

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  03/02/2026
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>Based on observation, interview, and record review, the facility failed to ensure one of two sampled residents (Resident 1), was cared for by staff (IP and CNA2) using enhanced barrier precautions (gloves and gown). This failure had the potential to result in the spread of harmful germs from contaminated uniforms to residents during the delivery of care. During a review of Resident 1's physician orders dated 3/5/26, the orders indicated Resident 1 to have Enhance Barrier Precautions due to: foot and right buttocks wounds every shit for infection control and prevention.</p> <p>During a review of the facilities P&amp;P titled, Enhanced Barrier Precautions, dated January 2025, the P&amp;P indicated, EBP are indicated for residents with any of the following: Wounds, even if the resident is not known to be infected or colonized with a Multi-Drug-Resistant Organism (MDRO). The staff will implement EBP for residents who are indicated when performing the following high contact resident care activities: providing hygiene.changing briefs .</p> <p>Review of the California Department of Public Health (CDPH) All Facilities Letter (AFL- information on changes in requirements in healthcare, enforcement, new technologies, scope of practice, or general information that affects the health facility) 24-15 titled, Enhanced Barrier Precautions (EBP), dated 6/13/24, the AFL indicated, California SNFs [skilled nursing facilities] should refer to the CDC website on Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs).</p> <p>Review of the Centers for Disease Control and Prevention (CDC) website, <a href="https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html">https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html</a>, accessed on 3/11/2026, indicated, Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. EBP. for residents with. Wounds. regardless of MDRO colonization status.</p> <p>During a review of Resident 1's Order Summary Report (OSR), dated 3/5/26, the OSR indicated, Active Orders As Of: 03/05/2026. Enhanced Barrier Precaution due to: foot and right buttocks wounds.</p> <p>During an observation on 3/4/26 at 3 p.m. outside Resident 1's room was a sign posted indicating EBPs were required. Inside Resident 1's room the Infection Preventionist (IP) and a certified nursing assistant (CNA2) were changing Resident 1's brief without wearing the required PPE gowns.</p> <p>During an interview on 3/4/26 at 3:30 p.m. with IP and CNA2, IP stated IP should have been wearing a PPE gown and wasn't. IP further stated, CNA2 stated CNA2 should have been wearing a gown and wasn't. (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
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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 3/2/2026 at 4:30 p.m. with the Administrator (ADM), ADM stated he was aware of the infection control issue because his staff told him about it.		