STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056133	A. BUILDING _____ B. WING _____	C 04/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST HILLS HEALTH AND REHABILITATION CENTER	7940 TOPANGA CANYON BLVD. CANOGA PARK, CA 91304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of two complaints. Complaint Numbers: CA00957090 and CA00958655. The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility. One deficiency was identified for the Complaint Number: CA00957090 (Refer to F770). One deficiency was identified for the Complaint Number: CA00958655 (Refer to F692).	F 000	THE SIGNING OF THIS PLAN OF CORRECTION IS NOT AN ADMISSION OR AGREEMENT BY THIS FACILITY OF THE TRUTH OF THE FACTS ALLEGED IN THIS STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION. IN FACT, THIS PLAN OF CORRECTION IS SUBMITTED EXCLUSIVELY TO COMPLY WITH STATE AND FEDERAL LAW. THIS PLAN OF CORRECTION CONSTITUTES MY CREDIBLE ALLEGATION OF COMPLIANCE FOR THE DEFICIENCIES NOTED.	
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;	F 692	**F 692 NUTRITION/HYDRATION STATUS MAINTENANCE** **CFR(s): 483.25(g)(1)-(3)** **IMMEDIATE CORRECTIVE ACTION:** Resident 1 was discharged on 1/3/21. The Director of Nursing Services (DON) conducted an in-service training with the Restorative Nurse Assistants (RNA) on 5/20/25, to conduct scheduled weekly weights for four weeks from the date of admission. Weekly weights will be taken on specific day of the week, if indicated on the physician's order.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: JBellantuoni, NHA | TITLE: ADMINISTRATOR | (X6) DATE: 05/23/25

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.

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F 692	Continued From page 1 §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to obtain one of four (Resident 1's) weight as ordered by the physician. This deficient practice may result in a delay in identifying significant weight loss or weight gain, and nutritional needs which may lead to a decline in the residents' condition. Findings: During a review of Resident 1's Admission Record, the Admission Record indicated the facility originally admitted Resident 1 on 10/28/2020 and was readmitted on 12/17/2020 with diagnoses that included cerebral palsy (group of movement disorders that can cause problems with posture, manner of walking [gait], muscle tone, and coordination), altered mental status (a disruption in how your brain works that causes a change in behavior), urinary tract infection (an infection in any part of your urinary system), heart failure (a condition in which the heart doesn't pump blood as well as it should), quadriplegia (a condition where all four limbs [arms and legs] experience loss of movement), and anxiety disorder (a feeling of fear, dread, and uneasiness). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 12/23/2020, the MDS indicated that Resident 1's cognitive (the mental action or process of acquiring knowledge and understanding through	F 692	**ACTION TAKEN TO IDENTIFY ALL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRACTICE AND CORRECTIVE ACTION TAKEN:** All newly admitted residents had the potential to be affected by this deficient practice. The Medical Records Director (MRD) reviewed the weekly weights in the last two weeks to ensure weekly weights were taken and documented. No other residents were identified. **PROCESS AND ACTION TAKEN TO ENSURE DEFICIENT PRACTICE DOES NOT RECUR:** The DON conducted in-service education with the RNAs on 5/23/25, regarding facility policy on "Weight Assessment and Intervention" focusing on taking weights upon admission and weekly thereafter for four weeks. The MRD will audit the weight record of newly admitted residents weekly for four weeks from admission to ensure that weights are recorded as ordered. The DON and/or her designee will conduct weekly random record review of five (5) newly admitted residents for 30 days to ensure the timely and accurate documentation of the weekly weight is done. Any licensed nurse or RN staff identified with deficient practice will be given one-on-one education.	

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F 692	Continued From page 2 thought, experience, and senses) skills for daily decision making were severely impaired. The MDS indicated Resident 1 was dependent on staff with bed mobility, transfer, dressing, eating, toilet use, personal hygiene and bathing. During a review of Resident 1's Order Summary Report dated 12/17/2020, the Order Summary Report indicated to monitor Resident 1's weight every Sunday for four weeks then monthly. Further review of Resident 1's Order Summary Report dated 12/17/2020 indicated to monitor Resident 1's weight every Wednesday for four weeks then monthly. During a review of Resident 1's Weights Summary indicated as follows: - 12/4/2020 (Friday) indicated a weight of 162 pounds (lbs. - unit of measure) - 12/17/2020 (Thursday) indicated a weight of 162 lbs. - 12/19/2020 (Saturday) indicated a weight of 172 lbs. - 12/26/2020 (Saturday) indicated a weight of 163 lbs. - 1/2/2021 (Saturday) blank, no weight entered During a concurrent interview and record review on 4/28/2025 at 1:25 p.m., with Director of Nursing (DON), Resident 1's Order Summary Report dated 12/17/2020 and Resident 1's Weight Summary were reviewed. The DON stated that there was a typographical error (typo error - mistake made during the typing process) on Resident 1's Order Summary Report dated 12/17/2020. The DON stated Resident 1 should only be weighed every Sunday and should have replaced the order to be weighed every	F 692	**MONITORING PERFORMANCE TO ENSURE THAT CORRECTION IS ACHIEVED AND SUSTAINED:** As part of the facility's Continuous Quality Improvement (CQI) program, the DON and MRD will report findings to the Quality Assessment and Assurance Committee (QAA) for the next three months regarding results of the random checks. The Administrator will monitor compliance through review of DON & MRD reports. **CORRECTIVE ACTION COMPLETION:** May 23, 2025	

PRINTED: 05/13/2025
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F 770	Continued From page 4 in the body that convert or use energy]); Pre-albumin Level (a blood test that measures the amount of pre-albumin [a protein produced by the liver], used to assess a person ' s nutritional status); Serum Iron Test (a blood test that measures how much iron [essential mineral needed by our body for growth and development] is in the blood); Serum Ferritin Test (a blood test that measures the amount of ferritin [a protein that stores iron] in the blood) were obtained as ordered by Resident 1 ' s physician on 10/29/2020. This deficient practice may result in a delay in identifying a medical condition and placed the residents at risk of not receiving the necessary care, services and treatment which can lead to worsening medical conditions. Findings: During a review of Resident 1 ' s Admission Record, the Admission Record indicated the facility originally admitted Resident 1 on 10/28/2020 and was readmitted on 12/17/2020 with diagnoses that included cerebral palsy (group of movement disorders that can cause problems with posture, manner of walking [gait], muscle tone, and coordination), altered mental status (a disruption in how your brain works that causes a change in behavior), urinary tract infection (an infection in any part of your urinary system), heart failure (a condition in which the heart doesn't pump blood as well as it should), quadriplegia (a condition where all four limbs [arms and legs] experience loss of movement), and anxiety disorder (a feeling of fear, dread, and uneasiness).	F 770	**PROCESS AND ACTION TAKEN TO ENSURE DEFICIENT PRACTICE DOES NOT RECUR:** The DON conducted an in-service education with licensed nurses on 5/23/25, regarding facility policy on *"Request for Diagnostic Services"* to ensure diagnostic services will be promptly carried out as instructed by the physician's order. The MRD will conduct daily audits of the diagnostic orders for the next three months to ensure that it was done and results were on file. A report of the audit will be submitted to the DON for follow-up. The RN Supervisor during the 7-3 shift will review the diagnostic orders daily from the previous day and follow-up with diagnostic personnel on the results to avoid delay in notifying the physician. The DON and/or her designee will conduct weekly random reviews of 10 residents with order for diagnostic test to ensure compliance with policy for the next three months. Licensed staff identified with deficient practice will be given a one-on-one in-service education. **MONITORING PERFORMANCE TO ENSURE THAT CORRECTION IS ACHIEVED AND SUSTAINED:** As part of the facility's Continuous Quality Improvement (CQI) program, the DON and MRD will report findings to the Quality Assessment and Assurance Committee (QAA) for the next three months regarding weekly random checks. The Administrator will monitor compliance through review of SSD logs. **CORRECTIVE ACTION COMPLETION:** May 23, 2025	

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F 770	Continued From page 5 During a review of Resident 1 ' s Minimum Data Set (MDS- a resident assessment tool) dated 12/23/2020, the MDS indicated that Resident 1 ' s cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and senses) skills for daily decision making were severely impaired. The MDS indicated Resident 1 was dependent on staff with bed mobility, transfer, dressing, eating, toilet use, personal hygiene and bathing. During a review of Resident 1 ' s Order Summary Report dated 10/29/2020, the Order Summary Report indicated obtaining CBC, CMP, Pre-albumin, Serum Iron, Serum Ferritin on 10/30/2020, then every month. During a concurrent interview and record review on 4/28/2025 at 1:25 p.m., with the Director of Nursing (DON), Resident 1 ' s Order Summary Report dated 10/29/2020 was reviewed. The DON stated that there should have been a laboratory test done and completed for Resident 1 on 11/30/2020 as ordered, however it was not done. The DON stated the licensed nurse who received the physician ' s order should have carried the order out and should have completed the laboratory requisition forms for the upcoming months. The DON stated that it is important for the laboratory test to be completed as ordered as delays can impact timely care and services provided to Resident 1. During a review of the facility ' s policy and procedure titled, "Request for Diagnostic Services," last reviewed on 1/8/2025, indicated orders for diagnostic services will be promptly carried out as instructed by the physician ' s order.	F 770	**This page intentionally left blank**	

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