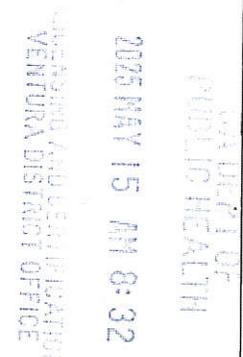


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/01/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/15/2025
NAME OF PROVIDER OR SUPPLIER  SIMI HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5270 E LOS ANGELES AVE SIMI VALLEY, CA 93063		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of a complaint.  Complaint Number: CA00954971  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiency was issued for Complaint Number CA00954971 at F656	F 000	Received on 5/15/25 at 8:26AM CDPH VENTURA DO		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will	F 656			

*POC accepted  
at Ventura, HHS  
5-15-25*

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

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.

CA DEPT OF  
PUBLIC HEALTH

SIMI VALLEY CARE CENTER

2025 MAY 15 AM 8:32

PLAN OF CORRECTION (2567) FOR CA00954971 (F tag : 656 ) SS= D

LICENSING AND CERTIFICATION  
VENTURA DISTRICT OFFICE

(DEVELOPMENT/IMPLEMENT COMPREHENSIVE CARE PLAN)

\*\*\* How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.

THE RESIDENT # 1 NO LONGER RESIDES IN THE FACILITY.

\*\*\*How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.

THE MEDICAL RECORDS DIRECTOR/DESIGNEE CONDUCTED A FACILITY WIDE AUDIT ON NEW RESIDENT ON 5/7/2025 (period from 5/1/2025 to 5/6/2025) AND IDENTIFIED 3 NEWLY ADMITTED RESIDENTS WITH TREATMENTS ON ADMISSIONS BUT NO CARE PLAN. THE DON/DESIGNEE/TREATMENT NURSE CORRECTED THE IDENTIFIED CARE PLAN ISSUE, CARE PLAN COMPLETED ON 5/8/2025 ON THOSE IDENTIFIED RESIDENTS. CURRENT RESIDENTS' TREATMENT ORDERS WERE ALSO AUDITED (5/14/2025) WITH THE EXISTING CARE PLANS.

THE MEDICAL RECORDS DIRECTOR/DESIGNEE WILL CONDUCT ADMISSION AUDIT ON A DAILY BASIS (NOT APPLICABLE ON THE DAYS THAT HAS NO ADMISSIONS) WITH THE UTILIZATION OF AN AUDIT FORM TO IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRACTICE.

\*\*\*What measures will be put into place or what systemic changes that the facility will make to ensure that the deficient practice does not recur.

THE DON/DESIGNEE CONDUCTED IN-SERVICES ON THE FOLLOWING DATES : 5/8/2025, 5/9/2025 AND 5/12/2025 TO THE LICENSED NURSES REGARDING DEVELOPMENT/IMPLEMENTATION OF COMPREHENSIVE CARE PLAN.

THE TREATMENT NURSE WILL CONDUCT DAILY SKIN RE-ASSESSMENT ON THE RESIDENT(S) THAT WAS/WERE ADMITTED ON THE PREVIOUS DAY AS WELL AS TO CHECK AND COMPLETE THE CARE PLAN AS INDICATED AND IF APPLICABLE X 3 MONTHS.

Received on 5/15/25 at 8:26AM  
CDPH VENTURA DO

\*\*\*How the facility plan to monitor its performance to make sure that the solutions are sustained. The facility must develop a plan for ensuring that the correction is achieved and sustained. This plan must be implemented and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system.

THE MEDICAL RECORDS DIRECTOR/DESIGNEE WILL CONTINUE TO DO DAILY AUDIT ON NEW ADMISSIONS AND TO DISCUSS FINDINGS DURING THE STAND UP MEETING IN ORDER FOR ANY FINDINGS TO BE ADDRESSED (IF APPLICABLE) X 3 MONTHS.

THE DON/DESIGNEE WILL DO RANDOM CHART REVIEW 2 X A WEEK ON NEW RESIDENTS IF CARE PLAN HAVE BEEN INITIATED/UPDATED AS INDICATED X 3 MONTHS.

FINDINGS FROM NEW ADMISSIONS AUDIT WILL BE DISCUSSED EVERY MONTH DURING THE QUALITY ASSURANCE /QAPI MEETING X 3 MONTHS.

CORRECTIVE ACTIONS WILL BE COMPLETED BY MAY 15, 2025.

CA DEPT OF  
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2025 MAY 15 AM 8:32  
ADMISSION AND REGISTRATION  
VENTURA DISTRICT OFFICE