| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055566 | A. Building<br>B. Wing | 12/30/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coastal View Healthcare Center | 4904 Telegraph Rd<br>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 0675<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor each resident's preferences, choices, values and beliefs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32661<br><br>Based on observation, interview, and record review, the facility failed to ensure one resident (Resident 1) received hygiene care when the resident continually refused care and this was not reported to the doctor or resonsible party.<br><br>This failure had the potential to result in Resident 1's hygiene needs not being met and sustaining skin complications.<br><br>Findings:<br><br>During a review Resident 1's documents, the documents indicated, Resident 1 was admitted on [DATE] with diagnoses that included, Dementia (condition characterized by impairment such as memory loss and judgment) and Other Behavioral Disturbance (manifestation of dementia categorized by mood disorders, sleep disorders, psychotic disorders and agitation).<br><br>During a concurrent observation, interview, and record review on 12/30/24 at 1:45 p.m. with Resident 1, Resident 1 was in bed and was not interviewable in English due to Resident 1 only spoke Cantonese. Review of Resident 1's Brief Interview for Mental Status ([BIMS] - test, which is used to evaluate a person's cognitive status indicated Resident 1 had a BIMS score of 2. BIMS scores range from 0 to 15, with higher scores indicating better cognitive function There were cue cards available to Resident 1 in English and Chinese (Cantonese) characters translating simple words such as pain, change diaper, water, prepared by the Resident 1's daughter.<br><br>During an interview on 12/30/24, at 1:45 p.m., with Resident 2, Resident 2 stated often observes and hears nurses assist Resident 1 to the bathroom and attempt to clean/change Resident 1's diapers. However, Resident 1 refuses to be changed and refuses showers as well.<br><br>Resident 2's BIMS score was 14.<br><br>During an interview on 12/30/24 at 1:50 p.m. with Resident 3, Resident 3 corroborated what Resident 2 said. Resident 3's BIMS score was 14.<br><br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055566 | A. Building<br>B. Wing | 12/30/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coastal View Healthcare Center | 4904 Telegraph Rd<br>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 0675<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a review of Resident 1's Care Plan (CP), dated 12/26/24, the CP indicated, Problem/Concern - At risk for injury/decline in condition D/T RESIDENT'S PREFERENCE for NON-COMPLIANCE. WHICH INCLUDES: medication, Activities of Daily Living (ADL) assistance, showers, skin care, peri care. Interventions included, Report non-compliance to MD. Review of Resident 1's nurses' notes indicated, there were no notifications to Resident 1's doctor regarding the non-compliance. Further review of Resident 1's CP indicated, no revision(s) were made to the CP to reflect the constant refusal of care/non-compliance.<br><br>During an interview on 12/30/24 at 2:10 p.m. with Licensed Nurse (LN 1), LN 1 stated Resident 1 is non-compliant, constantly refuses medications and care.<br><br>During an interview on 12/30/24 at 2:15 p.m. with Certified Nurse Aid (CNA 1), CNA 1 stated regularly takes care of Resident 1 and Resident 1 refuses diaper changes, and the refusal is reported to the Licensed Nurses (LNs). CNA 1 further stated, We cannot type any narrative notes in our charting.<br><br>During an interview on 12/30/24 at 2:20 p.m. with complainant, complainant stated is aware (Resident 1) is non-compliant with care. Complainant further stated the facility has been instructed (complainant) Resident 1 refuses care. The dates from 12/21/24 through 12/25/24 that Resident 1 refused diaper change, (complainant) never received any call or notification about the refusal/non-compliance for a diaper change.<br><br>During an interview on 12/30/24 at 3:25 p.m. with the DSD (Director of Staff Development), DSD confirmed all CNAs who have taken care of Resident 1 were unable to document Resident 1's non-compliance to care since there was no system for the CNAs to document narrative reports or a system in place to document concerns.<br><br>During an interview on 12/30/24, at 4:15 p.m., with the director of nursing (DON), DON explained that CNAs are to report refusal of care to Licensed Nurses (LN). LN then assess the resident, document a change of condition (COC), notify the responsible party, and document, revise the care plan, and notify the doctor. DON further explained a change of condition (COC) is initiated for consistent refusal of care. Then, the DON reviews the documents. DON acknowledged this did not happen in the five days Resident 1 refused a diaper change.<br><br>During a review of Resident 1's IDT (Interdisciplinary Team)/Care Plan Conference Summary, dated 10/30/24, the IDT indicated, no further IDT was done when Resident 1 had continuously been non-compliant with care and manifested behavioral irregularities.<br><br>During a review of the facility's policy and procedure (P&P) titled, Activities of Daily Living, Care Resident Monitoring, and Scope of Services, dated 06/2022, the P&P indicated, Policy: It is the policy of the facility that each resident receive, and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being consistent with the resident's comprehensive assessment and plan of care . Procedure: Ensure that the following ADL functions are monitored, supervised, and assisted with and or provided to the Resident population that the facility is servicing to include but not limited to: Bathing/Showering and or personal hygiene . The person conducting the routine check shall report promptly to the Nurse Supervisor/Charge Nurse any change in the resident's condition and/or medical needs . If the certified nursing assistants identify any change in a resident's condition, they are to notify the licensed nurse immediately . The facility will provide hygiene. |