

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  12/17/2024
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 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>40560</p> <p>Based on interview and record review, the facility failed to implement a comprehensive care plan and follow physician orders, for one of two sampled residents (Resident 1).</p> <p>These failures had the potential to negatively impact Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1's Care Plan, dated 11/4/24, indicated in part, Resident 1 Requires Antidepressant medication related to diagnosis of depression. Resident 1's care plan further indicated in part, an intervention to Administer antidepressant medication as ordered by the physician.</p> <p>During a concurrent record review and interview, on 12/17/24, starting at 10:34 a.m., with the Director of Nursing (DON 1) and Medical Records Director (MRD 1), Resident 1's medication administration record (MAR) was reviewed. Resident 1's MAR indicated in part, two physician orders pertaining to the monitoring of Resident 1, due to Resident 1 taking the medication Trazadone (an antidepressant). One physician order was to monitor Resident 1 for episodes of depression manifested by difficulty in falling asleep every shift and a separate physician order for staff to monitor Resident 1 for adverse side effects of Trazadone every shift. Resident 1's MAR had a missing/blank entry once on 11/7/24, and once on 11/25/24, for both orders. The DON 1 and MRD 1 acknowledged the missing entries and could not provide additional documentation indicating both physician orders were carried out by staff on those dates. Resident 1's MAR further indicated Resident 1 had a physician order to receive one 100 mg tablet of Trazadone HCL by mouth two times a day for depression, manifested by a difficulty in falling asleep. Resident 1's MAR indicated Resident 1 only received one of the two ordered doses on 11/26/24. The DON 1 and MRD 1 acknowledged Resident 1's MAR indicated Resident 1 received only one of the two ordered doses on 11/26/24, and could not provide documentation indicating nursing staff administered both doses of the Trazadone, as ordered by the physician on 11/26/24.</p> <p>During a review of the facility policy titled Care Plans, Comprehensive Person-Centered dated 2001, indicated in part A comprehensive, person-centered care plan .is developed and implemented for each resident .The comprehensive, person-centered care plan .describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</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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