

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  07/18/2025
NAME OF PROVIDER OR SUPPLIER  Oxnard Manor Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 West Gonzales Road 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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the electrical outlet was in good repair and was safe for use in one of the resident's rooms (room [ROOM NUMBER]), when the socket was left opened without a protective plate. This failure had the potential to affect resident safety and increase the risk of injury. During the observation on 7/8/25 inside room [ROOM NUMBER], the wall electrical outlet outside of the bathroom in room [ROOM NUMBER] did not have a cover plate exposing some electrical wiring inside the socket. The maintenance logbook did not have the requisition for the repair of the open electrical outlet. During the interview on 7/8/25 at 3:00 p.m. with the maintenance supervisor (MS), MS stated that the matter was not brought to his attention neither it was entered in the maintenance logbook by any staff, so no repair was done on the issue. During the review of facility's policy and procedure (P&amp;P), titled Maintenance Service, dated 1/1/2012, P&amp;P indicated, The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times, and functions of the maintenance department include maintaining the building in good repair and free from hazards.</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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