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	01/24/2025

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 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 capture/be aware of, a resident diagnosis of cataracts (a clouding of the lens of the eye) for one of two sampled residents (Resident 1). This facility failure had the potential for Resident 1 to experience negative outcomes in care. Findings: During a concurrent interview and record review, on 1/23/25, at 11:28 a.m., with the Director of Nursing (DON 1), the DON 1 was asked if facility records indicated Resident 1 had a diagnosis of Cataracts. The DON 1 verbalized Resident 1 did not have a diagnosis of Cataracts after examining Resident 1's medical records including but not limited to, the current list of Resident 1's diagnoses, care plan and physician orders. During a review of Resident 1's Eye Health Consult form dated 2/5/24, indicated in part, Resident 1 had a diagnosis of cataracts to both eyes. During a review of Resident 1's Complete Exam/Visit-Office form, dated 7/3/24, from an offsite eye specialty clinic, indicated in part, Resident 1 had an ocular history of OU (oculus uterque [both eyes]) Cataract. The form indicated in part Resident 1's medical doctor at the clinic Discussed indications for cataract surgery. Monitoring recommended. During a concurrent interview and record review, on 1/23/25, at 12:07 p.m., with the Director of Nursing (DON 1) and Administrator (Admin 1), the Admin 1 and DON 1 could not confirm how long Resident 1 had been at the facility with the diagnosis of cataracts. The DON 1 verbalized facility records should have indicated Resident 1 had a diagnosis of cataracts and that should have been reflected in Resident 1's care plan but was not.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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. 40560 Based on observation, interview and record review, the facility failed to label and discard perishable food items, from the resident refrigerator, per policy and procedure. This facility failure had the potential for residents to experience negative outcomes, including foodborne illness. Findings: During a review of the facility's policy and procedure titled Food Brought in by Visitors dated 6/18, indicated in part When food is brought into a nursing home prepared by others, the nursing home is responsible for ensuring that the food container is clearly labeled with the resident's name and date received and stored in a refrigerator designated for this purpose. The policy further indicated Perishable food requiring refrigeration will be discarded after two hours at bedside, and if refrigerated it will then be labeled, dated, and discarded after 48 hours. During a concurrent observation and interview, on 1/21/25, starting at 1:44 p.m., with the Director of Nursing (DON 1) and Administrator (Admin 1), the resident refrigerator was inspected. Inside the resident refrigerator was one undated container of frozen stew and one undated plastic bag containing three rolls. Both Admin 1 and DON 1 verbalized the container of stew and the plastic bag containing the rolls should have been dated when put in the resident refrigerator but were not.