

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/14/2024
NAME OF PROVIDER OR SUPPLIER Oxnard Manor Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48668</p> <p>Based on interview and record review, the facility failed to ensure there was adequate supervision for one of two sampled residents (Resident 1).</p> <p>This failure resulted to Resident 1 leaving the facility without staff knowledge and had the potential for an accident while away and without supervision.</p> <p>Findings:</p> <p>During a review of Resident 1's admission record, Resident 1 was admitted to the facility on [DATE] for after surgery care (removal of uterus [body part in human female's reproductive system]), with both parents listed as responsible parties. A review of History and Physical by the physician, dated 9/29/24, indicated Resident 1 can make needs known but can not make medical decisions due to developmental delay with BIMS (Brief Interview for Mental Status- a tool used by caregivers in long term care facilities to screen and identify cognitive condition of a resident upon admission) score of 8 indicating moderate cognitive impairment. Admission baseline care plan dated 9/29/24 indicated Resident 1 had no elopement risk but has cognitive impairment (delayed milestone in childhood).</p> <p>During an interview on 10/14/24 at 4:50 p.m. with a certified nurse assistant (CNA1), CNA1 confirmed at around 10:00 p.m. Resident 1 was nowhere to be found in the facility prompted her to report to the charge nurse (CN).</p> <p>During the interview on 10/14/24 at 5:05 p.m., CN stated that on 10/8/24 between 9:30 and 10:00 p.m., CNA1 reported to him about Resident 1 being missing and was nowhere to be found in and around the facility. CN further stated Resident 1 was found alone and safe at a local fast-food restaurant in [NAME].</p> <p>During an interview on 10/14/24 at 5:30 p.m. with nurse supervisor (NS), NS stated that Resident 1 was evaluated physically and mentally upon returning to the facility on [DATE] and was found without any injuries.</p> <p>During a review of facility's policy and procedure (P&P) titled Wandering and Elopement, dated 2/10/23, P&P indicated the IDT will develop a plan of care considering the individual risk factors of the resident.</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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