STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055566	A. Building B. Wing	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coastal View Healthcare Center	4904 Telegraph Rd Ventura, CA 93003

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 44589 Based on and interview and record review for one of three sampled resident (Resident 1)'s MDS (Minimum Data Set ((MDS) - an assessment tool for residents in a nursing homes) the facility failed to assessment that must accurately reflect the resident's status for wandering (to move from place to place without a set path) behavior and wander alarm used for one of two sampled residents (Resident 1) was not accuratey document upon assessment when MDS indicated: 1. Resident 1 ' s MDS assessment for wandering behavior indicated that resdient had no behavior exhibited. 2. Resident 1 ' s MDS assessment for an alarm indicated that Resident 1 used the alarm daily from the 7-day look-back period requirement. These failures creates a situation whereby Resident 1 ' assessment did not reflect current satus which can delay and affect tratment. Findings: 1. During a review of the facility ' s policy and procedure (P&P) on MDS titled, Resident Assessment Instrument (RAI), dated 10/2019, the P&P indicated, Coding instruction for E0900 (Wandering - Presence & Frequency) Code 0, behavior not exhibited .Code 1, behavior of this type occurred 1-3 days .Code 2, behavior of this type occurred 4-6 days, but less than daily .Code 3, behavior of this type occurred daily. During a review of Resident 1 ' s MDS section E (an assessment for presence and frequency of wandering behavior with an ARD (Assessment Reference Date) of 8/30/24, the MDS section E was coded 0 indicating Resident 1 had no episode of wandering in the facility. During a review of the document titled, SBAR (Situation Background Assessment Recommendation - an assessment tool for a change in condition), dated 8/29/24, the SBAR indicated that on 8/29/24, Resident 1 had an episode of wandering behavior. During a review of the Order Summary Report (OSR), dated 8/29/24, the OSR indicated that a wanderguard was ordered by the physician for Resident 1 and to check the wanderguard (an electronic device that monitors resident movement and alerts the staff through an audible sound when movement is detected) for placement and functionality every shift. (continued on next page)

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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/5/24, at 3:30 p.m. with the Licensed Vocational Nurse (LN 1), LN 1 confirmed that Resident 1 had an episode of wandering behavior on 8/29/24 and an attempt to go out of the facility ' s front door. LN 1 indicated that a was ordered by the physician and was placed on Resident 1 ' s right ankle on 8/29 after the RP (responsible party) consented for the use of the device. During a concurrent record review and interview on 9/10/24, at 10:15 a.m. with the MDS Coordinator, the RAI instruction for coding wandering behavior in section E of the MDS was reviewed. Minimum Data Set Cordinator (MDSC) aknowledged being responsible for the accuracy of residents ' assessments she completed before transmitting to Centers for Medicare & Medicaid Services (CMS). The MDSC further acknowledged the incorrect assessment for wandering behavior in Resident 1 ' s MDS assessment. 2. During a review of the P&P on MDS for alarms (RAI manual coding instruction), dated 10/2019, the P&P indicated, An alarm is any physical or electronic device that monitors resident movement and alerts the staff, by either audible or inaudible means, when movement is detected. Identify all alarms that were used at any given time (day or night) during the 7-day look back period .Code 0, not used: if the device was not used during the 7-day look-back period. Code 1 used less than daily: if the device was used less than daily. Code 2, used daily: if the device was used on a daily basis during the look-back period. During a review of Resident 1 ' s MDS section P (an assessment for alarms), ARD 8/30/24, the MDS section P was coded 2 indicating Resident 1 had used the alarm daily during the 7-day look-back period. During a review of the document titled, SBAR (Situation Background Assessment Recommendation - an assessment tool for a change in condition), dated 8/29/24, the SBAR indicated that on 8/29/24, Resident 1 had an increased restlessness, combativeness, and episode of wandering behavior and placement of wanderguard (an electronic device that monitors resident movement and alerts the staff through an audible sound when movement is detected) was recommended by the primary clinician completing the SBAR. During a review of the Order Summary Report (OSR), dated 8/29/24, the OSR indicated that a placement of a wanderguard was ordered by the physician due to Resident 1 ' s poor safety awareness as manifested by Resident 1 trying to leave the facility and to check for wanderguard placement and functionality every shift. During a review of the document titled, Facility Consent for Use of Device (FCFUD), dated 8/29/24, the FCFUD was signed by the RP on 8/29/24. During a review of the plan of care for risk for wandering/elopement (CP), dated 8/29/24, the CP indicated, that the Resident 1 was at risk for episode of wandering/elopement from the facility due to episode of wandering around the facility and a wanderguard bracelet was implemented. During an interview on 9/5/24, at 3:30 p.m. with the Licensed Vocational Nurse (LN 1), LN 1 s confirmed that a wanderguard was ordered by the physician on 8/29 and was placed on Resident 1 ' s right ankle after the RP consented to the use of the device the same day it was ordered. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent record review and interview on 9/10/24, at 10:15 a.m. with the MDSC, the RAI instruction for coding an alarm in section P of the MDS was reviewed. MDSC acknowledged being responsible for the accuracy of residents ' assessments she completed before transmitting to CMS. The MDSC further acknowledged the incorrect assessment for the alarm device used for Resident 1 indicating that the correct coding should have been 1, used less than daily instead of 2, that the device was used daily.