

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 03/17/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43745</p> <p>Based on record review and interview, the facility failed to ensure a fall risk re-evaluation was done on readmission to the facility for one of one sampled resident (Resident 1) with prior history of falls.</p> <p>This failure had the potential to result in further fall incidents.</p> <p>Findings:</p> <p>During a review of Resident 1's, Admission Record (AR), dated 3/17/25, the AR indicated, Resident 1 was an [AGE] year-old male who was initially admitted to the facility on [DATE], with admitting diagnoses including, acute toxic encephalopathy (a condition characterized by a rapid decline in brain function caused by exposure to toxic substances), lack of coordination, and cervical disc degeneration (a condition that affects the discs in the neck losing their elasticity and cushioning properties over time).</p> <p>During a review of Resident 1's, Health Status Notes (daily nursing notes), dated 12/18-12/22/24, the Notes indicated in part, Resident 1 had a fall incident on 12/18/24. On 12/21/24, the resident complained of right hip pain, bruising and swelling and was transferred to the emergency room (ER) for evaluation. Resident 1 was readmitted back to the facility on [DATE]. Further review of the notes failed to indicate that a fall risk re-evaluation of Resident 1 was done on readmission.</p> <p>During a review of Resident 1's, Advance Skilled Evaluation (weekly nursing notes), dated 12/23/25, the Functional Assessment section of the notes indicated, Resident 1's gait is unsteady . balance is poor The notes also indicated further . there were no safety concerns (pertaining to Resident 1's gait and balance).</p> <p>During a concurrent interview and record review on 3/17/25 at 11:20 a.m. with the Director of Nursing (DON), Resident 1's clinical record was reviewed. DON confirmed staff documentation of Resident 1's fall incident on 12/18/24, ER transfer on 12/21/24 and readmission to the facility on [DATE]. DON also confirmed there was no documentation that a fall risk re-evaluation of Resident 1 was done upon the resident's return to the facility from the hospital and acknowledged that staff should have done 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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedures (P&P) titled, Falls - Clinical Protocol, revised 9/2021, the P&P indicated in part, Monitoring and Follow-Up . 4) If the individual continues to fall, the staff and physician will re-evaluate the situation and consider other possible reasons for the resident's falling (besides those that have already been identified) and will re-evaluate the continued relevance of current interventions</p> <p>During a review of the facility's P&P titled, Managing Falls and Fall Risk, revised 12/2007, the P&P indicated in part, Monitoring Subsequent Falls and Fall Risk . 1) The staff will monitor and document each resident's response to interventions intended to reduce falling or the risks of falling . 3) If the resident continues to fall, staff will re-evaluate the situation and whether it is appropriate to continue or change current interventions</p>		