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	01/16/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 40560 Based on record review and interview, the facility failed to implement fall care planned interventions for one of two sampled Residents (Resident 1). This failure had the potential to lead to negative outcomes for Resident 1. Findings: During a review of Resident 1's Change in Condition Evaluation form, dated 12/2/24, indicated in part on 12/2/24, Resident 1 sustained a fall. The form indicated in part Heard loud noise in [Resident 1's] room. And nurse went to check, [Resident 1] was found lying on the floor, head by the door of the bathroom. During a review of Resident 1's Care Plan undated, indicated in part, Resident 1 was At risk for further falls due to decreased physical mobility, decreased endurance and weakness. Resident 1's Care Plan further indicated an intervention chosen for Q1H (Every one hour) rounding for anticipation of needs. During a concurrent interview and record review on 1/16/25, at 3:51 p.m., with the Director of Nursing (DON 1) and the Administrator (Admin 1), both the DON 1 and the Admin 1 were asked if the facility could provide documentation indicating staff were performing Q1H rounding for anticipation of needs for Resident 1 throughout 12/24. Both the DON 1 and Admin 1 verbalized the facility was unable to provide documentation indicating this care planned intervention was carried out for the entire month of 12/24. During a review of the facility's policy and procedure titled Comprehensive Person-Centered Care Planning dated 11/18, indicated in part It is the policy of this facility to provide person-centered, comprehensive and interdisciplinary care that reflects best practice standards for meeting health, safety, psychosocial, behavioral, and environmental needs of residents in order to obtain or maintain the highest physical, mental, and psychosocial well-being. Based on record review and interview, the facility failed to implement fall care planned interventions for one of two sampled Residents (Resident 1). This failure had the potential to lead to negative outcomes for Resident 1. (continued on next page)

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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