

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 04/16/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45741</p> <p>Based on interviews and record reviews, the facility failed to develop and implement a person-centered care plan for one of two sampled residents (Resident 1) who was admitted with skin discoloration.</p> <p>This failure had the potential for Resident 1 to have further skin issues not assessed and treated.</p> <p>Findings:</p> <p>During a review of the facility's policy and procedure (P&P) titled, Care Plans - Comprehensive, dated 9/2010, the P&P indicated, An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, and psychological needs is develop for each resident . Each resident's comprehensive care plan is designed to: incorporate identified problem areas.</p> <p>During a review of Resident 1's Admission Record (AR), dated 4/15/25, the AR indicated, Resident 1 was admitted on [DATE] with diagnoses including but not limited to, anemia (not having enough healthy red blood cells) and unspecified dementia (a general term for a group of brain disorders that cause a progressive decline in memory, thinking, reasoning, and problem-solving).</p> <p>During a review of Resident 1's Condition on Admission (COA), dated 3/13/25, the COA indicated, Skin issues: two bruises to the left lateral ribs.</p> <p>During a concurrent interview and record review on 4/15/25 at 11:30 a.m. with Medical Records (MR), Resident 1's care plan was reviewed. MR confirmed that no care plan had been developed to address Resident 1's skin bruising upon admission.</p> <p>During a concurrent interview and record review on 4/15/25 at 12:00 p.m. with the Director of Nursing (DON), Resident 1's COA skin issues were reviewed. The DON acknowledged that a care plan should have been developed and implemented to address the bruising.</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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