

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555163	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2024
NAME OF PROVIDER OR SUPPLIER  Shoreline Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5225 South J St Oxnard, CA 93033	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>40560</p> <p>Based on observation, interview, and record review, the facility failed to maintain a resident room and restroom, in a clean and homelike manner.</p> <p>This failure had the potential to negatively impact residents.</p> <p>Findings:</p> <p>During a concurrent observation, and interview, on 6/20/24, starting at 3:30 p.m., with the Maintenance Director (MTD 1), Resident 2's room was toured. Inside Resident 2's room, the wall was observed in multiple places, to be in a state of disrepair, with large scrapes and areas of missing paint. Inside Resident 2's restroom, a hand sanitizing dispenser, located above the sink, was missing a front cover. The MTD 1 verbalized the wall would need to be repaired and a front cover would need to be installed on the hand sanitizing dispenser. The MTD 1 confirmed these environmental concerns had not been reported by staff nor were these environmental concerns listed on the maintenance log, as items that needed to be addressed.</p> <p>During a review of the facility's policy and procedure titled Resident Environmental Quality dated 10/22, indicated in part It is the policy of this facility to be designed, constructed, equipped, and maintained to provide a safe, functional, sanitary and comfortable environment for residents, staff and the public .All facility personnel are responsible for reporting broken, defective or malfunctioning equipment or furnishings immediately upon identification of the issue.</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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