

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/23/2026
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)		
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on interview and record review, the facility failed to verify a physician's order to hold blood pressure medications or to include fluid restrictions in the diet order in one of two sampled dialysis residents, resident 1 (R1). These failures resulted in R1's inability to have a complete dialysis procedure (a process to remove extra fluid and clean the blood through an artificial filter in the machine, from toxic product of food metabolism to maintain health and sustain life) due to having too low of blood pressure or have extra fluid removal with a potential for R1 to have excess fluid in her body that can result in complications. During a review of R1's admission record, the record indicated R1 was admitted in the facility on 3/26/26 with diagnoses that included end stage renal disease (chronic kidney failure) and on dialysis. During a review of R1's History and Physical (H&P) dated 3/27/26, the H&P indicated, R1 did not have the capacity to understand and make her own decisions. During a review of R1's physician order dated 3/26/26, the order indicated R1 to have nothing by mouth (NPO) only, no other order specific for renal (kidney) diet such as fluid restrictions was observed, another physician order dated 3/27/26, the order indicated, may hold medications when resident is at dialysis and had no clarification of the order by staff of which medications were to be held. During a review of R1's dialysis communication record dated 7/10/26, the record indicated a note from dialysis nurse, arrived hypotensive (having low blood pressure) and unable to remove fluid due to low blood pressure and to observe for signs and symptoms of fluid overloading and if symptomatic, to send R1 to emergency room. During a review of R1's Medication Administration Record (MAR) dated 7/10/26, the MAR revealed that Losartan Potassium 100 mg, and Metoprolol Tartrate 12.5 mg (both anti-high blood pressure medications) were administered at 9:00 a.m. During an interview on 7/22/26 at 1:00 p.m. with the dialysis nurse (DLN1), the DLN1 stated that R1 came to the unit for dialysis on 7/10/26 with low blood pressure around 96/35, and the attending physician ordered to just clean the blood without removing fluid. DLN1 confirmed that R1 is usually able to have fluid removal between 1.5 to 2.4 liters per treatment but only removed 0.4 liter and was at risk of fluid overloading that weekend. During an interview on 7/27/26 at 3:35 p.m. with the dialysis nurse (DLN2), the DLN2 stated that on 6/1/26 dialysis, R1 came to their clinic with puffy face and legs and was unable to pull out fluid because of low blood pressure during treatment. The DLN2 further confirmed R1 went home weighing 1 kg. above her target and ideal weight of 58.5 kg. During an interview on 7/27/26 at 3:25 p.m. with a licensed nurse (LN2), the LN2 stated she received a call from the dialysis unit for R1 to have extra treatment on 6/2/26 to remove excess fluid in the body. During a concurrent interview and record review on 7/22/26 at 1:30 p.m., with the Director of Nursing (DON), sampled resident (R2)'s medication order was reviewed. The order indicated that R2's order was verified and specific to hold blood pressure pills on dialysis days while R1's order was not clarified with the physician. The DON agreed that the orders for all dialysis residents' orders need to be verified. The DON stated that a change in condition (COC) for R1 was made on 7/10/26 when reports from dialysis (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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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	unit indicated that R1 did not have a complete dialysis due to low blood pressure while on treatment. During an interview on 7/27/26 at 3:45 p.m., with the Director of Nursing (DON), the DON verified that the specific renal diet order should have been ordered to communicate the fluid and diet restrictions to the staff. During a review of facility's Policy and Procedure (P&P), titled Physician Order, dated 12/28/22, the P&P indicated, orders will include a clear and complete description to provide clarity on the physician's plan of care. During a review of facility's Policy and Procedure (P&P), titled Dialysis Management, dated 3/27/24, the P&P indicated Diet and fluid restrictions will be followed as ordered.		