

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

POCC Accepted 12/5/2024

PRINTED: 11/24/2024  
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 11/08/2024
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 an abbreviated standard survey.  Complaint Number: CA00929498.  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiency was issued for the Complaint Number: CA00929498 (Refer to F921).  F 921 SS=D Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i)  §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1) was provided with a safe and comfortable environment when on 11/8/2024, Resident 1 used an electric portable space heater (a device used to heat small rooms or partially enclosed areas) inside the resident's room.  This deficient practice placed the residents, staff, and visitors at risk for injury associated with the use of an electric portable space heater including burns and fire.  Findings:	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 OUR CREDIBLE ALLEGATION OF COMPLIANCE FOR THE DEFICIENCIES NOTED.  F 921 SAFE/FUNCTIONAL/SANITARY/ COMFORTABLE ENVIRONMENT CFR(s): 483.90(i)  A. IMMEDIATE CORRECTIVE ACTION:  THE ELECTRIC PORTABLE SPACE HEATER FOUND IN RESIDENT 1 BEDSIDE WAS IMMEDIATELY REMOVED ON 11/8/2024  RESIDENT 1 HAS NO INJURIES RELATED TO THE USE OF THE ELECTRIC PORTABLE HEATER.  MS (MAINTENANCE SUPERVISOR) WAS GIVEN ONE-ON-ONE IN-SERVICE EDUCATION BY DIRECTOR OF NURSING ON 11/8/2024 CONCERNING DOING DAILY MAINTENANCE ROUND IN ALL ROOMS TO IDENTIFY ANY POTENTIAL PROBLEMS.		

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

TITLE

(X6) DATE

*Mmmagfennu RN DAN 12/03/2024*

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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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:75JE11

Facility ID: CA920000082

If continuation sheet Page 1 of 3

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F 921	<p>Continued From page 1</p> <p>During a review of Resident 1's Admission Record indicated the facility originally admitted Resident 1 on 3/7/2019 and readmitted on 6/10/2024 with diagnoses that included rheumatoid arthritis (RA- a long-term condition that causes pain, swelling and stiffness in the joints), asthma (a chronic lung disease that causes the airways in the lungs to narrow and swell, making it difficult to breathe) and atrial fibrillation (a heart condition that causes an irregular heartbeat, usually faster than normal).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated on 8/30/2024 indicated the resident understood others and was understood by others. The MDS further indicated that Resident 1's cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact. Resident 1 needed supervision or touching assistance from staff with personal hygiene and transferring.</p> <p>During a concurrent observation and interview on 11/8/2024, at 2:16 p.m. with Resident 1 and the Maintenance Supervisor (MS), in Resident 1's room, observed a small electric portable space heater placed on the top of the trash can upside down in front of Resident 1's nightstand table. Resident 1 stated that she (Resident 1) had been using the electric portable space heater since Monday (11/4/2024), whenever she (Resident 1) felt cold. When the MS was asked if he was aware Resident 1 was using an electric portable space heater, the MS stated he was not aware and that he did not receive any reports from staff. The MS further stated electric portable space heaters are not allowed to be used in the facility due to safety concerns that can cause burns and</p>	F 921	<p>CNA 1 WAS GIVEN ONE-ON-ONE IN-SERVICE EDUCATION BY DIRECTOR OF NURSING ON 11/08/2024</p> <p>REGARDING TIMELY REPORTING OF ANY ACCIDENTAL HAZARDS IN THE PATIENT ROOM TO LICENSED NURSES OR MAINTENANCE SUPERVISOR.</p> <p>B. ACTION TAKEN TO IDENTIFY ALL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRACTICE AND CORRECTIVE ACTION TAKEN:</p> <p>MAINTENANCE SUPERVISOR CONDUCTED A ROOM TO ROOM INSPECTION TO IDENTIFY ANY POTENTIAL ACCIDENT HAZARD LIKE THE ELECTRIC PORTABLE HEATER, AND NO OTHER RESIDENT WAS IDENTIFIED TO BE AFFECTED.</p> <p>C. PROCESS AND ACTION TAKEN TO ENSURE DEFICIENT PRACTICE DOES NOT RECUR:</p> <p>DIRECTOR OF NURSING GAVE IN-SERVICE EDUCATION TO FACILITY STAFF ON 11/08/2024 CONCERNING THE POLICY ON ENSURING ELECTRICAL SAFETY OF RESIDENTS SPECIFICALLY, NOT TO USE ELECTRIC PORTABLE SPACE HEATER IN THE ROOM.</p>
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<p>F 921</p>	<p>Continued From page 2 fire.</p> <p>During an interview on 11/8/2024, at 3:02 p.m. with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated that CNA 1 noticed that Resident 1 was using the electric portable space heater at the resident's bedside on 11/6/2024. CNA 1 stated she (CNA 1) informed Resident 1 that the electric portable space heater was not allowed because of a possibility of fire if handled wrong. CNA 1 stated she (CNA 1) did not report to any licensed nurses including the maintenance department personnel because CNA 1 thought that the facility was already aware of Resident 1's electric portable space heater.</p> <p>During an interview on 11/8/2024, at 4:18 p.m. with the Director of Nursing (DON), the DON stated that she (DON) was going to provide an in-service (a type of educational activity that helps employees improve their skills and knowledge) training to all staff reinforcing to report immediately if any electric portable space heaters are observed in the resident's rooms because electric portable space heaters could place the residents at risk for burns and fire.</p> <p>During a review of the facility policy and procedure titled, "Electrical Safety for Residents", last revised January 2011 and last reviewed on 1/10/2024, indicated, "The resident will be protected from injury associated with the use of electrical devices, including electrocution, burns and fire .... Portable space heaters are not permitted in the facility."</p>	<p>F 921</p> <p>MAINTENANCE SUPERVISOR WILL CONTINUE DOING MAINTENANCE ROUNDS DAILY TO ENSURE THAT ANY POTENTIAL ENVIRONMENTAL HAZARDS ARE REMOVED IMMEDIATELY.</p> <p>DEPARTMENT MANAGERS WILL ALSO MONITOR POTENTIAL ENVIRONMENTAL HAZARDS LIKE ELECTRIC PORTABLE SPACE HEATER IN THEIR RESPECTIVE ROOM ASSIGNMENTS DURING DAILY ROOM ROUNDS AND NOTIFY MAINTENANCE SUPERVISOR TO ENSURE SAFETY.</p> <p>D. MONITORING PERFORMANCE TO ENSURE THAT CORRECTION IS ACHIEVED AND SUSTAINED: ADMINISTRATOR WILL REVIEW RESULTS OF ROOM ROUNDS AND MAINTENANCE ROUNDS WEEKLY TO ENSURE COMPLIANCE TO THE POLICY.</p> <p>AS PART OF THE FACILITY'S CONTINUOUS QUALITY IMPROVEME (CQI) PROGRAM, THE MAINTENANCE SUPERVISOR AND ADMINISTRATOR WILL PRESENT FINDINGS OF THE DAILY ROOM ROUNDS TO THE QUALITY ASSESSMENT AND ASSURANCE (QAA) COMMITTEE FOR THE NEXT 2 MONTHS OR UNTIL PROBLEM IS RESOLVED FOR FURTHER RECOMMENDATIONS.</p> <p>E. CORRECTIVE ACTION COMPLETION:</p> <p>DECEMBER 4, 2024</p>	<p>IT</p>
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