STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055597	A. Building B. Wing	04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maywood Acres Healthcare	2641 South C Street Oxnard, CA 93033

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to implement their policy and procedure related to grievance and complaints for one of two sampled residents (Resident 1) when there was no documentation of Resident 1's concerns and the action/resolution taken by the facility.This failure had the potential to overlook Resident 1's concerns that could result in the violation of resident rights. During a record review of Resident 1's clinical records, the admission record indicated Resident 1 was admitted on [DATE] with diagnoses that included weakness and vascular dementia (reduced blood flow to the brain and often affects person's ability to plan, organize or make decisions). Cognitive assessment indicated intact cognition, however, there are behavioral symptoms manifested by verbal aggression directed at others, refusing care that occur one to three days. Functional ability assessment indicated Resident 1 needs maximal assistance on toileting and dependent on showering. During a concurrent observation and interview on 4/13/26 at 1:30 p.m. with Resident 1, Resident 1 was seen lying in bed on her left side, alert and oriented, calm and cooperative; and stated she requested the supervisor of the facility not to assign her certified nurse assistants (CNA2 and CNA3) because they do not know their jobs and also mentioning her concerns with CNA1. During the interview on 4/13/26 at 1:45 p.m., certified nurse assistant (CNA) 1 stated that Resident 1 dislikes a particular staff member and that she verbally notified the charge nurse and the Director of Staff Development (DSD) about the concern.During the interview on 4/13/26 at 2:15 p.m., the Director of Staff Development (DSD) stated that the DSD office received and tried to resolve Resident 1's staffing concerns but did not initiate any written grievance form.During the interview on 4/13/26 at 2:30 p.m., the Social Services Director (SSD) stated their office keeps track of the facility's grievances, however, SSD confirmed not receiving any complaints from Resident 1 or from any staff member.During the interview on 4/13/26 at 2:45 p.m., the Director of Nursing (DON) stated Resident 1's concerns were in their QAPI (quality assurance) discussions but there was no grievance form in writing initiated for her complaints.During the interview on 4/13/26 at 3:00 p.m. with the administrator (ADM), ADM stated being aware of Resident 1's issues and acknowledged the grievance process was important to document concerns being mitigated by the facility.During a review of facility's policy and procedure (P&P), titled Grievance and Complaints, dated 5/20/2025, the P&P indicated, A team member will initiate and complete grievance form.plan of resolution will be made by the appropriate department.and Social Service department keeps track and trend of grievances.

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