

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056242	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/27/2026
NAME OF PROVIDER OR SUPPLIER Westlake Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 316 S Westlake Avenue Los Angeles, CA 90057	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a safe, clean, and homelike environment for one of four sampled resident (Resident 1) by failing to ensure Resident 1's curtain strings were untangled, and the ceiling did not have multiple brownish stains. This failure had the potential to negatively impact on Resident 1's quality of life, and possible risk of infection. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 12/10/2022 and was re-admitted on [DATE] with diagnoses including chronic respiratory failure (a condition that results in the inability to effectively exchange carbon dioxide and oxygen), tracheostomy (an opening surgically created through the neck into the trachea [windpipe] to allow direct access to the breathing tube) and dependence on respirator (ventilator-a machine or device used medically to support or replace the breathing of a person, unable to breath on their own). During review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 4/4/2026, the MDS indicated Resident 1 had impaired cognition (mental action or process of acquiring knowledge and understanding) for daily decision-making and dependent (helper does all the effort) from staff for activities of daily living (ADLs-bed mobility, surface transfer, eating, walk in room, dressing, toileting, and personal hygiene). During a review of Resident 1's History and Physical (H&P) dated 4/9/2026, the H&P indicated the resident did not have the capacity to understand or make decisions. During a concurrent observation and interview with the Director of Nursing (DON) and Maintenance Staff (MS) on 4/24/2026 at 1:41 PM, inside Resident 1's room, observed Resident 1's curtain strings were tangled and ceiling had multiple brownish stains. The MS stated that staff (in general) were supposed to check the room weekly for any issues. The DON stated that curtain strings were not supposed to be tangled and there should not have any stains in the ceiling to be able to provide a clean and homelike environment to Resident 1. During a review of the facility's policy and procedure (P&P), titled, Quality of Life: Homelike Environment, reviewed on 1/16/2026, the P&P indicated that residents were provided with a safe, clean, and homelike environment characterized by cleanliness and order; and privacy curtains clean and in good condition.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056242	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/27/2026
NAME OF PROVIDER OR SUPPLIER Westlake Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 316 S Westlake Avenue Los Angeles, CA 90057	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide an environment that is free from accident hazards in preventing avoidable accidents to one of six sampled residents (Resident 1) when Resident 1 was left unattended while up in the Hoyer lift (a medical device designed to safely transfer patients with limited mobility between beds, chairs, wheelchairs and showers). This deficient practice had the potential to negatively impact on Resident 1's safety, placing Resident 1 for possible fall or accident. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and was re-admitted on [DATE] with diagnoses including chronic respiratory failure (a condition that results in the inability to effectively exchange carbon dioxide and oxygen), tracheostomy (an opening surgically created through the neck into the trachea [windpipe] to allow direct access to the breathing tube) and dependence on respirator (ventilator-a machine or device used medically to support or replace the breathing of a person, unable to breath on their own). During review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 4/4/2026, the MDS indicated Resident 1 had impaired cognition (mental action or process of acquiring knowledge and understanding) for daily decision-making and dependent (helper does all the effort) from staff for activities of daily living (ADLs-bed mobility, surface transfer, eating, walk in room, dressing, toileting, and personal hygiene). During a review of Resident 1's History and Physical (H&P) dated 4/9/2026, the H&P indicated the resident did not have the capacity to understand or make decisions. During a review of Resident 1's Care Plan Report, revised on 4/9/2026, the care plan indicated Resident 1 was at risk for fall as manifested by poor safety awareness. The Care Plan Report indicated to assist Resident 1 with all the transfers. During a concurrent observation and interview with Registered Nurse 1 (RN1) on 4/24/2026 at 9:06 AM, inside Resident 1's room, observed Resident 1 up in the Hoyer lift on top of the bed with no staff around. RN1 immediately called for Certified Nursing Assistant 1 (CNA1). CNA1 stated that she (CNA1) was calling another staff (unidentified) for assistance. CNA1 stated that she (CNA1) was not supposed to leave Resident 1 in the Hoyer lift unattended. RN1 stated that it was important to make sure that when a resident was up in the Hoyer lift, resident should not be left unattended due to safety concern. During an interview with the Director of Nursing (DON) on 4/24/2026 at 11:20 AM, the DON stated that staff (in general) should not leave residents (in general) unattended when using a Hoyer lift and it was best practice to make sure there was at least two staff assisting a resident when using a Hoyer lift due to safety issues. During a review of the facility's policy and procedure (P&P), titled, Safe Lifting and Movement of Residents, reviewed on 1/16/2026, the P&P indicated that facility used appropriate techniques and devices to lift and move residents in order to protect the safety and well-being of staff and residents and to promote quality of care. During a review of facility's P&P titled, Safety and Supervision of Residents, reviewed on 1/16/2026, the P&P indicated that facility strived to make the environment as free from accident hazards as possible; and resident safety, supervision and assistance to prevent accidents were facility-wide priorities.</p>		