

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  01/06/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>45741</p> <p>Based on interview and record review, the facility failed to report an allegation of abuse for two of two sampled residents (Residents 1 and 2) to the local law enforcement per federal regulation.</p> <p>This failure resulted in suspected abuse to go unreported and the local police department unable to perform an investigation.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, dated 4/2021, the P&amp;P indicated, Investigate and report any allegations within timeframes required by federal requirements.</p> <p>During a review of the facility's investigation report titled, Resident Abuse Investigation Report Form (IR), dated 12/23/2024, the IR indicated, the incident was not reported to the local police department.</p> <p>During a review of the the Report of Suspected Dependent Adult/Elder Abuse (SOC 341), dated 12/23/24, the SOC section I. indicated, a telephone report was not made to law enforcement.</p> <p>During an interview on 1/23/25 at 3:35 p.m. with Administrator (ADN), ADN stated it was not reported to law enforcement because the facility concluded that the allegation was not substantiated.</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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