

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Thousand Oaks Post Acute, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  93 West Avenida DE Los Arboles Thousand Oaks, CA 91360	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p>45741</p> <p>Based on interview and record review, the facility failed to ensure one of three residents (Resident 1) who had a colostomy (an opening that connects the digestive tract to the surface of the belly to allow for waste material and gas to leave the body) received care consistent with professional standards of practice when Resident 1's colostomy bag was removed, emptied, and placed back on by unlicensed staff.</p> <p>This failure had the potential to place Resident 1 at risk for complications such as infections or dislodgment of the colostomy bag.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), dated 7/12/24, the AR indicated, Resident 1 was admitted with diagnoses including, colostomy, artificial opening of urinary tract, hypertension (high blood pressure) and hyperlipidemia (build-up of fats in the blood).</p> <p>During a review of Resident 1's, MDS (Minimum Data Sheet - a federally mandated process of clinical assessment for nursing home patients) Assessment, dated 7/16/24, the MDS indicated, Section C - Brief Interview of Mental Status (BIMS) assessment indicated, Resident 1 had a BIMS Score of 15 (The BIMS assessment uses a points system that ranges from 0 to 15 points: 0 to 7 points suggests severe cognitive impairment. 8 to 12 points suggests moderate cognitive impairment. 13 to 15 points suggests that cognition is intact.)</p> <p>During an interview on 8/15/24 at 12:15 p.m. with Resident 1, Resident 1 verbalized concerns that a staff was reusing a colostomy bag.</p> <p>During an interview on 8/16/24 at 2:30 p.m. with Certified Nurse Assistant (CNA 2), CNA 2 stated she was instructed by the licensed nurse to clean the bag. CNA 2 further stated they removed, rinsed, and then placed the colostomy bag on Resident 1.</p> <p>During an interview on 8/16/24 at 3:30 p.m. with the Licensed Nurse (LN 4), LN 4 stated that CNA 2 was instructed only to empty the colostomy bag, not remove it.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Thousand Oaks Post Acute, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  93 West Avenida DE Los Arboles Thousand Oaks, CA 91360	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/16/24 at 4 p.m. with Director of Nursing (DON), DON verbalized that unlicensed staff are only permitted to empty the colostomy bag, not to remove it. DON verbalized the removal of a colostomy bag is a task for a licensed nurse.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Colostomy Urostomy or Ileostomy Care, (undated), the P&amp;P indicated in part, resident receives the necessary care and treatment including medical and nursing care and services when they need colostomy . care.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Thousand Oaks Post Acute, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  93 West Avenida DE Los Arboles Thousand Oaks, CA 91360	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45741</p> <p>Based on observation, interview, and record review, the facility failed to perform hand washing while providing colostomy (an opening that connects the digestive tract to the surface of the belly to allow for waste material and gas to leave the body) care with one of three sampled resident (Resident 3).</p> <p>This failure had the potential to cause infection to Resident 3's colostomy site.</p> <p>Findings:</p> <p>During an observation of Resident 3's colostomy care treatment on 8/9/24 at 12:45 p.m. with Licensed Nurse (LN 1), LN 1 with a new pair of gloves, removed the soiled colostomy bag, placed them in a garbage receptacle. LN 1 removed the pair of dirty gloves, placed them in a garbage receptacle, and then put on clean gloves without washing her hands. LN 1 then proceeded to clean the stoma (any opening in the body) removed dirty gloves, grabbed a new pair of gloves, and again placing a new pair on without performing handwashing.</p> <p>During an interview on 8/9/24 at 12:50 p.m. with LN 1, LN 1 acknowledged not washing her hands during the treatment. LN 1 further stated that washing hands in between glove changes makes her hands sticky and harder to put the new gloves on.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Colostomy Urostomy Or Ileostomy Care, dated 11/2017, the P&amp;P indicated in part, Steps in the procedure: removed gloves, wash hands, put on clean gloves.</p>