

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024
NAME OF PROVIDER OR SUPPLIER Simi Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5270 E Los Angeles Ave Simi Valley, CA 93063	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>43256</p> <p>Based on interview and record review, the facility failed to maintain accurate medical records for one resident (Resident 1) when it was documented a medication was administered twice when in fact it was not.</p> <p>This failure resulted with Resident 1's medication administration record (MAR) to reflect inaccurate documentation of a prescribed medication.</p> <p>Findings:</p> <p>During a review of the facility's policy and procedure (P&P) titled, General Procedures to Follow for All Medications, dated 4/21/21, the P&P indicated, After administration, return to cart and document administration in Medication Administration Record (MAR). Medications shall be charted immediately after each administration, not after the med pass is completed.</p> <p>During a review of Resident 1's MAR, dated February 2024, the MAR indicated, Resident 1 was to receive Clobazam 30 mg (a controlled medication prescribed for seizures) every 12 hours at 9 a.m. and 9 p.m. On 2/17/24 and 2/18/24 Licensed Nurse (LN 2) did not administer Resident 1's scheduled 9 a.m. dose of Clobazam 30 mg (A controlled medication prescribed for seizures) and documented the medication was not given as the medication was not available. LN 5 documented that Clobazam 30 mg was administered to Resident 1 on 2/17/24 and 2/18/24 at 9 p.m., even though the medication was not available.</p> <p>During a review of Resident 1's Record of Controlled Substances, dated February 2024, the record indicated, no signatures for Clobazam as being dispensed on 2/17/24 or 2/18/24.</p> <p>During an interview on 2/27/24 at 11:26 a.m. with LN 2, LN 2 confirmed the medication was not administered on 2/17/24 and 2/18/24 during the morning shift because the medication was not available. LN 2 stated, If a controlled medication is given, it is to be recorded on the controlled substance sheet. I didn't record it because it wasn't given.</p> <p>During an interview on 2/29/24 at 1:30 p.m. with LN 5, LN 5 confirmed the medication wasn't available, I know we were looking for it. I overlooked and signed the MAR, the medication was not given.</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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