

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555794	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER Sherwood Oaks Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Fairview Rd Thousand Oaks, CA 91361	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48668</p> <p>Based on interview and record review, the facility failed to revise the care plan (a document which provides direction for and communicates to staff the individualized care of the resident) for one of three sampled residents (Resident 1) after a fall incident.</p> <p>This failure had the potential to result in Resident 1's repeat occurrence of falling.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE], with diagnoses that include Dementia, Anxiety, Unsteadiness on Feet. History and Physical (H&P) indicated that Resident 1 has fluctuating capacity to understand and make decisions and was assessed of having a high risk of falling. Facility reported that Resident 1 had an unwitnessed fall on 3/8/24 and was not complaining of any pain or discomfort until when Resident 1 complained of hip pain on 3/16/24. An X-ray (a procedure using a machine to capture an image in any solid internal part of the body like bones) indicated right hip fracture (break in the continuity of a bone).</p> <p>During an observation on 4/3/24 at 10:50 p.m., with Resident 1, in room [ROOM NUMBER] B, Resident 1 was observed resting comfortably in her bed, and had no signs of any distress or discomfort. Room was dimly lit, room had conducive temperature, bed kept in low position. Call light button kept within reach.</p> <p>During a concurrent interview and record review on 4/3/24 at 11:15 p.m., with Nurse Supervisor (NS), the fall care plans dated 3/1/24 (before the fall incident), and 3/9/24 (after the fall incident) were reviewed with NS and records indicated similar interventions on both. NS verbalized that the intervention should have been revised after the fall incident.</p> <p>During an interview on 4/16/24 at 2:15 p.m., with the director of nursing (DON), DON confirmed that the additional interventions to include falling star, fall mat, and to keep resident within close distance from the station for safety monitoring were added on 4/4/24.</p> <p>During an interview on 4/18/24 at 10:45 a.m., with the Minimum Data Set (MDS) coordinator, MDS stated that there was an IDT meeting on 3/9/24 to address Resident 1's fall incident on 3/8/24 but agreed the care plan was similar before and after the fall incident and should have been updated to include new interventions to have prevented another fall/accident to Resident 1.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered dated 3/2022, the P&P indicated, The care plan interventions should be derived from information obtained from the resident and his/her family/responsible party, with possible discretionary modifications resulting from the comprehensive assessment.		