

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  08/08/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>40560</p> <p>Based on record review and interview, the facility failed to administer Metoprolol (a medication used to treat high blood pressure) per physician orders, for one of two sampled residents (Resident 1).</p> <p>This failure had the potential to result in a medication being withheld, when it should have been administered.</p> <p>Findings:</p> <p>During a concurrent record review and interview, on 8/8/24, starting at 11:28 a.m., with the Director of Nursing (DON 1) and Medical Records Director (MRD 1), Resident 1's medical record was reviewed. Resident 1's Medication Administration Record (MAR) indicated in part, Resident 1 had a physician order of Metoprolol .Give 12.5mg (milligrams) by mouth two times a day for HTN (hypertension [high blood pressure]) hold for SBP (systolic Blood Pressure) &lt; (less than) 110 or HR (heart rate) &lt; 60 (60 beats per minute). Resident 1's MAR indicated on 8/1/24, at 9:00 p.m., Resident 1 did not receive the scheduled dose of the medication due to Resident 1's vital signs being outside the parameters of the order. Review of Resident 1's Weights and Vitals Summary indicated in part, Resident 1's recorded blood pressure was 118/78, and heart rate was 72 beats per minute, at 9:06 p.m. on 8/1/24. The DON 1 and MRD 1 acknowledged according to the facility's documented blood pressure reading and heart rate reading for Resident 1 on 8/1/24, at 9:06 p.m., Resident 1 should have received the scheduled dose of Metoprolol instead of it being withheld.</p> <p>During a review of Resident 1's Care Plan, undated, the Care Plan indicated in part Resident (Resident 1) requires antihypertensive (medication used to lower blood pressure) medication related to hypertension. Resident 1's care plan further indicated in part Resident 1 had an intervention of Medication as ordered. Adhere to parameters for holding medication as ordered.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Documentation of Medication Administration, dated 11/22, the P&amp;P indicated in part, Documentation of medication administration includes . reason(s) why a medication was withheld, not administered, or refused.</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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