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| 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 04/24/2025 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49135</p> <p>Based on observation, interview, and record review, the facility failed to provide reasonable accommodation of resident needs by failing to ensure the call light (an alerting device for nurses or other nursing personnel to assist a resident when in need) was within reach for one of four sampled residents (Resident 5).</p> <p>This deficient practice had the potential to result in a delay of care and services and possible injury to residents when unable to obtain the needed care and services.</p> <p>Findings:</p> <p>During a review of Resident 5's Admission Record, the Admission Record indicated the facility originally admitted the resident on 3/15/2022 and readmitted on [DATE] with diagnoses including atherosclerosis of the aorta (refers to the build-up of plaque [a fatty deposit] inside the aorta [the main artery that carries oxygen-rich blood from the heart to the rest of the body]), paroxysmal atrial fibrillation (involves episodes of an irregular heart rhythm that start and stop spontaneously, typically lasting less than a week) and hypertension (abnormally high blood pressure).</p> <p>During a review of Resident 5's Minimum Data Set (MDS- a resident assessment tool) dated 3/17/2025, the MDS indicated Resident 5's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired. The MDS indicated Resident 5 required moderate assistance from staff with toileting hygiene, upper body dressing, personal hygiene and mobility (movement). The MDS indicated Resident 5 required maximum assistance with shower or bathing and lower body dressing.</p> <p>During a concurrent observation and interview on 4/24/2025 at 11:45 a.m., with Registered Nurse 1 (RN 1), observed Resident 5 sitting up in her (Resident 5) wheelchair with the call light hanging on the wall by the overhead light (designed to provide sufficient light for residents to move around safely and see clearly). RN 1 then stated that Resident 5's call light should have been within Resident 5's reach for Resident 5 to be able to call for assistance when needed. RN 1 also stated if a resident's call light is not within reach, it can lead to a delayed response to Resident 5's needs and may pose a significant safety risk.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 4/24/2025 at 4:25 p.m. with the Director of Nursing (DON), the DON stated the facility staff should have ensured that call lights are within resident's reach in order for residents to call staff when assistance is needed. The DON stated if a resident's call light is not within reach, the resident may be unable to request staff assistance which can result in a delay of care and services and safety risk.</p> <p>During a review of the facility's policy and procedure titled, Call System, Residents, dated 9/2022, last reviewed 1/8/2025, indicated it is the policy of the facility to provide residents with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized work station. Each resident is provided with a means to call staff directly for assistance from his or her bed, from toileting or bathing facilities and from the floor.</p> |

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| <p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49135</p> <p>Based on interview and record review, the facility failed to ensure the provision of medically-related social services to meet one of five sampled residents (Resident 2) needs by failing to follow up the status of Resident 2's missing dentures and ensure timely replacement of Resident 2's denture. On 4/4/2024, Resident 2 was discharged from the facility without providing Resident 2's upper and lower dentures.</p> <p>This deficient practice placed Resident 2 at risk for health and safety impacts such as impair Resident 2's ability to eat leading to weight loss, choke (a blockage of the upper airway by food or other objects, which prevents a person from breathing effectively) or aspirate (when something you swallow goes down the wrong way and enters your airway or lungs) food and may affect Resident 2's speech and social interaction.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record, the Admission Record indicated the facility admitted the resident on 1/2/2024 with diagnoses including spinal stenosis (a medical condition characterized by the narrowing of the spinal canal, which houses the spinal cord and nerve roots) and oropharyngeal dysphagia (swallowing problems occurring in the mouth and/or throat).</p> <p>During a review of Resident 2's Minimum Data Set (MDS- a resident assessment tool) dated 4/4/2024, indicated Resident 2 had intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). The MDS indicated Resident 2 required set-up or assistance from staff with eating and staff supervision with toileting hygiene, dressing and personal hygiene.</p> <p>During a concurrent interview and record review on 4/24/2025 at 12:35 p.m., with Social Service Assistant 1 (SSA 1), Resident 2's Inventory List Resident's Clothing and Possessions under At Admission Section, dated 1/2/2024 was reviewed. Resident 2's Inventory List Resident's Clothing and Possessions under At Admission Section, indicated Resident 2 had upper and lower dentures upon admission on 1/2/2024. Upon further review of Resident 2's Inventory List Resident's Clothing and Possessions under At Discharge Section, dated 4/4/2024, Resident 2's Inventory List Resident's Clothing and Possessions under At Discharge Section was blank and there was no documented evidence found indicating Resident 2's upper and lower dentures were provided to Resident 2 upon Resident 2's discharge. SSA 1 stated that on 4/4/2024, Resident 2 was discharged without his upper and lower dentures. SSA 1 further stated that on 2/26/2025, Resident 2 came to the facility to inform SSA 1 that he (Resident 2) was discharged on [DATE] without his (Resident 2) upper and lower dentures. SSA 1 stated she (SSA 1) should have followed up the status of Resident 2's denture replacement and should have ensured Resident 2's upper and lower dentures were replaced sooner. SSA 1 stated if dentures are not replaced in a timely manner, Resident 2 may experience negative outcomes affecting physical health (such as Resident 2 will not be able to chew and enjoy his food), emotional well-being and overall quality of life.</p> <p>(continued on next page)</p> | | |

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| <p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a review of Resident 2's Concern Record, Theft/Loss and Grievance Report dated 2/26/2025, the Concern Record, Theft/Loss and Grievance Report indicated Resident 2 claimed he (Resident 2) did not receive his dentures at the time of discharge.</p> <p>During a review of Resident 2's Concern Record, Theft/Loss and Grievance Report dated 4/24/2025, the Concern Record, Theft/Loss and Grievance Report indicated Resident 2 claimed his (Resident 2) dentures went missing during his (Resident 2) stay in the facility.</p> <p>During a review of the facility's policy and procedure titled, Covered Items and Services, last revised 4/2021, indicated during the course of a covered Medicare/Medicaid stay, the following items and services are included:</p> <p>f. Medically-related social services as required by 483.30 (d).</p> | | |