STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555794	A. Building B. Wing	05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sherwood Oaks Post Acute	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48668 Based on observation, interview and record review, the facility failed to ensure there was timely monitoring and skin evaluation on a resident's skin in one of three sampled residents (Resident 1). This failure had the potential for miscommunication in skin care that may result in further decline in Resident 1's skin condition after cast removal on the right lower limb . Findings: During a review of the undated admission record, Resident 1 was admitted to the facility on [DATE] following a right knee surgery and had conditions listed as encounter for orthopedic (the treatment of bones that have been damaged) aftercare. A review of the history and physical dated 3/23/24, Resident 1 has the capacity to understand and make decisions. During a review of Resident 1 s Physician's orders dated 3/22/24, it indicated right knee immobilizer on at all times, check for circulation, skin integrity, and signs and symptoms of infection and skin breakdown. During a concurrent observation and interview on 5/1/24 at 3:15 p.m., Resident 1 was observed in her room awake, alert, right leg slightly elevated with brace (immobilizer) from thigh to below knee and above right heel. Right ankle was noted to be swollen, right foot with heel protector, protective padded brown dressing noted covering the entire right heel. Resident 1 stated she did not have any wound other than her surgical wound on her right knee when she went in the facility. During an interview on 5/14/24 at 2:00 p.m., Certified Nurse Assistant (CNA) stated that she helped Resident 1 with bed bath and confirmed the right leg had a cast from thigh to foot, so she was unable to see the right foot including the heel. During an interview on 5/14/24 at 2:15 p.m., the treatment nurse (TN 1) stated Resident 1 was admitted with a cast on right leg from thigh down to the right foot exposing only the right toes and was unable to see the right heel. TN 1 stated that Resident 1's cast was removed at the Orthopedic surgeon s office on 4/15/24 and came back to the facility with a right knee immobilizer making the right heel visible to for monitoring and assessments. TN 1 confirmed there was no communication from the orthopedic doctor's office and nursing did not follow-up to check for new additional order. (continued on next page)

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

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 05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sherwood Oaks Post Acute	250 Fairview Rd Thousand Oaks, CA 91361

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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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/14/24 at 2:30 p.m., treatment nurse (TN 2) stated there was a chance to check for the skin on Resident 1's right foot area when the cast was removed on 4/15/24 but confirmed there was no monitoring documented in the medical records until the discovery of a deep tissue injury (soft tissue loss) on Resident 1's right heel on 4/17/24. During an interview on 5/17/24 at 04:15 p.m., wound consultant (WC) from Omni Wound Physicians stated Resident 1 was referred to him on 4/23/24 and was assessed with unstageable injury (thick dead tissues under the skin) on Resident 1's right heel. WC stated he did right heel wound debridement (process of removing dead skin or tissue from a wound) thus changing the wound status to stage IV (a wound that has full thickness tissue loss with exposed bone, tendon, or muscle). WC stated that an unstageable wound can develop within few hours from pressure to a bony structure like the heel area given the high-risk factors and limited mobility of Resident 1. WC confirmed that the injury can be invisible up to 48 hours following a friction to an immobilizer or device. WC stated he ordered offloading/floating (raising the affected foot to a pillow to prevent friction and shearing to any surface) on the right heel instead of using a heel protector to promote air flow to the area for faster healing. During a review of undated facility policy and procedure (P&P), titled Charting and Documentation, the P&P indicated, Any notable changes in the resident's medical, physical, functional, or psychosocial condition observed by staff, should be documented in the resident's medical record. The medical record is a format that facilitates communication between the interdisciplinary team.