

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

PRINTED: 03/16/2015
FORM APPROVED
OMB NO. 0938-0391

Accepted 3-26-15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056133	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER WEST HILLS HEALTH & REHAB 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
K 000	INITIAL COMMENTS The following was surveyed under 42 CFR Part 483.70 (a) Life Safety Code NFPA 101, 2000 Edition, Chapter 19 Existing Health Care Occupancies, and other applicable codes. The following represents the findings of the Department of Public Health during a Life Safety Code Survey. Representing the Department of Public Health: Evaluator ID 12774, REHS, HFE Highest S/S = E	K 000		
K 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the staff members were familiar with the fire alarm system. Three of three facility staff members interviewed did not know what the tamper switch was or what the alarm indicated. This deficient practice could affect the entire facility in the event of an actual emergency.	K 050	NFPA 101 LIFE SAFETY CODE STANDARD The facility will ensure that staff members are familiar with the fire alarm system. All three staff have been educated on the tamper switch. Staff members have also been inserviced regarding the tamper switch. Signs have also been posted by the alarm system. The DSD will also monitor for sustainable compliance through the facility's Continuous Quality Improvement (CQI) program on a quarterly basis.	2015 MAR 25 AM 8:05 LOS ANGELES COUNTY HEALTH FACILITIES DIVISION 3/25/15

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

TITLE

(X6) DATE

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.

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

PRINTED: 03/16/2015
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 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER WEST HILLS HEALTH & REHAB 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
K 050	Continued From page 1 Findings: During the fire alarm testing on February 19, 2015, at 9 a.m. accompanied by the maintenance supervisor (MS), three of three facility staff members did not know what the tamper switch was or what the alarm indicated. Registered Nurse (RN) 3 said she did not know what the alarm indicated. Licensed vocational nurse 1 said the alarm meant something was wrong with the temperature in the facility. RN 5 also said the alarm meant something was wrong with the temperature in the facility. On February 19, 2015, at 9:30 a.m. during an interview, the MS said all staff had been trained on the fire alarm system.	K 050			
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: NFPA 13 Installation of Sprinkler Systems, 1999 edition. Chapter 8 Installation Requirements, 8.5 Position, Location, Spacing, and Use of Sprinklers, 8.5.5.2.1 Continuous or non-continuous obstructions less than or equal to 18 inches (457 mm) below the sprinkler deflector that prevent the pattern from fully developing shall comply with 8.5.5.2.	K 062	NFPA 101 LIFE SAFETY CODE STANDARD The facility will ensure unobstructed area around the sprinkler head in the resident's rooms at all times. Televisions in rooms 37, 61, 55, 39, 38, 32, 33, 31, 30, 28, 41, 40, 42, 44, 45, 43, 36, 34, 35, 27, 47, 48, 50, 49, 51, and 54 have been moved to provide unobstructed area around the sprinkler heads. Boxes in the social services and business office have also been removed. Maintenance supervisor will monitor monthly the residents rooms, storage and office area for sustainable compliance. The Administrator will also monitor for sustainable compliance through the facility's Continuous Quality Improvement (CQI) program on a quarterly basis.		3/25/15

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

PRINTED: 03/16/2015
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 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER WEST HILLS HEALTH & REHAB 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	
K 062	Continued From page 2 Based on observation and interview, the facility failed to ensure an unobstructed area around the sprinkler head in the residents' rooms. In the event of a fire, an unobstructed area below the sprinkler deflectors will ensure effective coverage, the deficient practice affected the entire facility. Findings: a. On February 19, 2015, about 9:30 a.m. during the facility tour, the Evaluator, accompanied by the maintenance supervisor, observed three sprinklers in Room 37 and 61. One sprinkler in each room was obstructed by the television. The televisions sat on top of a clothes storage cabinet that was built into the wall measuring about 6 1/2 feet high. The televisions were about three inches away from the sprinkler heads. During an interview at the time of the observation the MS said the rooms were designed to have only two sprinklers and the third one was just there. On February 20, 2015, at 10 a.m. during another tour of the facility, 24 rooms were also observed with three sprinklers and one was blocked by the televisions. The televisions were about three inches from the sprinkler head. The rooms were, 55, 39, 38, 32, 33, 31, 30, 28, 41, 40, 42, 44, 45, 43, 36, 34, 35 (two televisions were blocking the sprinkler), 27, 47, 48, 50, 49, 51 and 54. Also, the social service storage closet and the business office storage closet had boxes stored almost to the ceiling, not allowing for the 18 inches between the top of the boxes and the ceiling.	K 062			
K 072	NFPA 101 LIFE SAFETY CODE STANDARD	K 072			

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

PRINTED: 03/16/2015
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 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER WEST HILLS HEALTH & REHAB 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	
K 072 SS=D	<p>Continued From page 3</p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain egress pathways free from obstructions. In the event of smoke and/or fire, an unobstructed means of egress is essential in prompt evacuation of residents and staff as well as facilitating easy access into the facility by the fire department in response to a fire or other emergency. The deficient practice affected two of seven exits.</p> <p>Findings:</p> <p>During an observation of the facility on February 18, 2015, at 11 a.m accompanied by the maintenance and housekeeping supervisors, the evaluator observed the following:</p> <p>1. The Thirties Hallway Sun Room had an exercise machine stored right next to the emergency exit door. During an interview at the time of the observation, the maintenance supervisor said the exercise machine belonged to a resident. He went on to say that is where the resident and family wanted it stored.</p> <p>2. In Sun Room 18 there were chairs, a lamp, a plant and a curio cabinet stored next to the</p>	K 072	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>The facility will maintain egress pathways free from obstructions at all times. The exercise machine in the Thirties Hallways was moved upon discovery. The chairs, lamp, plant and cabinet were removed from Sun Room 18. All the items blocking the egress pathway were removed. Red lines have also been installed to indicate egress pathway. The Maintenance supervisor will monitor weekly that proper egress is always unblocked for sustainable compliance. The Administrator will also monitor for sustainable compliance through the facility's Continuous Quality Improvement (CQI) program on a quarterly basis.</p>	3/25/15	

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

PRINTED: 03/16/2015
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 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER WEST HILLS HEALTH & REHAB 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	
K 072	Continued From page 4 emergency exit door.	K 072			
K 075 SS=E	<p>3. In Sun Room 1 there was a dresser, bookshelf, a television, a trash can, a child's table with four chairs and a plant on top of the table stored next to the emergency exit door.</p> <p>During an interview on February 18, 2015, at 11:45 a.m., the maintenance supervisor said he would talk to the administrator and have the items relocated away from the emergency exit door.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the trash collection receptacles did not exceed 32 gallon in capacity. Storage of mobile trash receptacles larger than 32 gallons in unprotected rooms or areas would increase the fire load and compromise smoke or fire containment during a fire emergency. The deficient practice affected the entire facility.</p>	K 075	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>The facility will use trash collection receptacles with 32 gallon capacity only. All 40 gallon trash containers have been replaced with 32 gallon containers. Maintenance will also monitor for sustainable compliance through the facility's Continuous Quality Improvement (CQI) program on a quarterly basis.</p>	3/25/15	

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

PRINTED: 03/16/2015
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 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER WEST HILLS HEALTH & REHAB 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
K 075	Continued From page 5 Findings: During the survey on February 19, 2015, at 10:30 a.m. accompanied by the maintenance and housekeeping supervisors, there were several trash containers observed in the corridors throughout the facility that were 40 gallons. This was according to the information printed on the containers. During an interview at the time of the observation, the housekeeping supervisor said he would replace all the 40 gallon with 32 gallon containers.	K 075			