

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Coastal View Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40560</p> <p>Based on observation, interview, and record review, the facility failed to implement a fall care plan intervention and follow physician orders for one of two sampled residents (Resident 1).</p> <p>This failure had the potential for Resident 1 to experience negative outcomes in the event of a fall.</p> <p>Findings:</p> <p>A review of records indicated, Resident 1 was admitted to the facility on [DATE], from the acute care hospital with diagnoses that includes Chronic Respiratory Failure (a long-term condition where the lungs cannot adequately exchange oxygen and carbon dioxide), Aphasia (disorder that affects a person's ability to communicate effectively), Anxiety disorder (group of mental health conditions characterized by excessive fear or worry).</p> <p>During a concurrent observation and interview, on 2/14/25, at 3:54 p.m., with Licensed Nurse (LN 1) inside Resident 1's room, no floor mats were observed on either side of Resident 1's bed. The LN 1 examined the room and verbalized there were no floor mats to either side of Resident 1's bed.</p> <p>During a concurrent interview and record review, on 2/14/25, at 3:56 p.m., with the Director of Nursing (DON 1), Resident 1's medical record was reviewed. Resident 1's physician orders indicated an order for Floor Mats to both sides of the bed every shift. Resident 1's Care Plan indicated Resident 1 was At risk for further falls/injury related to: limited mobility, poor balance, lack of awareness, cognitive deficit, communication deficit, decreased endurance, incontinence, unsteady gait. Resident 1's Care Plan further indicated an intervention of Floor mattress to both side of the bed as ordered. The DON 1 reviewed Resident 1's physician orders and Care Plan and verbalized Resident 1 should have had floor mats to both sides of Resident 1's bed.</p> <p>During an interview on 2/14/25, at 4:02 p.m., with LN 1, the LN 1 reviewed Resident 1's physician orders and Care Plan and verbalized Resident 1 should have had floor mats to both sides of Resident 1's bed.</p> <p>(continued on next page)</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure titled Comprehensive Care Planning dated 3/19, indicated It is the policy of this facility that a comprehensive resident-centered care plan be developed for each resident that includes measurable objectives and timeframes to meet each resident's medical, nursing and mental and psychosocial needs that are identified in the comprehensive assessment.</p>		