STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056379	A. Building B. Wing	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oxnard Manor Healthcare Center	1400 W Gonzales Rd Oxnard, CA 93036

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 40560 Based on record review and interview, the facility failed to implement care planned interventions and physician orders, for one of two sampled Residents (Resident 2). This facility failure had the potential to lead to negative outcomes for Resident 2. Findings: During a concurrent record review and interview, on 8/7/24, starting at 3:45 p.m., with the Director of Nursing (DON 1) and Director of Rehab (DOR 1), Resident 2's medical record was reviewed. Resident 2's Order Summary Report undated, indicated in part, Resident 2 had an Order for skilled OT (occupational therapy [a form of therapy for those recovering from physical or mental illness that encourages rehabilitation through the performance of activities required in daily life]) for 3x (times)/week for 4 weeks.Resident 2's Treatment Encounter Note(s) dated 5/16/24 through 5/22/24, indicated Resident 2 only received two of the ordered three treatments. The DOR 1 verbalized it was a missed visit. The DON 1 and the DOR 1 could not provide any documentation as to why Resident 2 did not receive the ordered three OT treatment sessions, the week of 5/16/24 to 5/22/24. During a concurrent record review and interview, on 8/7/24, starting at 4:00 p.m., with the DON 1, Resident 2's medical record was reviewed. Resident 2's Care Plan undated, indicated in part, Resident 2 was At risk for injury/decline in condition due to refusal of showers. The care plan further indicated facility chosen interventions of When resident (Resident 2) refuses any procedure, return and try again in another time, and Reaffirm resident's (Resident 2) rights to refuse, explain risks and benefits involved. Resident 2's Documentation Survey Report indicated in part, Resident 2 refused to be bathed on 6/13/24. The DON 1 was asked if there was documentation indicating Resident 2 had been explained the risks involved of refusing the shower/bath, or if Resident 1 had been approached later in the day to be showered/bathed, the DON 1 verbalized there was no documentation of either being done.

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