

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 01/30/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>40560</p> <p>Based on record review and interview, the facility failed to follow physician orders and adhere to its medication administration policy and procedures for one of two sampled residents (Resident 1) when:</p> <ol style="list-style-type: none"> 1. Staff did not seek physician clarification for a potential frequency change for a Lactulose (a medication which can be used to reduce the amount of ammonia in the blood of residents with liver disease) order when Resident 1 did not have four bowel movements in a day. 2. Staff did not notify Resident 1's physician of their continued inability to obtain an ordered medication of Rifaximin (An antibiotic that is used to treat and prevent complications in patients with cirrhosis). 3. Staff did not check Resident 1's blood pressure or heartrate prior to the administration of Propranolol (a medication used to treat high blood pressure). <p>These failures had the potential to lead to negative outcomes for Resident 1.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 1's Admission Record undated, indicated in part, Resident 1 had diagnoses including cirrhosis of the liver (a chronic liver disease characterized by the formation of scar tissue that replaces healthy liver tissue), hepatic encephalopathy (a brain dysfunction that occurs when a damaged liver fails to filter toxins from the blood), ascites (a condition where excess fluid accumulates in the abdominal cavity), and hypertension (a condition where the blood vessels have consistently elevated blood pressure). <p>During a concurrent record review and interview, on 1/24/25, starting at 2:12 p.m., with Certified Nursing Assistant (CNA 1) and the Director of Nursing (DON 1), Resident 1's medical record was reviewed. Resident 1 had a physician order for Lactulose Oral Solution 10 GM (grams)/15ML (milliliters) (Lactulose) give 30 ml by mouth every four hours for liver disease increase or decrease frequency toward goal of four bowel movements per day. The CNA 1 confirmed Resident 1 had two bowel movements on 12/22/24, two bowel movements on 12/23/24, and two bowel movements on 12/24/24. The DON 1 verbalized Resident 1's physician should have been notified on those dates when Resident 1 had less than 4 bowel movements a day to inquire if a frequency change in the order was needed. The DON 1 could not provide documentation indicating this was done.</p> <p>(continued on next page)</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
---	-------	-----------

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 01/30/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. During a concurrent record review and interview, on 1/24/25, with Licensed nurse (LN 1) and DON 1, Resident 1's Medication Administration Record (MAR) was reviewed. Resident 1's MAR indicated in part, a physician order for Rifaximin Oral Tablet 200 MG (Rifaximin) Give two tablet by mouth three times a day for Cirrhosis of Liver. The medication start date was 12/20/24. The LN 1 verbalized that this medication was placed on hold due to the pharmacy not having the medication and that Resident 1's physician was notified of it on 12/20/24. The LN 1 verbalized the oncoming nurses should have followed up with the pharmacy and kept Resident 1's physician informed of the continued unavailability of the medication. The DON 1 confirmed there was no documentation indicating from 12/21/24 through 12/25/24, staff had informed Resident 1's physician of the continued absence of the Rifaximin or had followed up with the pharmacy about obtaining the Rifaximin for Resident 1.</p> <p>3. During a concurrent record review and interview, on 1/24/25, at 2:56 p.m., with the DON 1, Resident 1's MAR was reviewed. Resident 1 had a physician order for Propranolol HCL Oral Tablet 10MG (Propranolol HCL) Give one tablet by mouth two times a day for HTN (Hypertension) hold for SBP (Systolic Blood Pressure) less than 110mmhg (millimeters of mercury) or HR (Heart rate) less than 60 (60 beats per minute). The medication start date was 12/20/24. On eight occasions from 12/20/24 to 12/24/24, facility records indicated the medication was administered without checking Resident 1's heartrate or blood pressure prior to the administration of the medication. The DON 1 verbalized there was no documentation on those occasions indicating Resident 1's blood pressure or heartrate was checked shortly before the administration of the medication as was ordered by the physician.</p> <p>During a review of the facility's policy and procedure titled Medication-Administration dated 1/12, indicated its purpose was To ensure the accurate administration of medications for residents in the facility. The policy further indicated, Medications and treatments will be administered as prescribed to ensure compliance with dose guidelines .Tests and taking of vital signs, upon which administration of medications or treatments are conditioned, will be performed as required and the results recorded .When administration of the drug is dependent upon vital signs or testing, the vital signs/testing will be completed prior to administration of the medication and recorded in the medical record.</p>		