

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  12/22/2025
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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview, and record review, the facility failed to ensure staffing information of the actual hours worked by licensed and unlicensed nursing staff directly responsible for resident care per shift was posted daily (on 12/18/2025 and 12/22/2025) as indicated in the facility's policy and procedure titled, Direct Care Daily Staff Numbers. As a result, the total number of staff and the actual hours worked by the staff in the facility was not readily accessible to residents and visitors. Findings: During a concurrent observation on 12/18/2025 at 2:10 p.m., observed posted in the employee clock-in area, the facility documents titled Daily Staffing Posting, dated 12/18/2025 and Census and Direct Care Service Per Patient Day (DHPPD), dated 12/17/2025. During a concurrent observation, interview, and record review with the Director of Staff Development (DSD) on 12/18/2025 at 3:06 p.m., the DSD observed and reviewed the facility documents titled Census and Direct Care Service Per Patient Day (DHPPD), dated 12/17/2025 and Daily Staffing Posting dated 12/18/2025, posted and framed on the wall in the employee clock-in area. The DSD stated that the nursing hours posted are actual hours worked by the licensed and unlicensed nurses. The DSD stated that the Assistant Director of Staff Development (ADSD) is responsible for posting daily nurse staffing hours. During a concurrent observation, interview, and record review with the ADSD on 12/18/2025 at 3:10 p.m., the ADSD stated that he is responsible for posting the projected nursing hours each day at the start of his shift at 9:00 am. The ADSD stated that the facility document titled Census and Direct Care Service Per Patient Day (DHPPD) was posted by the night shift Registered Nurse. The ADSD stated that the hours on the facility document titled Daily Staffing Posting are fixed based on the monthly staffing schedule. The ADSD further stated that no changes are made in the posted nursing hours throughout the shift. The ADSD stated the Payroll PM is responsible for calculating the actual nursing hours worked by the licensed and unlicensed nursing staff. During an interview on 12/22/2025 at 10:30 a.m. with the Payroll Manager (PM), the PM stated that the nursing hours (licensed and unlicensed) posted by the ADSD are projected nursing hours. The PM stated she is responsible for calculating the actual nursing hours worked by the licensed and unlicensed staff; however, these hours are not calculated on the day worked and are instead calculated on the next business day. During an observation, interview and record review on 12/22/2025 at 10:36 a.m. with the PM, the PM observed and reviewed the facility documents titled Census and Direct Care Service Per Patient Day (DHPPD), dated 12/20/2025 and Daily Staffing Posting dated 12/22/2025, posted and framed on the wall in the employee clock-in area. The PM stated that the nursing hours posted are projected nursing hours because she has not calculated the actual nursing hours worked by the licensed and unlicensed nursing staff. The PM stated she has not calculated the actual nursing hours for 12/18/2025, 12/19/2025, 12/20/2025, 12/21/2025, and 12/22/2025. During and observation, interview and record review on 12/22/2025 at 11:00 a.m. with the Director of Nursing (DON), the DON observed and reviewed the facility documents titled Census and Direct Care Service Per Patient Day (DHPPD), dated 12/20/2025 and Daily Staffing Posting dated 12/22/2025, posted and framed on the wall in the employee clock-in area. The DON stated that both postings included only projected nursing hours and not the actual hours. During a follow up interview on 12/22/2025 at 12:15 p.m. with the DON, the DON stated that the facility does not post actual nursing hours worked by the licensed and unlicensed nursing staff daily. During a review of the facility's policy and procedure (P&amp;P) titled, Posting Direct Care Daily Staffing Hours, reviewed 1/8/2025, the P&amp;P indicated within two (2) hours of the beginning of each shift, the number of licensed nurses (RNs, LPNs, and LVNs) and the number of unlicensed nursing personnel (CNAs and NAs) directly responsible for resident care is posted in a prominent location (accessible to residents and visitors) and in a clear and readable format. Shift staffing information is recorded on a form for each shift. The information recorded on the form shall include the following information: a. The name of the facility; b. The current date (the date for which the information is posted); c. The resident census at the beginning of the shift for which the information is posted; d. Twenty-four (24)-hour shift schedule operated by the facility; e. The shift for which the information is posted; f. (RN, LPN, LVN, or CNA) and category (licensed or non-licensed) of nursing staff working during that shift who are paid by the facility; g. The actual time worked during that shift for each category and type of nursing staff; and h. Total number of licensed and non-licensed nursing staff working for the posted shift. Within two (2) hours of the beginning of each shift, the charge nurse or designee computes the number of direct care staff and completes the Nurse Staffing information form. The charge nurse completes the form and posts the staffing information in the location(s) designated by the administrator</p>		

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<p>F 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>(continued on next page)</p>

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<p>F 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on interview and record review, the facility failed to implement the facility's policy titled In-service Training, All Staff, by failing to provide in-service training (training intended for those actively engaged in a profession or activity) on behavioral health to all staff, as scheduled on the facility's in-service calendar. This deficient practice had the potential to place residents who have a behavioral health diagnosis at risk for not receiving the necessary care and treatment. Findings: During a review of the facility's in-service training calendar for 2025, the in-service training schedule indicated the scheduled in-service trainings for month of 9/2025 included behavioral health training. During a concurrent interview and record review on 12/22/2025 at 9:13 a.m. with the Director of Staff Development (DSD), the facility's in-service training calendar and staff sign in sheets were reviewed. The DSD stated that she has been the DSD of the facility since 11/2025. The DSD stated the facility has scheduled in-services throughout the year for all licensed nurses and certified nursing assistants; all licensed nurses and certified nursing assistants are required to attend all in-service trainings including behavioral health training in-service. The DSD stated that she conducts in-service training for all three shifts throughout the week to ensure all staff (licensed and unlicensed nursing staff) have the opportunity to attend. The DSD reviewed the facility's sign-in sheet for the behavioral health in-service training dated 9/25/2025 and confirmed that not all staff attended the training. The DSD stated that only 36 staff attended the training. During a follow up interview on 12/22/2025 at 11:36 a.m. with the DSD, the DSD stated that the facility has a total of 142 nursing staff and attendance at the behavioral health training was mandatory for all staff. During an interview on 12/22/2025 at 12:40 p.m. with the Director of Nursing (DON), the DON stated that attendance at behavioral health training in-services is mandatory for all nursing staff. The DON stated that behavioral health training is important to ensure staff are prepared to appropriately respond to resident behaviors and are able to effectively de-escalate situations when necessary. During a review of the facility's policy and procedure (P&amp;P) titled In-service Training, All Staff, with review date of 1/8/2025, the P&amp;P indicated all staff are required to participate in regular in-service education. In service education participation is considered working time for which staff are paid their regular wages. Required training topics include the following: a. Effective communication with residents and family (direct care staff); f. Behavioral health. During a review of the facility's policy and procedure (P&amp;P) titled Behavioral Health Services, with review date of 1/8/2025, the P&amp;P indicated staff training regarding behavioral health services includes, but is not limited to: a. recognizing changes in behavior that indicate psychosocial distress; b. implementing care plan interventions that are relevant to the resident's diagnosis and appropriate to his or her needs' c. monitoring care plan interventions are reporting changes in condition; and d. protocols and guidelines related to the treatment of mental disorders, psychosocial adjustments difficulties, history of trauma and post-traumatic stress disorder. Behavioral health services are provided by staff who are qualified and competent in behavioral health and trauma-informed care. During a review of the facility's Facility Assessment with review date of 3/12/2025, the Facility Assessment indicated the purpose of the assessment is to determine what resources are necessary to care for the residents competently during both day-to-day operations (including nights and weekends) and emergencies. The facility's resident population, including but not limited to: The care required by the resident population using evidence-based, data driven methods that consider the types of disease, conditions, physical and behavioral health needs. The staff competencies and skills tests that are necessary to provide the level and types of care needed for the resident population. Information about residents: Disease/Conditions &amp; Physical/Cognitive Disabilities for which we Provide Care: Psychiatric/Mood Disorders: Yes, Schizophrenia (a mental illness that is characterized by disturbances in thought), anxiety disorders (mental health conditions marked by excessive, persistent worry and fear that significantly interfere with daily life), bipolar (a mental health condition causing extreme mood swings, from manic highs [euphoria, high energy, irritability] to depressive lows [sadness, hopelessness, low energy], affecting sleep, energy, judgment, and thinking, often with stable periods in between). Resident Acuity Affecting Licensed Nurses: Behavioral/Mental Health: Yes. Information About Staff Patterns: Behavioral Health Services- Staffing is adequate for caring for residents with dementia, mental health conditions, or history of trauma as evidenced by: Staff are trained to care for residents with dementia and other mental health issues.</p>		