

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 07/31/2025
NAME OF PROVIDER OR SUPPLIER Sherwood Oaks Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Fairview Road 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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview and record review, the facility failed to ensure a shower room was sanitary and in good repair. This failure had the potential to violate Residents rights to receive care in a safe, clean and homelike environment. During a concurrent observation and interview, on 7/31/25, beginning at 12:55 p. m., with the Maintenance Director (MTD 1), a shower room located in hallway four was inspected. In the shower room, the shower doorframe was in a state of disrepair, the wall had broken tiles, the call light cord was broken and had been replaced with plastic bags in lieu of replacing the cord, a bottle of lotion was stored atop a dirty sharps container and a used razor was stored in a plastic cup atop a box of clean gloves. The MTD 1 confirmed and verbalized the doorframe was in a state of disrepair, there were broken tiles, the call light cord needed to be replaced, staff had stored a lotion bottle atop a dirty sharps container and a dirty razor was stored atop a box of clean gloves. During a review of the facility's policy and procedures titled Homelike Environment dated 2/21, indicated in part Residents are provided with a safe, clean, comfortable and homelike environment. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include clean, sanitary and orderly environment.</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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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>Based on observation, interview and record review the facility failed to adhere to its policy and procedure for foods brought in by family and visitors. This failure had the potential for Residents to consume spoiled food and to experience negative outcomes. During a concurrent observation and interview, on 7/31/25, at 1:21 p.m., with the Infection Preventionist (IP 1), the resident refrigerator was inspected. Inside the resident refrigerator was a unlabeled and undated plastic bag containing a head of lettuce which had partially turned brown and two unlabeled and undated half eaten sandwiches in plastic containers. The IP 1 confirmed the observations and verbalized the resident food items should have been labeled with a resident's name and date. When asked how long these items had been in the resident refrigerator the IP 1 could not give a definitive answer but did verbalize facility practice was to clean out the refrigerator once a week on Friday's. During a review of the facility's policy and procedure titled Foods Brought by Family/Visitors dated 3/22, indicated in part Perishable foods are stored in re-sealable containers with tightly fitting lids in a refrigerator. Containers are labeled with the resident's name, the item and the use by date. The nursing and/or food service staff will discard any foods prepared for the resident that show obvious signs of potential foodborne danger.</p>		