

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 11/25/2025
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)		
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify one of two sampled resident's (Resident 1) Responsible Party (RP) of a change in condition (any significant alteration in a resident's usual health status) when on 11/22/2025 Resident 1 was diagnosed with shingles (painful skin rash that usually appears on one side of the body or face). This deficient practice had the potential to place residents at risk for unmet care needs and compromised continuity of care and could have resulted in a negative impact on Resident 1's treatment if decisions regarding care had been required at the time of the change of condition. During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted Resident 1 on 6/20/2023 and readmitted to the facility on [DATE], with diagnoses including polyneuropathy (a condition where multiple nerves in the body are damaged, leading to symptoms like pain, numbness, tingling, and weakness), essential hypertension (high blood pressure), low back pain, and legal blindness (the inability to see or a severe loss of vision that can't be corrected by glasses or contacts). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 9/25/2025, the MDS indicated Resident 1's cognition (refers to conscious mental activities including thinking, reasoning, understanding, learning, and remembering) was intact. The MDS indicated Resident 1 required setup or clean-up assistance with eating, required partial/moderate assistance from staff with oral hygiene, and substantial/maximal assistance from staff with toileting hygiene and personal hygiene. During a review of Resident 1's Change of Condition (COC- when there is a change in a resident's health status requiring intervention) Assessment Form dated 11/22/2025, timed at 7:48 a.m., the COC Assessment Form indicated that on 11/22/2025 at 6:45 a.m., Resident 1 was observed with redness and rashes at the left rib cage area and complained of occasional discomfort. The COC Assessment Form indicated Resident 1's Physician (Physician 1) was notified on 11/22/2025 at 7:22 a.m. During a review of Resident 1's Physician's Order dated 11/24/2025, timed 9:34 a.m., the Physician's Order indicated that Resident 1 was placed on contact isolation precautions (infection control measures for illnesses spread by touching a resident or their surroundings) and airborne isolation precautions (strict infection control measures for diseases spread by tiny, aerosolized particles [very small solid or liquid particles that stay suspended in the air, such as dust, smoke, or salt spray]) for shingles since 11/23/2025. During a concurrent interview and record review of Resident 1's Physician's Orders and text correspondence between Registered Nurse 1 (RN 1) and Physician 1 on 11/24/2025 at 4:17 p.m., RN 1 and Physician 1's text correspondence regarding Resident 1 was reviewed. RN 1 stated that on 11/22/2025 at 7:22 a.m., she (RN 1) stated that she (RN 1) had sent a photograph of Resident 1's left rib cage area to Physician 1, and informed Physician 1 that Resident 1 was observed with redness and rashes at the left rib cage area and Resident 1's complaints of occasional discomfort. RN 1 stated that on 11/22/2025 at 11:27 a.m., Physician 1 responded via text and indicated that the findings were consistent with shingles and ordered Valtrex (an antiviral medication used for the treatment and suppression of infections such as shingles) 1000 milligrams (mg- unit of measure) every eight hours for seven days, Prednisone (a medication used with antiviral drugs for shingles to reduce inflammation [a localized physical (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056133
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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	condition in which part of the body becomes reddened, swollen, hot and often painful, especially as a reaction to injury or infection], speed healing, and lessen pain) 20 mg every eight hours for seven days and Protonix (a medication used for conditions caused by excessive stomach acid) 40 mg twice a day for seven days. During an interview on 11/24/2025 at 4:30 p.m. with Resident 1's RP, RP stated that the facility did not inform RP of Resident 1's diagnosis of shingles. During a concurrent interview and record review on 11/24/2025 at 5:00 p.m., with Registered Nurse 2 (RN 2), Resident 1's COC Assessment Form dated 11/22/2025, timed 7:48 a.m. was reviewed. RN 2 stated that Resident 1's RP was informed and made aware of Resident 1's change in condition on 11/22/2025 at 6:45 a.m. but was not notified that Resident 1 had been diagnosed with shingles. RN 2 further stated that there was no documented evidence that Resident 1's RP had been made aware of the shingles diagnosis. RN 2 stated that facility staff should have immediately informed Resident 1's RP of the new diagnosis, as the RP needs to be aware of any changes in condition to make timely decisions regarding Resident 1's care. During an interview on 11/25/2025 at 12:30 p.m., with the Director of Nursing (DON), the DON stated that residents' representatives are to be contacted regarding any changes in a resident's condition so that they (residents' representatives) are informed of what is happening and can be prepared emotionally to support their loved ones. During a review of the facility's policy and procedure (P&P) titled Change in a Resident's Condition or Status last reviewed on 1/8/2025, the P&P indicated our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the residence and medical/mental condition and or status. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: b. there is a significant change in the resident's physical, mental, or psychosocial status.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record reviewed, the facility failed to implement the facility's infection control policies by failing to implement contact isolation precautions (precautions implement for individuals known or suspected to be infected with microorganisms that can be transmitted by direct contact) for one of two sampled residents when on 11/22/2025, Resident 1 was not placed on contact isolation precautions after being diagnosed with shingles (painful skin rash that usually appears on one side of the body or face). This deficient practice had the potential for the spread of shingles among residents and staff in the facility. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted Resident 1 to the facility on 6/20/2023 and readmitted on [DATE], with diagnoses including polyneuropathy (a condition where multiple nerves in the body are damaged, leading to symptoms like pain, numbness, tingling, and weakness), essential hypertension (high blood pressure), low back pain, and legal blindness (the inability to see or a severe loss of vision that can't be corrected by glasses or contacts). During a review of Resident 1's Minimum Data Set (MDS - a standardized assessment and screening tool) dated 9/25/2025, the MDS indicated Resident 1's cognition (refers to conscious mental activities including thinking, reasoning, understanding, learning, and remembering) was intact. The MDS indicated Resident 1 required setup or clean-up assistance with eating, required partial/moderate assistance with oral hygiene, and substantial/maximal assistance with toileting hygiene and personal hygiene. During a review of Resident 1's Change in Condition (COC- significant health shift requiring intervention) assessment form dated 11/22/2025 timed at 7:48 a.m., the COC indicated Resident 1 had redness and rashes at the left rib cage and complained of occasional discomfort. The COC form indicated that the physician and the resident's representative were notified. During a concurrent interview and record review on 11/24/2025 at 4:17 p.m. with Registered Nurse 1 (RN 1), Resident 1's COC dated 11/22/2025 timed at 7:48 a.m. and RN 1's text messaging correspondence (communication exchange between two or more people through written text messages) with Resident 1's physician was reviewed. RN 1 stated that the physician was notified by text message (written message sent electronically) using the facility cellphone when Resident 1 was assessed with redness and rashes on the left rib cage. RN 1 stated she sent a photograph of Resident 1's skin redness and rashes on the left rib cage on 11/22/2025 at 7:22 a.m. and the physician sent a text message back a 11:27 a.m. indicating a diagnosis of shingles. During an interview on 11/25/2025 at 9:00 a.m. with the Infection Preventionist (IP), the IP stated that she was in the facility on 11/22/2025 at around 12:00 p.m., however, she was not notified by RN 1 of Resident 1's new diagnosis of shingles; instead, she was informed by RN 5 on the morning of 11/23/2025. The IP stated that had she known about Resident 1's diagnosis of shingles on 11/22/2025, she would have immediately transferred Resident 1 to another room and placed him on contact isolation. The IP stated that Resident 1 was not placed on isolation upon receiving the diagnosis of shingles from the physician on 11/22/2025. The IP stated Resident 1 was placed on contact isolation on 11/23/2025. During a review of the facility's census dated 11/23/2025. The census indicated Resident 1 had a room transfer. During an interview on 11/25/2025 at 9:45 a.m., with RN 3, RN 3 stated that she worked on 11/22/2025 from 11:00 a.m. - 11:00 p.m. and assisted RN 4 in carrying out the physician's orders for Resident 1 and she (RN 3) was aware that Resident 1 was newly diagnosed with shingles. RN 3 stated she did not place Resident 1 on contact isolation or facilitate a room change. During an interview on 11/25/2025 at 10:35 a.m. with RN 4, RN 4 stated that he was the RN Supervisor on 11/22/2025 during the 3 p.m.-11 p.m. shift, for station 1, where Resident 1 was located. RN 4 stated that he (RN 4) was made aware of Resident 1's diagnosis of shingles on 11/22/2025 towards the end of the shift by RN 3. RN 4 stated that he did not implement a room change to place Resident 1 under contact isolation. RN 4 stated he endorsed Resident 1's new diagnosis of shingles and the need for room change to the oncoming shift's RN Supervisor, RN (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5. During an interview on 11/25/2025 at 10:55 a.m. with RN 5, RN 5 stated that she was made aware of Resident 1's new diagnosis of shingles on 11/22/2025 at around 11:00 p.m. RN 5 stated that she did not initiate Resident 1's room change for contact isolation because Resident 1's roommate was sleeping. RN 5 stated that the previous shifts should have implemented a room change to place the resident on contact isolation before RN 5's shift. RN 5 stated that she should have initiated Resident 1's room change to place Resident 1 on isolation but did not. RN 5 stated that she waited the following morning (11/23/2025) for the 7 a.m.-3 p.m. shift RN Supervisor to help her initiate a room change. RN 5 stated that Resident 1 was not placed on isolation until 16 hours following the diagnosis of shingles. During an interview on 11/2/2025 at 12:30 p.m. with the Director of Nursing (DON), the DON stated that Resident 1 should have been isolated and transferred to another room as soon as the licensed nurse was informed by the physician of Resident 1's shingles diagnosis on 11/22/2025. The DON stated it was important to isolate Resident 1 to help contain the infection and decrease the spread of shingles. The facility's policy and procedure (P&P) titled Policies and Practices - Infection Control reviewed 1/8/2025, the P&P indicated this facility's infection control policies are practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections. The objective of our infection control policies and practices are to: a. prevent, detect, investigate, and control infections in the facility; b. maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public; c. establish guidelines for implementing isolation precautions, including standard and transmission-based precautions. The facility's P&P titled Isolation- Categories of Transmission-Based Precautions reviewed 1/8/2025, the P&P indicated transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection. and is at risk of transmitting the infection to other residents. Contact precautions are implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. The individual on contact precautions is placed in a private room if possible.		