

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  02/04/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40861</p> <p>Based on interview and record review, the facility failed to ensure staff accurately documented why a medication dose was not given, or that the physician was notified of the missed dose for one of two sampled residents (Resident 1) per their policy and procedure.</p> <p>This failure resulted in an incomplete medical record and had the potential for inaccurate and delayed medical interventions for Resident 1.</p> <p>Findings:</p> <p>During a review of the Admission Record for Resident 1, dated 2/4/25, the Admission Record indicated Resident 1 was admitted on [DATE] and had a diagnosis including but not limited to Type 2 Diabetes Mellitus (a chronic disease that causes high blood sugar levels when the body doesn't produce enough insulin, or when the body cannot use insulin properly).</p> <p>During a review of the Medication Administration Record (MAR) for Resident 1, dated 1/1/25-1/31/25, the MAR indicated an order by the physician for Insulin Glargine Solution 100 UNIT/ML Inject subcutaneously two times a day for diabetes. The MAR further indicates on 1/19/25 at 5:00 PM the medication was not given, hold, see progress note is coded on the MAR.</p> <p>During review of the facility's policy and procedure titled, Medication Administration, revised January 01, 2012, indicates in part . III. Holding Medications . B. The licensed Nurse will document on the back of the MAR, noting the time and the reason the medication was held.</p> <p>During a concurrent interview and record review on 2/4/25 at 12:03 PM with the Director of Nursing (DON), the medical record for Resident 1 was reviewed and the DON was unable to locate any documentation of why the medication for Resident 1 was held on 1/19/25, or that the physician was notified. The DON agreed that documentation and notification should have been done and were not.</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
---	-------	-----------