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	10/17/2024

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 46884 Based on interview and record review, the facility failed to ensure that a current copy of an advanced directive was in one out of 21 sampled residents (Resident 71) medical record. This failure had the potential to result in inaccurate treatment or intervention during an emergency medical situation. Findings: During a concurrent interview and record review on 10/16/24 at 8:52 a.m. with Licensed Nurse (LN 1), Resident 71's medical record was reviewed. Resident 71's advanced health care directive (a legal document stating a person's wishes for medical care if the person is unable to communicate his/her wishes), dated 10/12/2017, indicated choice not to prolong life. Resident 71's Physician Orders for Life-Sustaining Treatment (POLST) dated 6/27/24, indicated primary goal of prolonging life by all medically effective means. LN 1 verbalized Resident 71's advanced health care directive did not match Resident 71's POLST and it should match. During a concurrent interview and record review on 10/16/24 at 11:10 a.m., with the Director of Nursing (DON), Resident 71's medical record was reviewed. The DON verbalized Resident 71 filled out the advanced health care directive upon admission, and it was later changed in the POLST. The DON stated, The advanced directive should be updated when the POLST was done to reflect resident and family representative wishes and it was not. During a review of the facility's policy and procedure titled, Advanced Directives, dated 04/2017, indicated, It is the policy of the facility that a resident may develop an advance directive relative to his/her refusal of medical or surgical treatment, which will be followed in accordance with this policy and procedure and current State law. (continued on next page)

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 B. Wing	10/17/2024

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure titled, POLST - Physician Orders for Life Sustaining Treatment, dated 01/2017, indicated, Admission or Social Service staff will review the POLST form for completeness .and confirm that the wishes for life sustaining treatment indicated in the document remain the wishes of the resident/healthcare surrogate. This complete, fully executed POLST form is a legal physician order and is immediately actionable. Once the POLST form is reviewed, it is copied, and placed in the Advance Directive section of the resident's clinical record, along with a copy of the resident's advance directive .If the POLST conflicts with the resident's previously expressed healthcare instructions or advance directive, then to the extent of the conflict, the most recent expression of the resident's wishes are to be honored .Nursing will inform the resident's primary care physician of his/her healthcare decisions as documented on the Advance Directive/Preferred Intensity of Care and obtain the appropriate orders to support the resident/healthcare surrogate's wishes.

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	10/17/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45741 Based on observation, interview, and record review, the facility failed to obtain a physician order for siderails for one of 21 sampled residents (Resident 25). This failure had the potential for Resident 25 to experience negative outcomes, while receiving care in the facility. Findings: During a review of Resident 24's, Face Sheet (FS), dated 10/15/22, the FS indicated, Resident 25 was a [AGE] year-old, who was admitted to the facility on [DATE], with admitting diagnoses including dementia (the loss of cognitive functioning, thinking, remembering, and reasoning), and chronic kidney disease (kidneys are damaged and can't filter blood properly). During an observation on 10/14/24, at 12:05 p.m., Resident 25 was observed in bed, alert and awake with bilateral quarter side rails were raised in the middle section of the bed. During a review of Resident 25's Care Plan (CP), dated 12/30/23, the CP indicated, staff were to Obtain Physician's order for the use of anything attached to a normal bed. During a concurrent interview and record review, on 10/15/24, at 4:00 p.m. with Licensed Nurse (LN) 2, Resident 25's Physician Order were reviewed. The physician recap orders dated and signed by the physician on 9/30/24, did not show orders for the use of bilateral quarter side rails. LN 2 confirmed that there was no doctor's order for the use of both side rails for Resident 25 while in bed. LN 2 further verbalized that she would call the doctor to place an order for the side rails. During a review of the facility's policy and procedure (P&P) titled, Siderails or Bed Rails, dated 9/2017, the P&P indicated, The use of anything attached to a normal bed (one-fourth rails as an enabler, grab bar attached to the bed, any assistive device, etc.) requires a comprehensive assessment, physician's order, informed consent and a care plan to address the use.

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	10/17/2024

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45741 Based on observation, interview, and record review, the facility failed to review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation (a process in which a healthcare provider educates a patient about the risks, benefits, and alternatives of a given procedure or treatment) was obtained prior to the use of bed rails for one of 21 sampled residents (Resident 25). This failure had the potential for Resident 25 to experience negative outcomes. Finding: During a review of Resident 24's, Face Sheet (FS), dated 10/15/22, the FS indicated, Resident 25 was a [AGE] year-old, who was admitted to the facility on [DATE], with admitting diagnoses including dementia (the loss of cognitive functioning, thinking, remembering, and reasoning), and chronic kidney disease (kidneys are damaged and can't filter blood properly). During an observation on 10/14/24, at 12:05 p.m., Resident 25 was observed in bed, alert and awake with bilateral quarter side rails were raised in the middle section of the bed. During a review of Resident 25's Care Plan (CP), dated 12/30/23, the CP indicated, Siderails/Bedrails, Resident/family aware of the benefits and potential risks associated with the use of side rails or bedrails to include entrapment. Approaches and Plan: Obtain informed consent from resident or responsible party for anything attached to a normal bed. During a concurrent record review and interview, on 10/15/24, at 4:15 p.m., with Registered Nurse (LN) 2, LN 2 confirmed that informed consent was not obtained prior to installation the siderails for Resident 25. The LN 2 further verbalized that informed consent would need to be obtained immediately. During a review of the facility's policy and procedure (P&P) titled, Informed Consent, dated 4/2017, the P&P indicated in part, Obtain the informed consent of the resident for purpose of prescribing, ordering or increasing an order for a medication, or the use of siderails for the resident as a restraints, enabler, or assistive device, or the use of anything attached to a normal bed.

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	10/17/2024

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40560 Based on observation, interview, and record review, the facility failed to label/date a multidose vial once opened. This failure had the potential for an expired product to be administered to a resident. Findings: During an observation and concurrent interview, on [DATE], starting at 10:00 a.m., with licensed nurse (LN 2) the west side medication storage room's medication refrigerator was inspected. Inside the refrigerator was one vial of tuberculin purified protein derivative (PPD) (used in a skin test to diagnose tuberculosis). The box containing the vial was open, and the vial's cap had been removed indicating use. The LN 2 verbalized the vial should have had a yellow sticker on it, indicating the date opened, but it did not. The product box indicated Discard opened product after 30 days. During a review of facility's policy and procedure titled Preparation and General Guidelines dated ,d+[DATE], indicated in part The date opened and the initials of the first person to use the vial are recorded on multi-dose vials (on the vial label or an accessory label affixed for that purpose).

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	10/17/2024

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 32661 Based on observation, interview and record review, the facility failed to ensure to provide daily nutritional needs were met for 72 of 92 residents when they failed to follow the recipe card for making meatballs for the meatball sub sandwiches being served to the residents on regular diets. This failure resulted in food with inadequate nutritional value and had the potential to result in weight loss of residents. Findings: On 10/14/24, at 9:05 a.m. during an interview with a facility cook (Cook 1) and the Dietary Supervisor (DS) and a concurrent observation in the kitchen, [NAME] 1 was observed preparing food for lunch. A review of the menu for October 14-20, 2024, revealed a meatball sandwich was to be served for part of the lunch meal on 10/14/24. When asked for how many residents he was preparing for, [NAME] 1 stated, for 72 residents. A review of the recipe revealed, Recipe: Meatball Sandwich, indicating the following ingredients and their measurements for 72 residents. Ground beef 11 lbs. (pounds) 4 oz. (ounces) and Italian seasoning 3/8 cup. Cook 1 was asked how he prepared the meatballs. [NAME] 1 said he used 1 bag of ground beef which weighed 10 lbs. to prepare the recipe for the meatball sandwich. When asked where he got the 1 lb. and 4 oz. to complete the required recipe measurement of 11 lbs. and 4 oz., [NAME] 1 did not have an answer. The DS was asked to show the ground beef packaging that was used by [NAME] 1 in preparing the meatballs. The DS produced a package form the walk-in freezer indicating, Frozen Ground Beef 5 lbs. The DS was asked if there was any other ground beef in different packaging the facility used aside from what she showed. The DS stated, No. This is the only ground beef we have. The DS confirmed the ground beef prepared for the meatballs to feed 72 residents was 5 lbs. instead of the required recipe amount of 11 lbs. 4 oz. the DS agreed this altered the nutritional value of the meatball subs being served to the 72 residents on regular diets. Further review of the recipe indicated, Italian Dressing 3/8 cup. [NAME] 1 was asked to demonstrate how to measure 3/8 cup of Italian Dressing. [NAME] 1 produced a measurement cup calibrated at 1 cup. [NAME] 1 said he used 3 full cups to come up with 3/8 cup. A second cook (Cook 2) was also asked to demonstrate how to measure 3/8 cup. [NAME] 2 said she used the 1 cup measuring utensil and estimated 3/8 of a cup. Inspection of the 1 cup measuring utensil revealed there were no calibration marks for anything other than one cup. Cooks 1 and 2 both stated they did not know how to accurately measure 3/8 of a cup. The DS confirmed the kitchen did not have proper and complete measuring utensils. During a review of the facility's policy and procedure (P&P) titled, FOOD PREPARATION, dated 2023,the P&P indicated in part, 2. Recipes are specific as to portion yield, method of preparation, quantities of ingredients, and time and temperature guidelines. (continued on next page)

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	10/17/2024

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's P&P titled, Dietary - Food and Nutrition Preparation and Service, dated 1/2017, the P&P indicated in part, Each resident will be provided a nourishing, palatable, well-balanced diet that meets their daily nutritional and dietary needs while taking into account the preferences of the resident. The facility will employ sufficient staff, including the designation of a director of food and nutrition service with appropriate competencies and skills.

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	10/17/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 32661 Based on observation and interview, the facility failed to ensure proper sanitary and food handling practices were observed while preparing food when: 1. A male employee, Dietary 1, with facial hair and without a beard net working in the kitchen. 2.Observed cook 1 preparing meatballs using an ice cream scoop while the container of seasoned ground beef was in a rectangular metal tray, observed inside the kitchen sink. 3. Observed Dietary 1 pushing trash can on wheels where food scraps were disposed around the kitchen without a cover/lid. This failure had the potential to result in the outbreak of foodborne illnesses (caused by eating food that has been contaminated with bacteria, viruses, or parasites). Findings: 1. On 10/14/24, @ 8:40 a.m., observed a male employee, Dietary 1, with facial hair and without a beard net working in the kitchen. Dietary supervisor (DS) said they did not have beard nets available. On 10/15/24, at 10 a.m., observed Dietary 1 without a beard net working in the kitchen. On 10/16/24, at 1 p.m., observed Dietary 1 without a beard net working in the kitchen. In an interview with the DS, on 10/16/24, at 10 a.m., DS said she ordered beard nets and is expecting delivery any time soon. When asked why Dietary 1 was still working in the kitchen without a beard net substitute in lieu of the arrival of the ordered beard net, DS did not have an answer. 2. On 10/14/24, at 9:05 a.m., observed cook 1 preparing meatballs using an ice cream scoop. Container of seasoned ground beef was in a rectangular metal tray which was observed inside the kitchen sink. [NAME] 1 scooped the ground beef with an ice cream scooper from the rectangular metal tray from inside the kitchen sink and scooped out the ground beef on a tray located at the side of the kitchen sink. When asked if that was where they prepared food, DS said they use the sink area for food preparation when the sink is not in use. DS added that the food preparation area was located near the steamers and the surface gets hot, that is why they utilize the kitchen sink area for food preparation. In a follow up interview with the Registered Dietician (RD), on 10/15/24, at 1 p.m., RD concurred that kitchen employees with facial hair should be wearing a beard net. RD also concurred food should not be prepared in the kitchen sink. RD stated, They are not supposed to prepare food in the sink. 3. On 10/14/24, at 9:30 a.m., observed Dietary 1 pushing trash can on wheels around the kitchen without a cover/lid. Trash can was where food scraps were disposed of. Dietary 1 was observed wheeling the uncovered trash can around the kitchen, collecting/emptying other trash cans around the kitchen into the uncovered trash can. DS confirmed that the trash can should have been covered.

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	10/17/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 40560 Based on observation, interview, and record review, the facility failed to clean and disinfect a glucometer (an instrument that measures the concentration of glucose in the blood). This failure had the potential to spread disease to residents. Findings: During a concurrent observation and interview, on 10/14/24, at 3:28 p.m., with licensed nurse (LN 3), and licensed nurse (LN 4), a medication cart was inspected. Inside the medication cart a glucometer was observed having red stains on it. The LN 3 and the LN 4 confirmed the red substance on the glucometer and verbalized the glucometer was stored into the medication cart dirty and needed to be cleaned and disinfected. During a review of the facility's policy and procedure titled Cleaning and Disinfecting Glucometers dated 1/17, indicated in part It is the policy of this facility to properly clean and disinfect glucometers between resident use.