

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 04/29/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</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 obtain one of four (Resident 1's) weight as ordered by the physician.</p> <p>This deficient practice may result in a delay in identifying significant weight loss or weight gain, and nutritional needs which may lead to a decline in the residents' condition.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility originally admitted Resident 1 on 10/28/2020 and was readmitted on [DATE] with diagnoses that included cerebral palsy (group of movement disorders that can cause problems with posture, manner of walking [gait], muscle tone, and coordination), altered mental status (a disruption in how your brain works that causes a change in behavior), urinary tract infection (an infection in any part of your urinary system), heart failure (a condition in which the heart doesn't pump blood as well as it should), quadriplegia (a condition where all four limbs [arms and legs] experience loss of movement), and anxiety disorder (a feeling of fear, dread, and uneasiness).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 12/23/2020, the MDS indicated that Resident 1's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and senses) skills for daily decision making were severely impaired. The MDS indicated Resident 1 was dependent on staff with bed mobility, transfer, dressing, eating, toilet use, personal hygiene and bathing.</p> <p>During a review of Resident 1's Order Summary Report dated 12/17/2020, the Order Summary Report indicated to monitor Resident 1's weight every Sunday for four weeks then monthly. Further review of Resident 1's Order Summary Report dated 12/17/2020 indicated to monitor Resident 1's weight every Wednesday for four weeks then monthly.</p> <p>During a review of Resident 1's Weights Summary indicated as follows:</p> <ul style="list-style-type: none"> - 12/4/2020 (Friday) indicated a weight of 162 pounds (lbs. - unit of measure) - 12/17/2020 (Thursday) indicated a weight of 162 lbs. - 12/19/2020 (Saturday) indicated a weight of 172 lbs. <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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 12/26/2020 (Saturday) indicated a weight of 163 lbs.</p> <p>- 1/2/2021 (Saturday) blank, no weight entered</p> <p>During a concurrent interview and record review on 4/28/2025 at 1:25 p.m., with Director of Nursing (DON), Resident 1's Order Summary Report dated 12/17/2020 and Resident 1's Weight Summary were reviewed. The DON stated that there was a typographical error (typo error - mistake made during the typing process) on Resident 1's Order Summary Report dated 12/17/2020. The DON stated Resident 1 should only be weighed every Sunday and should have replaced the order to be weighed every Wednesday. Resident 1 should have been weighed on 1/2/2021 as ordered and was not done. The DON stated the importance of obtaining Resident 1's current weights as ordered, noting that failure to do so may lead to delays in care and services.</p> <p>During a review of the facility's policy and procedure titled, Weight Assessment and Intervention, last reviewed on 1/8/2025, indicated resident's weights are weighed upon admission and at intervals established by the interdisciplinary team.</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</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 provide laboratory services for one of four sampled residents (Resident 1) by failing to ensure Resident 1 ' s Complete Blood Count (CBC- a blood test that measures the different types and numbers of cells [basic structural and functional unit of all forms of life] in your blood); Comprehensive Metabolic Panel (CMP- a blood test that measures 14 different substances in the blood to assess overall health and metabolism [refers to all the physical and chemical processes in the body that convert or use energy]); Pre-albumin Level (a blood test that measures the amount of pre-albumin [a protein produced by the liver], used to assess a person ' s nutritional status); Serum Iron Test (a blood test that measures how much iron [essential mineral needed by our body for growth and development] is in the blood); Serum Ferritin Test (a blood test that measures the amount of ferritin [a protein that stores iron] in the blood) were obtained as ordered by Resident 1 ' s physician on 10/29/2020.</p> <p>This deficient practice may result in a delay in identifying a medical condition and placed the residents at risk of not receiving the necessary care, services and treatment which can lead to worsening medical conditions.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated the facility originally admitted Resident 1 on 10/28/2020 and was readmitted on [DATE] with diagnoses that included cerebral palsy (group of movement disorders that can cause problems with posture, manner of walking [gait], muscle tone, and coordination), altered mental status (a disruption in how your brain works that causes a change in behavior), urinary tract infection (an infection in any part of your urinary system), heart failure (a condition in which the heart doesn't pump blood as well as it should), quadriplegia (a condition where all four limbs [arms and legs] experience loss of movement), and anxiety disorder (a feeling of fear, dread, and uneasiness).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS- a resident assessment tool) dated 12/23/2020, the MDS indicated that Resident 1 ' s cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and senses) skills for daily decision making were severely impaired. The MDS indicated Resident 1 was dependent on staff with bed mobility, transfer, dressing, eating, toilet use, personal hygiene and bathing.</p> <p>During a review of Resident 1 ' s Order Summary Report dated 10/29/2020, the Order Summary Report indicated obtaining CBC, CMP, Pre-albumin, Serum Iron, Serum Ferritin on 10/30/2020, then every month.</p> <p>During a concurrent interview and record review on 4/28/2025 at 1:25 p.m., with the Director of Nursing (DON), Resident 1 ' s Order Summary Report dated 10/29/2020 was reviewed. The DON stated that there should have been a laboratory test done and completed for Resident 1 on 11/30/2020 as ordered, however it was not done. The DON stated the licensed nurse who received the physician ' s order should have carried the order out and should have completed the laboratory requisition forms for the upcoming months. The DON stated that it is important for the laboratory test to be completed as ordered as delays can impact timely care and services provided to Resident 1.</p> <p>(continued on next page)</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility ' s policy and procedure titled, Request for Diagnostic Services, last reviewed on 1/8/2025, indicated orders for diagnostic services will be promptly carried out as instructed by the physician ' s order.</p>		