

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  12/11/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38469</p> <p>Based on observation, interview, and record review, the facility failed to implement the facility ' s Falling Star Program (a program that assesses a resident ' s risk for falling and identifies this at risk) by failing to place an identifying colorful star in the resident ' s personal areas (name plate on entrance to room) for a resident identified at risk for falls for one of three sampled residents (Resident 1).</p> <p>This failure had the potential for staff to be unaware that the resident is at risk for falls, which could increase the resident ' s risk for further falls.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, indicated that the facility admitted the resident on 08/17/2024 with diagnoses including type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood glucose [sugar]) and repeated falls.</p> <p>During a review of Resident 1 ' s History and Physical (H&amp;P) dated 9/05/2024, the H&amp;P indicated the resident does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 11/21/2024, the MDS indicated the resident cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) skills for daily decision making was severely impaired), required maximal assistance with shower, lower body dressing, putting on and taking off footwear and partial assistance with oral hygiene, toileting hygiene, upper body dressing and personal hygiene.</p> <p>During a review of Resident 1` s Change of Condition (COC), the COC indicated the following:</p> <p>1. On 10/8/2024 at 5:00 a.m., Resident 1 was found on the floor by a Certified Nurse Assistant (CNA), Registered Nurse (RN) was notified, body assessment done, no visible injuries noted .</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. On 11/07/2024 at 10:40 a.m., Licensed Vocational Nurse 1 heard a noise from the sunroom and found Resident 1 on the floor next to his wheelchair. Body assessment indicated the residents sustained a laceration of his left forehead above eyebrows with minimal bleeding and laceration on the dorsal part of the palm. Facility obtained order to transfer resident to acute hospital for further evaluation.</p> <p>During a concurrent observation, interview, and record review on 12/11/2024 2:34 p.m., with LVN 1, LVN 1 stated that he was the one who responded to the resident ' s fall incident on 11/7/2024 and documented the COC. LVN 1 stated that residents that are high risk for falls are placed in the Falling Star Program, which requires staff to frequently do visual checks, ensure call lights are within reach of the resident and place the bed in low position with landing mats to prevent serious injury. LVN 1 stated that placing a star sign next to the resident's name plate on entrance to the resident's room would alert the staff that this resident had to be frequently checked to prevent another fall incident. During an observation, LVN 1 that there was no star sign posted on the resident ' s name plate on entrance to the resident ' s room. LVN 1 stated that if Resident 1 is not frequently checked, Resident 1 could sustain another fall resulting to a serious injury such as a fracture. During the review of Resident 1` s Fall Risk assessment dated [DATE], the assessment indicated that the resident is high risk for fall.</p> <p>During an interview and record review on 12/11/20 24 at 3:28 p.m. with the Director of Staff Development (DSD), the DSD stated that residents who are high risk for fall must be placed in the falling star program, with interventions including placing a star sign next to the residents ' name plate on the entrance to the resident ' s room. The DSD stated that a fall incident can result to serious injury including a fracture.</p> <p>During an interview on 12/11/2024 at 4:45 p.m., with the Director of Nursing (DON), the DON stated there should be a star sign next to the resident ' s name plate so that the staff will be able to identify residents who are in the Falling Star program. The DON stated that residents who are in the Falling Star program should be visually checked every two hours. The DON stated a fall can result to serious injuries such as fracture and brain injury.</p> <p>During a review of the facility` s policy and procedure, titled Falling Star Program, last reviewed and approved on 1/10/2024, indicated that Residents identified at risk for falls will participate in the falling star program .an identifying colorful star will be placed in personal resident areas: e.g. on name plate on entrance to room .</p> <p>During a review of the facility` s policy and procedure, titled Promoting Safety, Reducing Falls, last reviewed on 1/10/2024, indicated that If caregivers are to prevent falls, they must first have a working knowledge of the key factors that determine which residents are most at risk .caregivers who understand the risk and causes of falls can best assist in falls or accident prevention by, being alert to residents who have a history of falls and make conscious effort to eyeball them more frequently .</p>		