

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056133	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER West Hills Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7940 Topanga Canyon Blvd. Canoga Park, CA 91304	

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)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42275</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1) was provided with a safe and comfortable environment when on 11/8/2024, Resident 1 used an electric portable space heater (a device used to heat small rooms or partially enclosed areas) inside the resident's room.</p> <p>This deficient practice placed the residents, staff, and visitors at risk for injury associated with the use of an electric portable space heater including burns and fire.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record indicated the facility originally admitted Resident 1 on 3/7/2019 and readmitted on [DATE] with diagnoses that included rheumatoid arthritis (RA- a long-term condition that causes pain, swelling and stiffness in the joints), asthma (a chronic lung disease that causes the airways in the lungs to narrow and swell, making it difficult to breathe) and atrial fibrillation (a heart condition that causes an irregular heartbeat, usually faster than normal).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated on 8/30/2024 indicated the resident understood others and was understood by others. The MDS further indicated that Resident 1's cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact. Resident 1 needed supervision or touching assistance from staff with personal hygiene and transferring.</p> <p>During a concurrent observation and interview on 11/8/2024, at 2:16 p.m. with Resident 1 and the Maintenance Supervisor (MS), in Resident 1's room, observed a small electric portable space heater placed on the top of the trash can upside down in front of Resident 1's nightstand table. Resident 1 stated that she (Resident 1) had been using the electric portable space heater since Monday (11/4/2024), whenever she (Resident 1) felt cold. When the MS was asked if he was aware Resident 1 was using an electric portable space heater, the MS stated he was not aware and that he did not receive any reports from staff. The MS further stated electric portable space heaters are not allowed to be used in the facility due to safety concerns that can cause burns and fire.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/8/2024, at 3:02 p.m. with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated that CNA 1 noticed that Resident 1 was using the electric portable space heater at the resident's bedside on 11/6/2024. CNA 1 stated she (CNA 1) informed Resident 1 that the electric portable space heater was not allowed because of a possibility of fire if handled wrong. CNA 1 stated she (CNA 1) did not report to any licensed nurses including the maintenance department personnel because CNA 1 thought that the facility was already aware of Resident 1's electric portable space heater.</p> <p>During an interview on 11/8/2024, at 4:18 p.m. with the Director of Nursing (DON), the DON stated that she (DON) was going to provide an in-service (a type of educational activity that helps employees improve their skills and knowledge) training to all staff reinforcing to report immediately if any electric portable space heaters are observed in the resident's rooms because electric portable space heaters could place the residents at risk for burns and fire.</p> <p>During a review of the facility policy and procedure titled, Electrical Safety for Residents, last revised January 2011 and last reviewed on 1/10/2024, indicated, The resident will be protected from injury associated with the use of electrical devices, including electrocution, burns and fire Portable space heaters are not permitted in the facility.</p>		