STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056228	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Haven Healthcare	1495 West Cameron Ave. West Covina, CA 91790

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on interview and record review, the facility failed to ensure one of four sampled nursing staff's (Certified Nursing Assistant [CNA] 6's) competency (a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully) evaluation was completed annually.This deficient practice resulted in incomplete competency evaluation for CNA 6 and had the potential for CNA 6 to provide inadequate care and services to assure resident safety and physical, mental, and psychosocial well-being of residents.During a concurrent interview and record review on 5/5/2026 at 3:53 PM with the Director of Staff Development (DSD), CNA 6's Competency Evaluation Worksheets (CEWs) in CNA 6's employee file were reviewed. The DSD stated the last CEW in CNA 6's file was dated 7/17/2019. The DSD stated it was important to complete staff's CEW every year.During an interview on 5/5/2026 at 4:01 PM with the administrator, the administrator stated that the facility should ensure every employee completes the CEW annually and keep a record in employee's file.During an interview on 5/5/2026 at 4:30 PM with the Director of Nursing (DON), the DON stated every staff should have competency evaluation annually and it was important to complete competency evaluation annually to make sure staff provided good patient care.During a review of the facility's policy and procedure (P&P) titled, Competency Evaluation, dated 1/1/2025, the P&P indicated it is the facility's policy to complete a performance competency evaluation for employees. The P&P indicated that skills competency evaluation will be performed upon hire, annually, and as needed and a record of the competency evaluations will be filed in the employee file.

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