

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  08/12/2025
NAME OF PROVIDER OR SUPPLIER  Oakview Skilled Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE  3557 Campus Drive 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)
<p>F 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure policies and procedures (P&amp;P) were implemented for two of three sampled Residents (Resident 1 and Resident 3) when nursing staff failed to verify residents' wishes regarding Cardiopulmonary Resuscitation (CPR - is an emergency lifesaving procedure performed when the heart stops beating) upon admission. This failure had the potential to result in the facility staff providing or delaying medical treatment and services against the will of the residents. During a review of the facility's policy and procedure (P&amp;P) titled, Resident Rights, dated 05/2024, the P&amp;P indicated, Policy: . [facility name] shall promote the exercise of rights for all residents, including those who face, barriers, such as communication problems, hearing problems, and cognition limits, in the exercise of these rights .13. Right to formulate an advanced directive. F. a) If the physician agrees to admit the resident, the physician will be referred to the appropriate nursing station to provide orders unless he/she has already provided said orders. G. The HID or designee will supply the nursing station with the POLST [ Physician Orders for Life-Sustaining Treatment - a document that outlines a seriously ill or frail person's preferences for medical care, particularly at the end of life] form along with other consent forms needed for resident's admission. H. The licensed nurse will introduce and complete the POLST form (if needed) during the admission assessment of the resident, if possible. I. The licensed nurse will convey to the physician of record the wishes of the resident as indicated on the POLST form by faxing the form to the physician as soon as possible in order to obtain the physician's order reflecting the levels of care requested by the resident/legal surrogate. During a concurrent interview and record review on [DATE] at 1:18 p.m., with Administrator (ADM), Resident 1's medical record, dated [DATE] was reviewed. The records indicated Resident 1 did not have an order for Code status (a patient's pre-determined medical decision regarding the type of resuscitation measures desired). The ADM stated, per facility policy, if a Resident does not have a code status on record, the Resident is considered a Full Code (a medical directive that indicates a patient's consent to receive all possible life-saving measures) until proven otherwise. The ADM states that Code status should be received and documented upon admission. The ADM further acknowledged that Resident 1 did not have an order for Code status in the record. ADM stated that the POLST, dated [DATE], indicated that Resident 1 was a Full Code and stated that we did not have their POLST in the chart till after the fact [after discharge] acknowledging that staff did not have a record of Resident 1's code status on admission. During a concurrent interview and record review on [DATE] at 1:18 p.m., with ADM, Resident's 3 medical record, dated [DATE], was reviewed. The Records indicated that Resident 3 did not have an order for Code status and no POLST or Advance directive was in their medical record. ADM confirmed that Resident 3 did not have an order for Code status, a POLST and/or Advance Directive were not in the record and acknowledged that per policy it should have been completed on admission.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review, the facility failed to ensure infection control practices were implemented when: 1. Rehabilitation staff entered a Contact Isolation (infection control measures used to prevent spread of infections through direct (touching resident) or indirect (residents environment)) room without personal protective equipment (PPE - protective clothing such as gowns, gloves, face shields or other equipment) for one of three sampled Residents (Resident 2). 2. Proper identifier for enhanced barrier precautions (EBP - an infection control intervention used to reduce transmission of MDROs (multidrug-resistant organisms that includes use of PPE during high-contact resident care) was not placed on Residents door alerting staff to use PPE, for one of three sampled residents (Resident 3). These deficient practices had the potential to cause cross contamination and the spreading of MDRO's among residents. 1. During a review of the facility's policy and procedure P&amp;P titled, Enhanced Standard Precautions (ESP), undated, the P&amp;P indicated, Policy Statement: . to reduce and/or prevent the transmission of pathogens, including Multi-Drug-Resistant Organisms (MDRO) and viruses. D. Contact Precautions: . gowns and gloves are required for all resident contact. Contact Precautions must be implemented for a resident known or suspected to be infected or colonized with micro-organisms contained within such things as excessive uncontained wound drainage, fecal incontinence or other body fluids that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. Signs used to Alert staff of Contact Precautions: d) Signs: Color coded signs will be used to alert staff of the implementation of isolation precautions, while protecting the privacy of the resident. Orange is the color code for Contact Precautions. During an observation on 07/30/25 at 12:20 p.m., in the hallway outside room [ROOM NUMBER], observed PPE (personal protective equipment - protective clothing such as gowns, gloves, face shields or other equipment) and an orange contact isolation precautions sign on the door that occupied two residents. Observed a staff member at the bedside of Resident 2 not wearing PPE, gown or gloves. Witnessed this staff member leave the Residents room without using hand sanitizer or washing hands, enter the nurses station and proceed back to room [ROOM NUMBER] and enter with PPE or hand sanitizer. During an interview on 07/30/25 at 12:20 p.m. with Director of Rehab (DOR), DOR stated she did not know Resident 2 was on isolation precautions and assumed the isolation was for another resident in the room. The DOR stated Resident 2 was newly admitted to the facility and does not know Resident 2's isolation stating, did not check prior to seeing Resident 2. DOR acknowledged she saw the contact isolation sign on the door but states didn't know if PPE is to be worn when entering the room. During an interview on 07/30/25 at 12:25 p.m., with Licensed Nurse (LN) 1, LN1 stated Resident 2 was on contact isolation precautions for an active MDRO infection being treated with antibiotics and confirmed the DOR should have worn PPE, including gown and gloves when entering the room. During an interview on 07/30/25 at 1:10 p.m. with Nursing Supervisor (NS), NS confirmed that Resident 2 was on contact isolation precautions for MDRO stated that staff should be wearing gowns when entering the room. The NS agreed that DOR should have worn PPE, including gown and gloves. 2. During a review of the facility's policy and procedure (P&amp;P) titled, Enhanced Standard Precautions (ESP), undated, the P&amp;P indicated, . Signs: Color-coded signs will be used to alert staff of the implementation of isolation precautions, while protecting the privacy of the resident. During an interview on 07/30/25 at 12:25 p.m. with LN1, LN1 stated that residents on EBP, require staff to wear PPE during patient care and that an EBP sign should be posted outside the resident's room. During an observation on 07/30/25 at 12:45 p.m., in room [ROOM NUMBER], Resident 3 was observed in bed, with a Foley bag on the lower side of the bed. Resident 3 room did not have isolation (EBP) sign posted on the door to alert staff. During an interview on 07/30/25 at 1:10 p.m. with NS, the NS confirmed that a Resident has an indwelling device such as a Foley catheter (tube placed and left in the bladder to drain urine into a bag), they would be placed on EBP (enhanced barrier precautions - an infection control intervention used to reduce transmission of MDROs that includes use of PPE during high-contact resident care) and a sign would be placed on Residents door alerting staff to use PPE. The NS acknowledges there was no EBP sign on Resident 3's door, and stated the signage should have been posted upon admission.</p>		