

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

Accepted POC  
7/8/2025 43636

PRINTED: 06/27/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056133</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/13/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>WEST HILLS HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7940 TOPANGA CANYON BLVD.</b> <b>CANOGA PARK, CA 91304</b>		
(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 an abbreviated standard survey.  Complaint Number: CA00966050.  The inspection was limited to the specific Complaint and Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility.  Three deficiencies were issued for the Complaint Number: CA00966050 (Refer to Ftag F555, F557, F559).	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 555 SS=D	Right to Choose/Be Informed Attendg Physician CFR(s): 483.10(d)(1)-(5)  §483.10(d) Choice of Attending Physician. The resident has the right to choose his or her attending physician.  §483.10(d)(1) The physician must be licensed to practice, and  §483.10(d)(2) If the physician chosen by the resident refuses to or does not meet requirements specified in this part, the facility may seek alternate physician participation as specified in paragraphs (d)(4) and (5) of this section to assure provision of appropriate and adequate care and treatment.  §483.10(d)(3) The facility must ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care.	F 555	F 555 RIGHT TO CHOOSE/BE INFORMED ATTENDING PHYSICIAN CFR(s): 483.10(d)(1)-(5) <u>IMMEDIATE CORRECTIVE ACTION:</u>  Resident 1 was discharged on 1/3/21.		

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

*Phillipanton NHA*

TITLE

ADMINISTRATOR

(X6) DATE

07/07/25

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 555	<p>Continued From page 1</p> <p>§483.10(d)(4) The facility must inform the resident if the facility determines that the physician chosen by the resident is unable or unwilling to meet requirements specified in this part and the facility seeks alternate physician participation to assure provision of appropriate and adequate care and treatment. The facility must discuss the alternative physician participation with the resident and honor the resident's preferences, if any, among options.</p> <p>§483.10(d)(5) If the resident subsequently selects another attending physician who meets the requirements specified in this part, the facility must honor that choice.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) and/or their Responsible Party (RP- a person assigned to assist or make decisions on behalf of the resident), was provided the opportunity to choose or be informed of their right to choose their attending physician (a medical doctor in charge of the overall care of the resident).</p> <p>This deficient practice resulted in Resident 1 and Resident 1's RP not being made aware of Resident 1's right to select her physician and had the potential to interfere with Resident 1's RP's ability to make an informed choice regarding Resident 1's care and treatment.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the</p>	F 555	<p><b><u>ACTION TAKEN TO IDENTIFY ALL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRACTICE AND CORRECTIVE ACTION TAKEN:</u></b></p> <p>All residents had the potential to be affected by this deficient practice. The Social Services Director and Designee interviewed 10 newly admitted residents in the last two (2) weeks if they were aware of their rights to choose an attending physician and if they needed assistance with changing their attending physician. No other residents were found to be affected by this deficient practice.</p> <p><b><u>PROCESS AND ACTION TAKEN TO ENSURE DEFICIENT PRACTICE DOES NOT RECUR:</u></b></p> <p>The Director of Nursing Services (DON) conducted an in-service education with the licensed staff on 6/30/25, regarding facility policy and procedure on Change of Physician, ensuring that residents are aware of their rights and assistance is available when they request a change of physician.</p> <p>The Administrator conducted an in-service with Social Services department staff on 7/7/25, regarding facility policy on Choice of Attending Physician focusing on the right of the resident to choose his or her own attending physician.</p> <p>Effective 7/7/25, the Activity Director will review resident's rights to include the right to choose an attending physician during monthly Resident Council meeting for the next three months and quarterly thereafter. If the resident subsequently chose another attending physician who meets the requirements and</p>		

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F 555	<p>Continued From page 2</p> <p>facility admitted Resident 1 on 10/28/2020 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), and quadriplegia (paralysis [complete or partial loss of muscle function] of all four limbs).</p> <p>During a review of Resident 1's History and Physical (H&amp;P- a formal assessment by a healthcare provider that involves a resident interview, physical exam, and documentation of findings) dated 10/29/2020, the H&amp;P indicated Resident 1 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 11/3/2020, the MDS indicated Resident 1's cognition (ability to think and make decisions) was not intact. The MDS further indicated that Resident 1 required total dependence on staff for assistance with activities of daily living (ADL-include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating).</p> <p>During an interview on 6/13/2025 at 12:45 p.m., with the Social Services Director (SSD), the SSD stated when the facility has a resident that is admitted to the facility, the facility goes over resident rights which includes the option of changing the attending physician. The SSD stated that the facility recently had two residents that have requested a change in their attending physician which we were able to complete. The SSD stated that she was not working in the facility</p>	F 555	<p>responsibilities of an attending physician, the facility will honor that choice.</p> <p>Effective 7/7/25, the Social Service Director or the Social Services Designee will notify resident and/or resident's RP during the Interdisciplinary Team (IDT) meeting their right to choose a physician and assist them as needed. If the resident subsequently chose another attending physician who meets the requirements and responsibilities of an attending physician, the facility will honor that choice.</p> <p>The DON and/or her designee will conduct random review of five (5) residents or resident's RP, weekly for the next 30 days to ensure that they are aware of their rights to choose an attending physician and assistance is provided if they need to change physician.</p> <p><b><u>MONITORING PERFORMANCE TO ENSURE THAT CORRECTION IS ACHIEVED AND SUSTAINED:</u></b></p> <p>As part of the facility's Continuous Quality Improvement (CQI) program, the DON and/or her designee will report findings of the weekly random reviews to the Quality Assessment and Assurance Committee (QAA) at the next monthly meeting. The DSS will also report her daily findings at the next monthly QAA meeting.</p> <p>The Administrator will monitor compliance through review of the DON's report.</p> <p><b><u>CORRECTIVE ACTION COMPLETION:</u></b></p> <p>July 7, 2025</p>		

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F 555	Continued From page 3 at the time Resident 1 was admitted to the facility.  During an interview on 6/13/2025 at 3:00 p.m., with the Director of Nursing (DON), the DON stated that when a resident is admitted to the facility, we will go over the residents' rights with the resident or the resident's RP, including the right to request a change of the attending physician. The DON stated that the facility works with residents to change their personal physician if requested. The DON stated the DON does not believe the facility ever received a request from Resident 1 or Resident 1's responsible party requesting a change in the attending physician. The DON stated that the facility does not have documentation to support that the facility discussed with Resident 1 or Resident 1's RP regarding changing of the attending physician.  During a review of the facility's policy and procedure (P&P) titled, "Choice of Attending Physician," with an approval date of 1/8/2025, the policy indicated the resident has the right to choose his or her own attending physician. Residents are not required to choose an attending physician ...The facility may not interfere with the process by which the resident chooses his or her physician.	F 555			
F 557 SS=D	Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2)  §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:  §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe	F 557	<b>F 557 RESPECT, DIGNITY/ RIGHT TO HAVE PERSONAL PROPERTY</b> <b>CFR(s): 483.10(e)(2)</b> <b>IMMEDIATE CORRECTIVE ACTION:</b> Resident 1 was discharged on 1/3/2021.  <u><b>ACTION TAKEN TO IDENTIFY ALL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRACTICE AND CORRECTIVE ACTION TAKEN:</b></u> Residents admitted from other facilities had the potential to be affected by this deficient practice. The Social Services Director and Social Services Designee interviewed 10 residents admitted in the last two weeks if assistance is needed in retrieving any belongings from prior facility. No other residents were affected by this deficient practice.		

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F 557	<p>Continued From page 4</p> <p>upon the rights or health and safety of other residents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was treated with respect and dignity by failing to assist Resident 1 with obtaining personal belongings from Resident 1's previous facility.</p> <p>This deficient practice had the potential to affect Resident 1's sense of identity, autonomy and emotional comfort.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted Resident 1 on 10/28/2020 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), and quadriplegia (paralysis [complete or partial loss of muscle function] of all four limbs).</p> <p>During a review of Resident 1's History and Physical (H&amp;P- a formal assessment by a healthcare provider that involves a resident interview, physical exam, and documentation of findings) dated 10/29/2020, the H&amp;P indicated Resident 1 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated</p>	F 557	<p><b><u>PROCESS AND ACTION TAKEN TO ENSURE DEFICIENT PRACTICE DOES NOT RECUR:</u></b></p> <p>The DON conducted an in-service education with licensed staff and social services staff on 6/30/25, regarding facility policy on Residents Right and Personal Property to ensure that assistance will be provided in securing belongings if the resident came from another facility.</p> <p>The Administrator conducted an in-service education with social services staff on 7/7/25, regarding facility policy on Residents Right and Personal Property to ensure that assistance will be provided in securing belongings if the resident came from another facility</p> <p>Effective 7/7/25, the Social Services Director and the Social Services Designee will check newly admitted resident's inventory list to ensure residents have personal belongings brought to the facility and provide assistance in obtaining personal belongings from previous facility if needed.</p> <p>The DON and/or her designee will conduct random review of five (5) newly admitted residents weekly for the next four (4) weeks, then monthly for two (2) months of all new admissions to ensure the belongings checklist is completed and assistance is provided in securing and locating belongings from other facilities if needed.</p> <p><b><u>MONITORING PERFORMANCE TO ENSURE THAT CORRECTION IS ACHIEVED AND SUSTAINED:</u></b></p> <p>As part of the facility's Continuous Quality Improvement (CQI) program, the DON will report findings at the Quality Assessment and Assurance Committee (QAA) regarding</p>		

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F 557	<p>Continued From page 5</p> <p>11/3/2020, the MDS indicated Resident 1's cognition (ability to think and make decisions) was not intact. The MDS further indicated that Resident 1 required total dependence on staff for assistance with activities of daily living (ADL-include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating).</p> <p>During a review of Resident 1's inventory log (a facility form documenting a resident's personal property) dated 10/28/2020, the inventory log indicated Resident 1 had no belongings.</p> <p>During an interview on 6/13/2025 at 12:45 p.m., with the Social Services Director (SSD), the SSD stated when the facility has a resident that is admitted from another facility, we will contact the other facility and attempt to have the resident's belonging brought to the facility or we will have a staff member go pick up the resident's belongings and bring to our facility. The SSD stated that she was not working in the facility at the time Resident 1 was admitted to the facility.</p> <p>During an interview on 6/13/2025 at 3:00 p.m., with the Director of Nursing (DON), the DON stated that when the facility has a resident admitted from another facility, the facility will attempt to bring the resident's belongings to the facility. The DON stated the DON does not recall if the facility attempted to obtain Resident 1's belongings from Resident 1's previous facility. The DON stated that the facility does not have any documentation indicating that the facility attempted to locate and bring Resident 1's personal belongings to the facility.</p> <p>During a review of facility's policy and procedure</p>	F 557	<p>weekly random checks at the next monthly meeting.</p> <p>The Administrator will monitor compliance through review of DON reports.</p> <p><b><u>CORRECTIVE ACTION COMPLETION:</u></b> July 7, 2025</p>		

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F 557	Continued From page 6  (P&P) titled, "Resident Rights," with an approval date of 1/8/2025, the policy indicated employees shall treat all resident with kindness, respect and dignity. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to ...retain and use personal possessions to the maximum extent that space and safety permit.  During a review of the facility's P&P titled, "Personal Property," with an approval date of 1/8/2025, the policy indicated residents are permitted to retain and use personal possessions, including furniture and clothing as space permits, unless doing so would infringe on the rights or health and safety of other residents ...Residents are encouraged to use personal belongings to maintain a homelike environment and foster independence.	F 557			
F 559 SS=D	Choose/Be Notified of Room/Roommate Change CFR(s): 483.10(e)(4)-(6)  §483.10(e)(4) The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.  §483.10(e)(5) The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement.  §483.10(e)(6) The right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility is changed. This REQUIREMENT is not met as evidenced by:	F 559	<b>F 559 CHOOSE/BE NOTIFIED OF ROOM/ROOMMATE CHANGE</b> <b>CFR(s): 483.10(e)(4)-(6)</b> <b><u>IMMEDIATE CORRECTIVE ACTION:</u></b> Resident 1 was discharged on 1/3/25. <b><u>ACTION TAKEN TO IDENTIFY ALL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRACTICE AND CORRECTIVE ACTION TAKEN:</u></b> All residents had the potential to be affected by this deficient practice. The Medical Records Director (MRD) reviewed five (5) residents with room change request in the last 30 days, to check if written notice of room change were provided to the resident and/or resident's RP. No other residents were affected by this deficient practice.		

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F 559	<p>Continued From page 7</p> <p>Based on interview and record review, the facility failed to ensure that one of three sampled residents (Resident 1's) correct responsible party (RP- a person assigned to assist or make decisions on behalf of the resident) was accurately documented in Resident 1's medical record, and failed to notify the correct RP of Resident 1's room change.</p> <p>This deficient had the potential to result in miscommunication regarding the resident's care and cause confusion for the RP.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted Resident 1 on 10/28/2020 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), and quadriplegia (paralysis [complete or partial loss of muscle function] of all four limbs).</p> <p>During a review of Resident 1's History and Physical (H&amp;P- a formal assessment by a healthcare provider that involves a resident interview, physical exam, and documentation of findings) dated 10/29/2020, the H&amp;P indicated Resident 1 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 11/3/2020, the MDS indicated Resident 1's cognition (ability to think and make decisions)</p>	F 559	<p><b><u>PROCESS AND ACTION TAKEN TO ENSURE DEFICIENT PRACTICE DOES NOT RECUR:</u></b></p> <p>The Director of Nursing Services (DON) conducted an in-service education with the licensed staff on 6/30/25, regarding facility policy on Room Change, ensuring that advance notice is provided to the resident and/or RR prior to room change.</p> <p>The Administrator conducted an in-service with Social Services department staff on 7/7/25, regarding facility policy on Room Change, ensuring that advance notice is provided to the resident and/or resident's RP prior to room change.</p> <p>Effective 7/7/25, the MRD or her designee will review weekly room change request to ensure completion of the advance notice and notification of resident and/or resident's RP. The Social Services Director or the Social Services Designee will immediately correct any deficient practice identified in the audit.</p> <p>The DON and/or her designee and the MRD will randomly review five (5) resident charts weekly for the next 30 days to ensure resident's RP were notified and documentation completed regarding room changes.</p> <p><b><u>MONITORING PERFORMANCE TO ENSURE THAT CORRECTION IS ACHIEVED AND SUSTAINED:</u></b></p> <p>As part of the facility's Continuous Quality Improvement (CQI) program, the DON will report findings to the Quality Assessment and Assurance Committee (QAA) regarding weekly random reviews for the next 30 days. The MRD will also report findings to the</p>	



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F 559	<p>Continued From page 8</p> <p>was not intact. The MDS further indicated that Resident 1 required total dependence on staff for assistance with activities of daily living (ADL-include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating).</p> <p>During a review of Resident 1's nursing progress note dated 12/29/2020, the nursing progress note indicated Resident 1 tested positive for coronavirus disease -2019 (COVID-19, a highly contagious viral infection that can trigger respiratory tract infection) on 12/29/2020. Resident 1 required a room change to the COVID-19 unit. Resident 1's nursing progress note indicated the facility notified a RP listed on the Admission Record of the room change.</p> <p>During an interview on 6/13/2025 at 12:45 p.m., with the Social Services Director (SSD), the SSD stated that the correct procedure when a resident needs to change rooms is the facility will speak to the resident or the resident's RP if the resident is not able to consent. The SSD stated the facility will complete the room change form, document the room change, and notify the ombudsman (advocates for residents of nursing homes, board and care homes, and assisted living facilities). The SSD stated that she was not working in the facility during Resident 1's room change on 12/29/2020.</p> <p>During an interview on 6/13/2025 at 3:00 p.m., with the Director of Nursing (DON), the DON stated that when a resident requests a room change or the resident needs to have a room change, the facility will speak to the resident, or the resident's RP, speak to the roommates of the new room, complete the room change form, and</p>	F 559	<p>QAA regarding weekly random reviews for the next 30 days.</p> <p>The Administrator will monitor compliance through review of DON and MRD reports.</p> <p><b><u>CORRECTIVE ACTION COMPLETION:</u></b></p> <p>July 7, 2025</p>		

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

PRINTED: 06/27/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056133</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/13/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>WEST HILLS HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7940 TOPANGA CANYON BLVD.</b> <b>CANOGA PARK, CA 91304</b>		
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F 559	<p>Continued From page 9</p> <p>notify the ombudsman. The DON stated Resident 1 required a room change on 12/29/2020 due to a new diagnosis of COVID-19 requiring isolation. The DON stated that the nursing staff did contact a listed responsible party of the room change but did not verify that it was the correct RP. The DON confirmed the correct RP was listed on the Admission Record at the time of the room change.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, "Room Change/Roommate Assignment," with an approval date of 1/8/2025, the policy indicated changes in room or roommate assignment are made when the facility deems it necessary or when the resident request the change ...Prior to changing a room or roommate assignment all parties involved in the change/assignment (e.g., residents and their representatives) ...advance written notice of such change.</p>	F 559	<p><b>This page intentionally left blank</b></p>		