

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 01/28/2025
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48668</p> <p>Based on observation, interview and record review, the facility failed to promote dignity and respect when Resident 1's custom-built hearing aids was lost and was not replaced timely.</p> <p>This failure increased the potential for Resident 1 to not effectively communicate his needs and overall well-being.</p> <p>Findings:</p> <p>During the review of medical records, Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included Alzheimer's Disease (a progressive disease affecting memory and other mental functions). A record titled Inventory of Personal Effects dated 6/24/24 indicated, Resident 1 had hearing aids.</p> <p>During an interview on 1/28/24 at 11:36 a.m., with Resident 1's responsible party (RP), RP stated when Resident 1's custom-built hearing aids got lost sometime in July last year, the facility did not replace them and provided generic type hearing aids that kept on falling off from his ears and getting lost again.</p> <p>During a concurrent observation and interview on 1/28/25 at 2:15 p.m., with a certified nurse assistant (CNA1), Resident 1 was observed in bed, awake, no hearing aids; Resident 1 was unable to hear and understand questions asked. CNA1 stated Resident 1 had lost the hearing aids sometime in July last year; and further confirmed Resident 1 was not wearing hearing aids.</p> <p>During a concurrent interview and record review on 1/28/25 at 2:30 p.m., with the admitting clerk (AC), AC stated she did the inventory of Resident 1's personal belongings during admission on 6/21/24, and confirmed there was a pair of hearing aids worn by Resident 1.</p> <p>During the interview on 1/28/25 at 3:30 p.m., with the operations manager (OM), OM confirmed being aware of the request to replace the custom-built hearing aids for Resident 1 which was still pending approval by the upper management. OM further agreed the quality of life can be affected when someone cannot hear and not promote good communication between residents and staff.</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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