

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POC Accepted on 6/4/2025

PRINTED: 05/20/2025
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 C 05/08/2025
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	
(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 a Facility Reported Incident (FRI). Facility Reported Incident Number: CA00960909 The inspection was limited to the specific Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility. One deficiency was identified for the Facility Reported Incident Number: CA00960909 (Refer to Ftag 770).	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 770 SS=D	Laboratory Services CFR(s): 483.50(a)(1)(i) §483.50(a) Laboratory Services. §483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure laboratory services were provided timely for one of three sampled residents (Resident 1). This deficient practice may result in a delay in identifying a medical condition and placed Resident 1 at risk of not receiving the necessary care, services and treatment in a timely manner	F 770	F 770 LABORATORY SERVICES CFR(s): 483.50(a)(1)(i) IMMEDIATE CORRECTIVE ACTION: The DON and/or her designee conducted a one-on-one in-service education with the licensed nurse on 5/30/25, regarding facility policy STAT orders. The laboratory company provided a clarification of the laboratory policy on 5/26/25, regarding the definition of STAT order which is 4-6 hours and will be presented and reviewed at the next Quality Assessment/Utilization Review Committee Meeting.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Hellantun NHA

TITLE

ADMINISTRATOR

(X6) DATE

05/30/25

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 770	<p>Continued From page 1 leading to worsening medical conditions.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted Resident 1 on 5/1/2025 with diagnosis that included nontraumatic subarachnoid hemorrhage (refers to bleeding in the space between the brain and the thin tissues surrounding it, without any head trauma being involved), cirrhosis of liver (a chronic liver disease where healthy liver tissue is replaced by scar tissue, hindering the liver's ability to function properly), type two (2) diabetes mellitus (a long term medical condition in which the body has trouble controlling blood sugar and using it for energy) and bacteremia (the presence of bacteria in the blood).</p> <p>During a review of Resident 1's History and Physical (H&P) dated 5/2/2025, the H&P indicated Resident 1 has the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Physician's Order dated 5/2/2025, timed at 10:00 a.m., the Physician's Order indicated obtaining STAT (immediately or without delay, placed when a laboratory test result is crucial) Laboratory Tests including the following:</p> <ol style="list-style-type: none"> 1. Complete Blood Count (CBC- a blood test that measures the different types and numbers of cells [basic structural and functional unit of all forms of life] in your blood) 2. Basic Metabolic Panel (BMP- a blood test that measures several substances in your blood such 	F 770	<p><u>ACTION TAKEN TO IDENTIFY ALL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRACTICE AND CORRECTIVE ACTION TAKEN:</u></p> <p>All residents with physician's orders for STAT Laboratory Tests had the potential to be affected by this deficient practice. The MRD randomly reviewed STAT Laboratory Tests in the last five (5) months. Five out of five STAT lab tests/radiology were collected/examined within 4-6 hours. No other residents were affected by this deficient practice.</p> <p><u>PROCESS AND ACTION TAKEN TO ENSURE DEFICIENT PRACTICE DOES NOT RECUR:</u></p> <p>The DON conducted an in-service education with licensed nurses on 5/8/25 and 5/23/25, regarding laboratory company's policy on STAT laboratory tests.</p> <p>The MRD will conduct daily audits of STAT laboratory tests for the next three months to ensure that tests were completed timely. A report of the audit will be submitted to the DON for follow-up. The RN Supervisor during each shift will review STAT laboratory tests and follow-up with laboratory personnel to ensure laboratory tests were done timely.</p> <p>The DON and/or her designee will conduct weekly random reviews of five (5) residents with order for STAT laboratory tests 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.</p>	
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F 770	<p>Continued From page 2</p> <p>as levels of electrolytes [electrically charged minerals dissolved in bodily fluids like blood, that are crucial for many bodily functions such as maintaining fluid balance, nerve and muscle function])</p> <p>3. Hemoglobin A1C (HgbA1C- a blood test that measures the average blood sugar level over the past 2-3 months)</p> <p>4. Urinalysis (UA - test of your urine for presence of disease such as infection)</p> <p>5. Culture and Sensitivity (C&S- a medical laboratory test used to identify what kind of medicine, such as an antibiotic [a medication used to fight bacterial infections])</p> <p>6. Blood Culture x2 (Blood Culture- a laboratory test used to detect and identify bacteria in the blood and helps diagnose and treat blood infections such as bacteremia) x2 (means Resident 1's physician has ordered two separate sets of blood cultures to be drawn from Resident 1).</p> <p>During a review of Resident 1's Laboratory Results Report dated 5/2/2025, the Laboratory Results Report indicated a collection date of 5/2/2025 at 6:15 p.m., received date of 5/2/2025 at 8:24 p.m. and reported date of 5/2/2025 at 9:49 p.m.</p> <p>During a concurrent interview and record review on 5/8/2025, at 1:40 p.m., with the MDS Nurse (MDSN), the MDSN reviewed Resident 1's Physician's Order dated 5/2/2025 and Laboratory Results Report dated 5/2/2025. The MDSN stated that Resident 1 had STAT labs ordered on</p>	F 770	<p><u>MONITORING PERFORMANCE TO ENSURE THAT CORRECTION IS ACHIEVED AND SUSTAINED:</u></p> <p>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 random checks by DON and audits by the MRD.</p> <p>The Administrator will monitor compliance through review of DON and MRD reports.</p> <p><u>CORRECTIVE ACTION COMPLETION:</u></p> <p>May 30, 2025</p>	

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F 770	<p>Continued From page 3</p> <p>5/2/2025 at 10:00 a.m. When MDSN was asked when STAT laboratory tests should be collected, the MDSN stated that STAT laboratory tests should be collected less than or within four hours from the time the Physician's Order is received to ensure timely diagnostic evaluation and care. The MDSN stated that Resident 1's laboratory test should have been collected by 2:00 p.m. on 5/2/2025.</p> <p>During a concurrent interview and record review on 5/8/2025 at 3:35 p.m., with the Director of Nursing (DON), the DON reviewed Resident 1's Laboratory Results Report dated 5/2/2025 with a collection date of 5/2/2025 at 6:15 p.m. The DON stated that Resident 1's laboratory tests were collected eight (8) hours after the Physician's Order was received. The DON stated that STAT laboratory tests should have been collected by the laboratory company within four hours of the time the Physician's Order is received.</p> <p>During a review of the facility's policy and procedure titled, "Availability of Services, Diagnostic", last reviewed 1/8/2025, indicated clinical laboratory ... to meet the needs of our residents are provided by our facility.</p> <p>During a review of the facility contract with the laboratory dated 1/1/2022, indicated for all STAT ordered by physician, Providers will dispatch services immediately and return results to the facility promptly.</p>	F 770	This page intentionally left blank		