

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 04/07/2025
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>50033</p> <p>Based on observation, interview, and record review, the facility failed to provide a resident who was at high risk for falls with floor mats (cushioned floor pads designed to help prevent injury should a person fall) as indicated in the care plan for one of five sampled residents (Resident 1).</p> <p>This deficient practice placed Resident 1 at an increased risk of sustaining an injury from a fall.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility originally admitted the resident on 12/13/2022 and readmitted the resident on 7/7/2023 with diagnoses including, but not limited to, Guillain-Barre syndrome (a disorder where the body's immune system mistakenly attacks nerves which can lead to numbness, tingling, and paralysis), history of falling, and osteoporosis (weak and brittle bones due to lack of calcium and Vitamin D) with a pathological fracture (broken bone caused by disease).</p> <p>During a review of Resident 1's History and Physical (H&P), dated 4/3/2025, the H&P indicated the resident was recently hospitalized from a fracture due to a fall out of bed. The H&P further indicated Resident 1 had underlying cognitive impairment (an inability to think, learn, and remember clearly) and generalized weakness.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 7/29/2024, the MDS indicated the resident was dependent on staff or required substantial assistance for most activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily). The MDS further indicated the resident was completely dependent on staff to go from a sitting to standing position and was unable to walk 10 feet.</p> <p>During a review of Resident 1's Fall Risk Assessment, dated 4/3/2025, the Fall Risk Assessment indicated Resident 1 was at high risk for falling with risk factors including a recent fall, incontinence, poor sitting or standing balance, and at least one predisposing condition (a diagnosis or disease that increases the likelihood of a fall). The Fall Risk Assessment further indicated residents assessed to be at high risk for falls will have a care plan developed to reduce falls and injuries.</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>During a review of Resident 1's care plan titled, Falling Star Program, dated 4/2/2024, the care plan indicated Resident 1 was at risk for falling and should have floor mats in place.</p> <p>During a review of Resident 1's care plan titled, SUPERSTAR. Resident is at risk for falls ., last revised on 4/5/2025, the care plan indicated Resident 1 is at risk for falls and injuries related to a balance deficit, history of falls, and poor safety awareness. The care plan further indicated to implement Super Star Interventions.</p> <p>During a concurrent observation and interview on 4/7/2025 at 3:05 p.m. with the Infection Preventionist (IP) in Resident 1's room, Resident 1 was in bed and there were no floor mats placed on either side of the bed. The IP stated they need to have an order to place floor mats. The IP stated floor mats are placed for certain residents who are at risk for falls to prevent more problems or injuries after a fall.</p> <p>During a concurrent interview and record review on 4/7/2025 at 4:03 p.m. with Licensed Vocational Nurse (LVN) 1, Resident 1's care plan titled, Falling Star Program, dated 4/2/2025, was reviewed. LVN 1 stated she initiated this care plan after Resident 1's recent fall out of bed. LVN 1 stated she selected the interventions on the care plan including to use floor mats based on the resident's assessment, history of falling, and the medications she takes. LVN 1 stated someone should have called the physician to get an order for floor mats. LVN 1 stated she was unsure why no one obtained an order for floor mats since they were indicated in the care plan.</p> <p>During an interview with the IP on 4/7/2026 at 4:15 p.m., the IP stated she obtained an order for the floor mats for Resident 1 so the care plan can be implemented. The IP stated floor mats are used to prevent any further injuries in case the resident has another fall out of bed.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Super Star Program - For Severely High-Risk Residents at Risk for Falls & Injuries, undated, the P&P indicated residents on this program are to have a floor mats placed at key locations including around the bed.</p> <p>During a review of the facility's P&P titled, Falls and Fall Risk, Managing, revised March 2018, the P&P indicated facility staff will implement a resident-centered fall prevention plan to reduce the specific risk factors of falls for each resident at risk or with a history of falls.</p>