

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 10/01/2025
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to submit a new corrected and accurate Level 1 Preadmission Screening and Resident Review (PASARR- an assessment to help ensure that individuals who have a mental disorder or intellectual disabilities are not inappropriately placed in nursing homes for long term care) for one of four sampled residents (Resident 2). This deficient practice had the potential to result in inappropriate placement and unidentified specialized services for Resident 2. Findings: During a review of Resident 2's admission Record, the admission Record indicated the facility originally admitted the resident on 8/15/2025 and readmitted the resident on 9/19/2025 with diagnoses that included cerebral palsy (a group of disorders that affect movement, muscle tone, and coordination caused by the damage to the developing brain before or during birth), [NAME] -Chiari Syndrome (structural abnormality in the skull that causes part of the brain to move into the spinal canal) without spina bifida (condition that occurs when the spine and spinal cord don't form properly) or hydrocephalus (condition in which fluid accumulates in the brain, enlarging the head and sometimes causing brain damage), and dysphagia (difficulty swallowing). During a review of Resident 2's Physician Progress Notes dated 8/19/2025, the Physician Progress Notes indicated Resident 2 does not have the capacity to understand and make decisions. During a review of Resident 2's Minimum Data Set (MDS- a resident assessment tool) dated 8/20/2025, the MDS indicated that Resident 2 had severe impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) and was dependent on staff with toileting hygiene, shower or bathing, dressing, personal hygiene, and mobility (movement). During a review of Resident 2's Level 1 PASARR for 8/13/2025, the Level 1 PASARR indicated Resident 2 had no primary diagnosis of cerebral palsy. During a review of Resident 2's admission Record diagnosis information, the diagnosis information indicated Resident 2 had a principal admitting diagnosis of cerebral palsy. During a concurrent interview and record review on 9/30/2025 at 2:00 p.m., with the Director of Nursing, reviewed Resident 2's Level 1 PASARR dated 8/13/2025 and Resident 2's admission Record diagnosis information. The DON stated that she (DON) was responsible for overseeing the PASARR. The DON stated that Resident 2's Level 1 PASARR dated 8/13/2025 indicated Resident 2 had no primary diagnosis of cerebral palsy and was an error. The DON stated the facility should have submitted a new corrected Level 1 PASARR for Resident 2 reflecting the primary diagnosis of cerebral palsy. The DON stated the Level 1 PASARR evaluation was to determine appropriate placement and /or the need for specialized services. During a review of the facility's policy and procedure (P&P) titled, Preadmission Screening and Resident Review (PASARR), last reviewed on 1/8/2025, the policy indicated to ensure each resident with serious mental illness (SMI) and/or intellectual/developmental disability/related conditions (ID/DD/RC) will have appropriate setting, as well as if any specialized services and/or rehabilitative services would be needed. The facility will submit a new Level 1 PASARR if there is any error/discrepancy in the previous PASARR screening.</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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