

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 12/30/2024
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>40560</p> <p>Based on interview and record review, the facility failed to ensure one of two sampled residents (Resident 1), was free from misappropriation of resident property.</p> <p>This failure had the potential for Resident 1 to be subject to financial abuse.</p> <p>Findings:</p> <p>During an interview on 12/30/24, at 5:09 p.m., with Resident 1, the Resident 1 verbalized a Certified Nursing Assistant (CNA 1) told Resident 1 that the CNA 1 was having car troubles and bill troubles and needed \$1,000. Resident 1 verbalized upon hearing about CNA 1's financial hardship, provided the CNA 1 with a total of \$740 dollars to help CNA 1 with the cost of the car repairs and bills. Resident 1 verbalized the two made an agreement that Resident 1 would be paid back by CNA 1 sometime during 1/25.</p> <p>During a review of Resident 1's Progress Notes dated 12/23/24, indicated in part Resident 1 stopped by the activities office and informed the activities staff that [Resident 1] had let a staff member (CNA 1) borrow some money.</p> <p>During a review of Resident 1's Progress Notes dated 12/27/24, indicated in part C.N.A. (CNA 1) came to the facility to bring the money to pay [Resident 1] the total of \$740.00. D.S.D (Director of Staff Development, DSD 1) and Concierge were present in the resident's (Resident 1) room when C.N.A. (CNA 1) handed the money to the resident (Resident 1).</p> <p>During an interview on 12/30/24, at 3:02 p.m., with the Director of Nursing (DON 1), the DON 1 confirmed that CNA 1 took \$740 dollars from Resident 1, when Resident 1 offered to help CNA 1 out due financial hardship. The DON 1 verbalized the CNA 1 paid Resident 1 back in full on 12/27/24.</p> <p>During a review of the facility's policy titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program dated 4/21, indicated in part Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation.</p> <p>During a review of the facility's policy titled Gifts, Gratuities, and Payments, undated, indicated in part Our facility prohibits employees from .engaging in any activity, practice, or act which conflicts with the interest of the facility or its residents.</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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