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| 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 07/26/2024 |
| 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) |
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| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50132</p> <p>Based on observation, interview, record review, the facility failed to ensure the Minimum Data Set (MDS - a comprehensive assessment of each resident's functional capabilities) information was accurate for two of two sampled residents (Residents 8 and 13) when:</p> <ol style="list-style-type: none"> 1. Resident 8's MDS indicated, the resident was not taking anticoagulant medication (medications that reduce the blood's ability to clot). 2. Resident 13's MDS indicated, the resident was comatose (a state of unconsciousness). <p>These failures resulted in inaccurate MDS assessments for Residents 8 and 13, and for the residents to potentially receive inadequate care.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a record review of Resident 8's MDS Assessments, dated 6/25/24 and 7/7/24, the MDS Assessment indicated under the section for medications, the resident was on anticoagulant medication. Review of the resident's MDS assessments dated 7/14/24 and 7/17/24, under the section for medications, the MDS did not indicate resident was taking anticoagulants. Review of Resident 8's Order Summary Report, dated 7/12/24, indicated, an active order for Warfarin Sodium Oral Tablet 4mg (milligram) (medication prescribed to treat and prevent blood clots) Give 2 tablets by mouth in the evening every Sat, Sun ., dated 6/20/24 with a start date of 6/22/24. <p>During a concurrent interview and record review on 7/26/24 at 10:39 a.m. with licensed nurse (MDS 1), Resident 8's MDS assessments were reviewed for the following dates: 6/25/24, 7/7/24, 7/14/24, and 7/17/24 with medication orders. MDS 1 confirmed the resident was taking an anticoagulant medication. MDS 1 stated, I must have missed that one.</p> <p>50232</p> <ol style="list-style-type: none"> 2. During a review of Resident 13's MDS assessment, dated 6/20/24, the MDS assessment indicated in part, Resident 13 was comatose. <p>During a concurrent observation and interview on 7/24/24 at 11 a.m., in Resident 13's room, Resident 13 was alert and able to make needs known through nonverbal and verbal communication during an interview.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a concurrent record review and interview on 7/25/24 at 3:10 p.m. with MDS 1, Resident 13's MDS assessment dated [DATE], was reviewed. MDS 1 verbalized the MDS assessment for Resident 13 was incorrect when the MDS assessment indicated Resident 13 was comatose, when Resident 13 was not comatose.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident Assessments, dated 3/22, the P&P indicated in part, All persons who have completed any portion of the MDS resident assessment form must sign the document attesting to the accuracy of such information.</p> | | |

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| <p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>43745</p> <p>Based on observation, interview, and record review, the facility failed to ensure a baseline care plan was developed for one of two sampled residents (Resident 33) who was assessed as high risk for falls.</p> <p>This failure had the potential to result in further fall incidents for this resident.</p> <p>Findings:</p> <p>During a review of the facility's policy and procedures (P&P) titled, Baseline Care Plan, revised 5/11/22, the P&P indicated in part, Will be developed for each resident within 48 hours of admission that includes the instructions needed to provide effective and person-centered care of the residents that meets professional standards of quality care.</p> <p>During a concurrent observation and interview on 7/23/24 at 3 p.m. with Resident 41, in Resident 33's room, the resident was observed in bed, alert and awake. Resident 33 verbalized sustaining a right femoral fracture (a break in the long, straight part of the thighbone) after a fall incident in the facility which required surgery.</p> <p>During a review of Resident 33's Admission Record (AR), dated 6/11/24, the AR indicated, Resident 33 was admitted with admitting diagnoses including, polyneuropathy (condition that causes a decreased ability to move and feel because of nerve damage), hypertension (high blood pressure) and atherosclerotic heart disease (build up of fats, cholesterol and other substances in and on the artery walls).</p> <p>During a review of Resident 33's, Fall Risk Assessment, dated 4/12/24, the assessment indicated a fall risk score of 10 meaning the resident was a high risk for falls.</p> <p>During a review of the facility's P&P titled, Fall Program: Falling (Yellow) Star Program, undated, the P&P indicated in part, 1) Upon resident's admission, a licensed nurse will identify residents who are at risk for falls by utilizing Resident Fall Risk Assessment Form, 2) Once identified as a high risk for fall, the resident will be added to the yellow star program resident list and will be provided with yellow star, this will be placed next to the resident's name by the door. Residents identified to be a fall high risk will have a yellow-colored name band</p> <p>During a concurrent observation and interview on 7/23/24 at 3:45 p.m. with the Director of Nursing (DON), outside Resident 33's room, no yellow star sticker was posted next to Resident 33's name. The DON verbalized Resident 33 was assessed as a high fall risk and staff must have forgotten to post the yellow star sticker outside the room.</p> <p>During a concurrent interview and record review on 7/25/24 at 10:55 a.m. with a licensed nurse (LN 2) and a medical records assistant (MRA 1), Resident 33's paper and electronic clinical records were reviewed. LN 2 and MRA confirmed there was no baseline care plan for fall risk documented for this resident.</p> | | |