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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555857 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/05/2023 |
| NAME OF PROVIDER OR SUPPLIER Oakview Skilled Nursing | | STREET ADDRESS, CITY, STATE, ZIP CODE 3557 Campus Dr Thousand Oaks, CA 91360 | |

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) |
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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>33720</p> <p>Based on record review and interview, the facility failed to follow it's policy and procedure to consistently monitor temperature controls from the time food leaves the kitchen to transport and distribution to residents. This failure occurred in 1 of 21 opportunities for monitoring. This failure risks residents receiving their food outside of appropriate temperature range.</p> <p>Findings:</p> <p>During a review of facility policy and procedure titled, Service Temperature of Food, dated 10/17/22, indicated in part .Record reading on Food Temperature Chart form 401, at beginning of tray line and at end of tray line .</p> <p>During a concurrent interview and record review on 12/01/22, starting at 2 p.m., with lead cook (LC), while reviewing the Temperature Log for breakfast, lunch and dinner for the week of 11/05/23 through 11/11/2023, log temperature recordings were missing for the dinner meal on 11/07/23. LC acknowledged missing temperature recordings, while also acknowledged that the responsibility for filling out log is the LC. LC confirmed she was the LC on 11/07/23, and stated, I think it slipped my mind, I know it's my responsibility, I just can't tell you why I didn't do it that evening.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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