

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THOUSAND OAKS POST ACUTE, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>93 WEST AVENIDA DE LOS ARBOLES THOUSAND OAKS, CA 91360</b>	
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)		
F 0656  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</b></p> <p>Based on interview, and record review, the facility failed to follow showering care plan interventions for one of three sampled residents (Resident 1). This failure had the potential in Resident 1 sustaining skin infections and poor hygiene.</p> <p>Findings: A review of the care plan for Resident 1 dated 12/26/20, indicated planned interventions included explaining the benefit and risks of bathing/not bathing, inform/update Resident 1's responsible party, and to notify the medical doctor (MD) as needed. During an interview on 2/20/20, at 11:43 a.m., licensed nurse (LN 1) acknowledged if a resident refuses a shower, a licensed nurse is to speak to the resident, fill out the bottom of a shower form, and make a progress note in the medical record that includes the reason for the refusal. LN 1 further acknowledged if a resident keeps refusing care, then the physician needs to be contacted. A review of Resident 1's shower forms indicated Resident 1 refused six scheduled showers in 1/20, and refused three scheduled showers in 2/20. On the days Resident 1 refused showers, the shower forms lacked documentation addressing skin condition, contacting the physician, updating the care plan, filling out an incident report and speaking to the resident after the refusals. During an interview with the director of staff development (DSD) and concurrent record review, on 2/20/20, at 4:00 p.m., the DSD confirmed there was no way to tell by looking at the shower sheets on 1/20 and 2/20 that facility staff educated or spoke to Resident 1 about refusing showers. The DSD stated, We haven't been following up on whether someone spoke to the resident. During an interview, and concurrent record review, on 2/21/20, at 2:54 p.m., licensed nurse (LN 2) acknowledged there should be documentation on the shower form regarding why Resident 1 refused each scheduled shower. LN 2 confirmed there was no documentation in Resident 1's medical record about shower refusal, family member notification of shower refusal, physician notification of shower refusal, or education provided to Resident 1 about risks of shower refusal or benefits of showers. LN 2 acknowledged that the risks of not showering include skin breakdown, discomfort, fungus, parasites, and body odor. A review of the facility's policy, titled, Refusal of Treatment, revised 10/1/17, indicated: II. When a resident refuses or discontinues treatment, the Charge Nurse or Director of Nursing Services (DNS) interviews the resident to determine what and why the resident is refusing or discontinuing treatment. The Charge Nurse or DNS will attempt to address the resident's concerns and explain the consequences of the refusal or discontinuance of treatment. III. The Charge Nurse or DNS will document information relating to the refusal discontinuance in the resident's medical record. Documentation will include at least the following: A. The date and time Nursing Staff tried to give a medication or treatment was attempted; B. The medication or treatment refused/discontinued; C. The resident's response and reason(s) for refusal/discontinuance; D. The name of the person attempting to administer the treatment; E. That the resident was informed (to the extent of their ability to understand) of the purpose of the treatment and the consequences of not receiving the medication/or treatment; F. The resident's condition and any adverse effects due to such refusal/discontinuance; G. The date and time the Attending Physician was notified and his or her response; H. Other pertinent observations; and I. The signature and title of the Charge Nurse or DNS documenting the refusal/discontinuance.</p>		
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.