagnostic imaging procedure that uses a combination of X-rays and computer technology to produce images of the inside of the body showing detailed images of any part of the body) scan post antibiotic therapy was ordered or scheduled. This deficient practice had the potential to negatively affect the appropriate care and services rendered to Resident 38.Findings: A review of Resident 38's admission Record indicated the facility admitted Resident on 5/29/2026 with diagnoses including infection following a procedure, spinal stenosis (narrowing of one or more spaces within your spinal canal), and diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing). A review for the history and physical (H&P - formal and complete assessment of the patient and the problem) dated, 5/29/2026, indicated . post operation surgical (period immediately following a surgical procedure [how surgeons fix or explore problems inside your body]) site infection/possible abscess (enclosed collection of pus in tissues) . Continue Vancomycin (antibiotic/medication used to treat infections) 1 gram (gm -unit of measure in weight) intravenously (within a vein) every 12 hours for post operative wound infection. A review of Resident 38's Discharge instructions dated, 5/29/2026 indicated . please schedule cervical spine CT after completion of antibiotics . A review of Resident 38's Physician Orders dated, 6/1/2026 indicated Resident 38 for orthopedic follow up . A review of Resident 38's MDS dated [DATE], indicated Resident 38 is cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 38 required staff setup or clean up assistance with activities of daily living (ADL -routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) care. During an interview, on 6/15/2026, at 10:01 A.M., with Residents 38, Residents 38 stated that he had a spinal cord fracture with surgery. Resident 38 stated, I spoke to multiple facility staff regarding following up with the surgeon, but the facility staff have not done anything about it. During a concurrent interview and record review, on 6/18/2026, at 7:06 A.M., Registered Nurse Supervisor (RNS) 1, Resident 38's general acute care hospital (GACH) records and physician orders dated 6/1/2026 were reviewed. The RNS 1 stated that Resident 38 had neck surgery on 5/6/2026 and had a physician's order to follow up with orthopedics and to order a CT scan after Resident 38 had completed the antibiotics (Vancomycin). RNS 1 stated that the facility had not scheduled Resident 38 with orthopedics follow up nor a CT scan after Resident 3d has completed the antibiotics. RNS 1 stated that physicians orders should be carried out as soon as they are received. RNS 1 stated that a follow up with orthopedics is important to determine if Resident 38's surgical procedure was healing well and if resident is not seen by an expert in the field, facility may not know if the resident is healing properly. RNS 1 stated that a CT scan post antibiotics is important to see if the abscess/infection has resolved and that if the CT is not done, may lead to possible sepsis (the body's extreme life threatening response to an infection) and death. RNS 1 stated all physicians orders should to be carried out. During an interview on 6/18/2026, at 1:33 P.M., with the Director of Nursing (DON), the DON stated that physicians' orders should to be carried out, right away, once the order is received. The DON stated that if an orthopedic appointment follow up is not scheduled for a resident after a cervical surgery with abscess, the resident may suffer complications such as infection, further resistance to antibiotics and potential hospitalizations. The DON stated that if a CT scan follow up for abscess treatment, it may lead to possible reinfection. A review of the (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	06/18/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	facility's P&P titled, completion and correction effective date 3/25/2026, indicated, .Ill. Entries will be recorded in a timely manner and will be complete, legible, and accurate.IV. Documentation will reflect medically relevant information concerning the Resident and will be documented in a professional manner. A review of the facility's P&P titled, Physician Orders with review and approval date of 6/10/2026, indicated, .PolicyThe licensed nurse will confirm that physician orders are clear, complete and accurate as needed.PURPOSETo have a process to verify that all physician orders are complete and accurate. A review of facility's Registered Nurse (RN) Job Description undated, indicated . the following: .Position DescriptionA licensed professional nurse directly under the supervision of the Director of Nursing Services that providescare and services to residents in a long-term care setting .Clinical Records care information accurately, timely and concisely, Completes all required documentationIncluding resident assessments, interventions, and patient response(s) in the medical record inaccordance with policy. Receive and transcribe orders accurately from attending/alternate physician.

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	06/18/2026

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, for one out of two sampled residents (Resident 95), the facility failed to clearly label the enteral feeding (a medical process that delivers a specialized liquid nutrient formula directly into the stomach or small intestine) bottle with the date and time staff started/hanged the enteral feeding, and label the hydration infusion (water flush) bag with the flow rate, and with the date and time the hydration infusion (water flush) bag was started/hang and the correct infusion rate for the enteral feeding. This deficient practice had the potential for the resident not receive desirable nutritional and hydration needs/goals and for the facility staff not to know when to next change the enteral feeding bottle for Resident 95.Findings: A review of Resident 95's admission record indicated the resident was admitted to the facility on [DATE] with diagnoses that include but are not limited to hemiplegia (is the complete or partial paralysis of one entire side of the body caused by injury to the brain or spinal cord) and hemiparesis (severe paralysis and partial weakness or reduced muscle strength) following cerebral infarction (the death of brain tissue caused by a lack of adequate blood flow and oxygen) affecting the right dominant side , dysphagia (difficulty swallowing) following cerebral infarction, chronic obstructive pulmonary disease (COPD- progressive lung disease characterized by persistent and often worsening airflow limitation, which makes it hard to breathe), cognitive communication deficit (difficulty with communication caused by disruptions in brain function and thinking skills), hypertension (high blood pressure), gastrostomy status (long-term presence of an artificial opening into the stomach used to receive vital nutrition, fluids, and medications directly into the stomach, bypassing the mouth and esophagus), history of mental and behavioral disorders, and hyperlipidemia (high levels of fats, or lipids, in the blood). A review of Resident 95's history and physical (H&P) dated 6/12/2026, indicated Resident 95 is non-verbal and does not have capacity for medical decision making due to cerebral vascular accident (CVA-stroke). During a facility tour observation on 6/15/2026 at 8:17am, Resident 95's enteral hydration bag was not labelled to indicate the date and or time the hydration was hung and the flow rate. Additionally Resident 95's enteral feeding formula bottle label start time was illegible and the flow rate (infusion) indicated 48ml/hr. However, the enteral feeding was infusing at 60 ml/hr. into Resident 95.A review of Resident 95's order listing report dated 6/18/2026 indicated enteral feed order every shift continuous water flush @ 40cc/hr. x20hours., and enteral feed order every shift . at 60ml/hr. x20hours .During an interview on 6/18/2026 at 8:35am, Licensed Vocational Nurse (LVN) 1 stated she did not hang the hydration and the enteral feeding formula, LVN 1 was unable to state the importance and risks of failing to and/or mislabeling hydration and/or enteral feeding formula.During an interview on 6/18/2026 at 5:45pm, Director of Nursing (DON) stated the importance of labeling hydration and enteral feeding formulas is to ensure the Residents consumption of enteral feeding is accurately tracked and documented based on the rate and time ordered by the physician.A review of the facility's policy and procedures (P&P) titled Enteral Feeding dated 6/10/2026, indicated, label bag and tubing with date and time hang.

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	06/18/2026

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 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. Based on observation, interview, and record review, the facility failed to follow its policy and procedures (P&P) titled, Medication Storage in the Facility reviewed 2024 and Medication ordering and receiving from pharmacy reviewed 2024 for two of three Medication Carts (MC-E and MC-W), by failing to dispose:1) One unlabeled/unidentified orange oval shaped pill found in one drawer of MC-E2) Three unlabeled/unidentified (a pink oval shaped pill, a small yellow round pill and a yellow capsule) were found in one drawer of MC-W.This failure had the potential to cause medication errors and harm to the residents.Findings; During a concurrent observation and interview with Registered Nurse (RN) 1 on 6/17/2026 at 9:19 am, in the facility hallway, one drawer in MC-E had an unlabeled/unidentified one orange oval shaped pill. RN 1 stated that, It was difficult to tell what that pill is or which resident the pill belongs to._ RN-1 stated, It's not ok. We don't know what type of medication it is. It should be in bubble pack (A method of organizing medicines in an individual plastic compartment or bubble sealed with a foil). We should have discarded this pill in the appropriate bin since it doesn't have resident name or name of the medication or dosage. During a concurrent observation and interview with RN 1 on 6/17/2026 at 9:58 am, in the facility hallway, three unlabeled pills were found in a drawer of MC-W. RN 1 stated that facility should ensure that all medication in any of the facility's medication carts are labelled appropriately. RN-1 stated, Anything could happen due to these unlabeled pills. Residents might have missed their dose. During an interview on 06/17/2026 at 1:58 pm, with Director of nursing (DON), DON stated, It's not the right practice to have unlabeled tablets in the med cart. It (unlabeled medications) should have been disposed of. All medications in the medication carts should be labeled with the resident's name and the medication name and dosage. During a review of the facility's policy and procedures (P&P) titled, Medication Storage in the Facility reviewed on 2024, the P&P indicated, All medications dispensed by the pharmacy are stored in the container with the pharmacy label. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soil, or without secure closure or immediately removed from inventory, disposed of according to procedures for medication disposal. During a review of the facility's policy and procedures (P&P) titled, Medication ordering and receiving from pharmacy reviewed on 2024, the P&P indicated, Medications are labeled in accordance with the facility requirements and state and federal laws. Each prescription medication label includes: 1)Residents name2)Facility Name3)Medication name4)Strength of medication

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	06/18/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review the facility failed to label and date food items in the patient refrigerator for 81 of 86 medically compromised residents who receive nutrition orally in the facility according to the facility's policy and procedures (P&P) titled Food brought in by Visitors dated 05/22/2025. This deficient practice had the potential to result in harmful bacterial growth that could lead to foodborne illness (a disease caused by consuming food or drinks that are contaminated by germs or toxins) in 81 medically compromised residents who receive nutrition orally in the facility.Findings: During an observation on 06/15/2026 at 9:15 AM at the [NAME] Nursing Station, the resident refrigerator contained a half-full bottle of kefir (a drinkable fermented dairy beverage similar in consistency to a thin yogurt) lying on its side in the middle rack of the refrigerator. During continued observation, no labeling, date, or room number was visible on the bottle. Posted on the refrigerator door is a sign printed in large font that indicates the refrigerator is for resident use only, items should be labeled with name, room number, date, and that all items will be removed after 48 hours. Also posted on the refrigerator is a policy titled Food brought in by Visitors which indicated that, nursing home is responsible for labeling and discarding within 48 hours. During an interview on 06/16/2026 at 11:29 AM with the Director of Nursing (DON), DON stated that nursing at the station where the resident refrigerator is located is responsible for labeling and dating food items. Upon review of findings DON could not confirm whether the food item belonged to a resident or employee. DON stated that food items without labeling and date presents variables in holding times that risks spoiled food being consumed by residents which may cause foodborne illness. During a document review of the facility's policy and procedures titled Food brought in by Visitors dated 05/22/2025, the policy indicates that food should be clearly labeled with the resident's name and date received and should be discarded after 48 hours if not consumed.

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	06/18/2026

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. Based on interview and record review, the facility failed to ensure that the facility staff performed Restorative Nursing Session (RNS - guided practice with a nurse or nursing assistant to help a patient maintain or regain their ability to do everyday tasks) services according to physician orders, dated 1/27/2026 and the facility's policy and procedure (P&P) tiled Resident Restorative Nursing Program Guidelines, effective date 5/26/2026 for one of one sampled resident (Resident 4). This deficient practice had the potential to result in ineffective RNA services, development of contractures (is a permanent or prolonged shortening of muscles, tendons, ligaments or skin to become stiff and rigid) and further decline in Resident 4's ability to perform everyday tasks. Findings: A review of Resident 4's admission Record indicated the facility admitted Resident 4 on 1/23/2025 and readmitted Resident 4 on 10/16/2025 with diagnoses including quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and chronic obstructive pulmonary disease (COPD - a chronic lung disease causing difficulty in breathing). A review of Residents 4's Physician Orders, dated 1/27/2026, the physician orders indicated RNA program for left lower extremity (LLE - entire left leg) passive range of motion (PROM -how far a joint can move when an external force does all the work while the muscles stay completely relaxed) exercises four times a week as tolerated. A review of Residents 4's Physician Orders, dated 1/27/2026, the physician orders indicated RNA program for right lower extremity (RLE - entire right leg) passive range of motion (PROM -how far a joint can move when an external force does all the work while the muscles stay completely relaxed) exercises four times a week as tolerated. A review of Residents 4's Physician Orders dated 1/27/2026, the physician orders indicated RNA program for left upper extremity (LUE - left arm) passive range of motion (PROM -how far a joint can move when an external force does all the work while the muscles stay completely relaxed) exercises four times a week as tolerated. A review of Residents 4's Physician Orders, dated 1/27/2026, the physician orders indicated RNA program for right upper extremity (RUE - right arm) passive range of motion (PROM -how far a joint can move when an external force does all the work while the muscles stay completely relaxed) exercises four times a week as tolerated. A review of Resident 4's Minimum Data Set (MDS - resident assessment tool) dated 3/24/2026, indicated Resident 4 is cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 4 is dependent on staff with activities of daily living care (ADL - activities such as bathing, dressing and toileting a person performs daily) care. During an interview on 6/15/2026, at 11:09 A.M., with Resident 4, Resident 4 stated that he is unable to get out of bed, has limited mobility and gets RNA to help maintain movement that he still has and not to get worse. During a concurrent interview and record review, on 6/18/2026, at 11:02 A.M., with RNA 1, Resident 4's Restorative Program documentation for 3/2026, 4/2026, 5/2026 and 6/2026 were reviewed. The RNA documentations indicated that on:3/2026: Nursing rehab/Restorative: Passive ROM program # 3:3/1/2026 to 3/3/2026 indicated blank3/4/2026 indicated 15, (RE - resident participated with encouragement), (97 -Not applicable)3/5/2026 to 3/10/2026 indicated blank3/11/2026 indicated 15 RE, 973/12/2026 to 3/16/2026 indicated blank3/17/2026 to 3/19/2026 indicated blank3/20/2026 indicated 15 RE, (0 -Numeric response [s])3/21/2026 indicated blank3/22/2026 indicated 15 RE, 03/23/2026 to 3/25/2026 indicated blank3/26/2026 indicated 15 RE, 03/27/2026 to 3/30/2026 indicated blank3/31/2026 indicated 15 RE, 0 4/2026 Nursing rehab/Restorative: Passive ROM program # 3:4/1/2026 to 4/5/2026 indicated blank4/6/2026 indicated 15 RE, 04/7/2026 to 4/9/2026 indicated blank4/10/2026 indicated 15 RE, 04/11/2026 to 4/15/2026 indicated blank4/16/2026 indicated 15 RE, 04/17/2026 indicated 15 RE, 0 4/18/2026 to 4/22/2026 indicated blank4/23/2026 indicated 15 RE, 04/24/2026 to 4/26/2026 indicated blank4/27/2026 indicated 15 RE, 04/28/2026 to 4/29/2026 indicated blank4/30/2026 indicated 15 (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	06/18/2026

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	RE, 0 5/2026 Nursing rehab/Restorative: Passive ROM program # 3:5/1/2026 to 5/2/2026 indicated blank5/3/2026 indicated 15 RO, 05/5/2026 to 5/7/2026 indicated 15 RE, 05/8/2026 to 5/9/2026 indicated blank5/10/2026 to 5/12/2026 indicated 15 RE, 05/13/2026 indicated 15 RO, 05/14/2026 to 5/16/2026 indicated blank5/17/2026 indicated 15 RO (R0 -resident was a passive participant), 05/18/2026 indicated blank5/19/2026 indicated 15 RO, 05/20/2026 indicated blank5/21/2026 indicated 15 RO, 05/22/2026 to 5/23/2026 indicated blank5/24/2026 indicated 15 RO, 05/25/2026 indicated 15 RO, 05/26/2026 indicated blank5/27/2026 indicated 15 RO, 05/28/2026 indicated 15 RO, 05/29/2026 to 5/31/2026 indicated blank 6/2026 Nursing rehab/Restorative: Passive ROM program # 3:6/1/2026 indicated 15 RE, 06/2/2026 to 6/3/2026 indicated blank 6/4/2026 indicated 15 RE, 06/5/2026 to 6/7/2026 indicated blank 6/8/2026 indicated 98 (98 -Residents refused), 986/9/2026 to 6/11/2026 indicated 15 RE, 06/12/2026 to 6/3/2026 indicated blank 6/13/2026 indicated 15 RE, 06/14/2026 to 6/3/2026 indicated blank During the same interview and record review, RNA 1 stated, that once RNA services are provided to a resident or if the resident refuses, it is immediately documented in the resident's chart in point click care (PCC -digital medical record and management platform built specifically for senior care and rehabilitation centers) in the point of care section. RNA 1 stated that she was familiar with Resident 4, who is on the RNA program for ROM exercises and receives services 4 times a week, for every two weeks there should be documentation of refusal or provision of RNA services of eight times. RNA 1 stated that RNA week starts on Monday and ends on Sunday and facility has RNA coverage in the facility from Monday to Sunday. RNA 1 stated that if a resident's documentation is blank then it means nothing was done, 15 in the documentation means 15 minutes was spent with the resident, RE means resident encouragement and RO means resident was a passive participant. RNA 1 stated that in 3/2026, residents should have documentation done 16 times however, resident only had documentation of either refusal or provision of services six times, for 4/2026 documentation was done eight out of 16 times, 5/2026 documentation was done 15 out of 16 times and 6/2026 documentation was done seven out of eight times. RNA 1 stated that every encounter with the residents whether services were provided or not should be documented in the resident's chart, if it was not documented, then it was not done. During an interview on 6/18/2026, at 1:29 P.M., with the Director of Nursing (DON), the DON stated that facility expectations are for RNAs to document in the resident's chart when services have been provided or not. The DON stated documentation should be done as soon as able during the RNA's shift. The DON stated that documentation is done to validate the service has been done with the resident. The DON stated that a blank in the documentation or lack of a progress notes indicates that a task was not done. The DON stated, There is a reason for the RNA services order, which is to maintain the residents' potential to prevent a decline which may lead to a contracture, which may lead to a decline in the quality of life if not done as ordered. A review of the facility's P&P titled tiled Resident Restorative Nursing Program Guidelines, effective date 5/26/2026 indicated that,I. Implementation of a restorative nursing program:A. Referral and admission to the Restorative Nursing Program1. Residents may be referred to the Restorative Nursing Program based on:a. Therapy recommendationi. Physical, Occupational, or Speech Therapyb. Nursing assessmenti. admission Assessment; ORii. A change in functional statusc. Provider orderd. Interdisciplinary Team (IDT} recommendationB. Measurable objectives and Interventions are documented in the Care Plan. TheInterdisciplinary Care Plan will reflect the written plan of care for meeting the restorativeneeds of each Resident including problems/needs, measurable goals and individualizedapproaches.IV. DocumentationA. Licensed Nurses reflect participation in and progress of Residents in the Restorative NursingProgram and update the care plan weekly and as needed.B. The RNA will document each session:1. Type of activity performed2. Frequency/duration3. Level of assistance provided4. Resident response and tolerance.

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	06/18/2026

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to protect and safeguard the residents personal and medical records for one of one sampled residents (Resident 38) according to the facility's policy and procedure (P&P), titled, Storage and Destruction of the Designated Record Set, reviewed and approved 6/10/2026. Resident 38's intravenous (IV -within a vein) Vancomycin (antibiotic/medication used to treat infections) bag with a label intact containing Resident 38's protected health information (PHI - information maintained in the same data set that could identify the individual). This deficient practice violated health insurance portability and accountability (HIPPA - strict standards for managing, transmitting, and storing protected health information) and right to privacy for Resident 38.Findings; A review of Resident 38's admission Record indicated the facility admitted Resident on 5/29/2026 with diagnoses including infection following a procedure, spinal stenosis (narrowing of one or more spaces within your spinal canal), and diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing). A review of Resident 38's MDS dated [DATE], indicated Resident 38 is cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 38 required staff setup or clean up assistance with activities of daily living (ADL -routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) care. During an initial tour of the facility on 6/15/2026, at 10:01 A.M., in Resident 38's room, a bag of intravenous (IV-within a vein) Vancomycin (antibiotic used to treat infections) was seen inside a trash can in Resident 38's room. The IV bag of Vancomycin had an intact label containing Resident 38 protected health information (PHI - information maintained in the same data set that could identify the individual). During a concurrent observation and interview on 6/15/2026, at 10:10 A.M, with Licensed Vocational Nurse (LVN) 1, a bag of IV Vancomycin was seen inside the trash can in Resident 38's room. The IV bag of Vancomycin had an intact label containing Resident 38 PHI. LVN 1 stated that the IV Vancomycin bag was in Resident 38's trash can and should not be in the trash can because it contained Residents 38's information attached to it. LVN 1 stated that Resident 38's PHI should be removed because of HIPPA reasons. LVN 1 stated that the Resident 38's information in the trash can be used in the wrong way and for possible identify theft. During an interview, on 6/16/2025, at 11:14 A.M., with Registered Nurse Supervisor (RNS) 1, RNS 1 stated Resident 38's information needs to be removed from the IV bag prior to disposing it because of HIPAA reasons, to protect the resident's medical health information and for privacy. During an interview, on 6/18/2025, at 1:51 P.M., with the Director of Nursing (DON), the DON stated that facility staff are expected to remove the label on the IV antibiotic (Vancomycin) bag which contains Resident 38's information before disposing of it. The DON stated, this is done for HIPPA reasons; to keep resident medical record confidential and the residents trash can is definitely not appropriate for disposal of resident health information. A review of the facility's P&P, titled, Storage and Destruction of the Designated Record Set, reviewed and approved 6/10/2026, indicatedPurposeTo describe the elements of the Designated Record Set and the procedure for approving the content, creation and maintenance of data sources that contains Protected Health Information.IV. Destruction of the Designated Record SetA. Records that have satisfied their legal, fiscal, administrative, and archival requirements may be destroyed In accordance with MR-15-Record Retention Guidelines.B. The Facility records must be destroyed In a manner that ensure the confidentiality of the records and renders the information unrecognizable.I. For PHI In paper records, proper disposal methods may Include shredding, burning, pulping, or pulverizing the records so that the PHI Is rendered essentially unreadable, Indecipherable, and otherwise cannot be reconstructed.Ill. The Facility may not dispose of resident PHI by throwing whole documents In the trash can because (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	06/18/2026

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	this Is not a method of destruction which ensures the resident information will be unrecognizable. A review of the facility's P&P titled tiled Resident Rights -Quality of Life, reviewed and approved 6/10/2026 indicated,PurposeTo ensure that each resident receives the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.PolicyEach resident shall be care for in a manner that promotes and enhances the quality of life, dignity, respect, individuality and receives services in a person-centered manner, as well as those that support the resident in attaining or maintaining his/her highest practicable well-being.IX. Facility Staff shall maintain an environment in which confidential clinical information Is protected,for example:B. the resident's clinical status or care needs are not to be openly posted In the resident's room unless.XI. Demeaning practices and standards of care that compromise dignity are prohibited.