

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 11/06/2024
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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>40560</p> <p>Based on interview and record review, the facility failed to provide requested medical records in a timely manner, to a resident representative, for one of two sampled residents (Resident 1).</p> <p>This failure had violated Resident 1's rights.</p> <p>Findings:</p> <p>During an interview on 11/4/24, at 3:17 p.m., with the Social Services Director (SSD 1), the SSD 1 was asked to confirm when Resident 1's representative first made the request to obtain Resident 1's medical records. The SSD 1 stated Resident 1's representative verbally and in writing, requested Resident 1's medical records on 10/3/24.</p> <p>During an interview and concurrent record review, on 11/4/24, stating at 2:48 p.m., with the Director Of Nursing (DON 1) and Medical Records Director (MRD 1), the MRD 1 and DON 1 stated the facility required residents and/or their representatives to sign a facility authorization form titled Authorization Form For The Release of Health Information in order to obtain medical records. Both the DON 1 and the MRD 1 stated if a resident or resident representative made a verbal or written request for medical records, the facility would not produce the medical records, unless the facility's authorization form was also signed. The MRD 1 confirmed that as of 11/4/24, the facility had not provided Resident 1's representative with the requested medical records.</p> <p>During a review of the facility policy and procedure titled Resident Rights dated 12/16, indicated in part Federal and State Laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to .access personal information and medical records pertaining to him or herself.</p> <p>During a review of the facility policy and procedure titled Release of Information dated 2001, indicated in part A resident may have access to his or her records within 48 hours (excluding weekends or holidays) of the resident's written or oral request.</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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