

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 07/15/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>48668</p> <p>Based on interview and record review, the facility failed to reorder medication from the pharmacy according to their policy and procedure, for one of three sampled residents (Resident 1).</p> <p>This failure had the potential to trigger seizures (sudden, uncontrolled burst of electrical activity in brain that can cause temporary changes in behavior, movement, feelings, and level of consciousness) to Resident 1 that can lead to fall or other serious injuries.</p> <p>Findings:</p> <p>During a review of medical records (admission, assessments, history and physical), indicated Resident 1 was admitted in the facility on 4/24/24 with diagnosis of other seizures. BIMS (Brief Interview for Mental Status- a tool used to screen and identify cognitive condition of residents upon admission into a long-term care facility) score of 15 indicated Resident 1 has an intact cognition. Per history and physical as indicated in the order summary, physician determines Resident 1 has the mental capacity to make healthcare decisions. Order summary indicated Resident 1 has an order for Lacosamide (medication to treat partial seizures).</p> <p>During the interview on 7/15/24 at 3:00 pm, Resident 1 stated that about a week ago, she missed her antiseizure medication (Lacosamide) for two days because it was not available as told by the medication nurse.</p> <p>During the interview on 7/15/24 at 3:30 pm with a Registered Nurse (RN), RN stated that they can electronically send a refill request to the pharmacy by way of PCC (facility's computer system) but there is no alert system to track the order status. RN stated that staff rely on verbal endorsements during shift reports without any written communication process to facilitate the timely availability of the medication/s to the resident.</p> <p>During the interview on 7/15/24 at 4:00 pm, Licensed Nurse (LN 1) stated that any LN in any shift who finds the medication inventory being low should initiate the refill request in PCC. LN 1 stated that there was no clear instruction who is responsible for ordering, reordering, and tracking, a potential that it can be overlooked.</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
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During the interview on 7/15/24 at 4:15 pm, Assistant Director of Nursing (ADON) stated that per policy, when medication inventory is running low, staff should request refill to the pharmacy five to seven days in advance.</p> <p>During a review of facility Medication Administration Record (MAR) dated July 2024, it indicated Lacosamide was not administered on 7/7/24 at 9 pm and on 7/8/24 at 9 am.</p> <p>During a review of nurse progress notes dated 7/7/24 at 8:25 pm, indicated that Lacosamide was not covered by insurance and followed up with pharmacy.</p> <p>During a review of nurse progress notes dated 7/8/24 at 10:16 am, indicated still awaiting pharmacy delivery of the medicine.</p> <p>During a review of pharmacy supply link for Resident 1, it indicated Lacosamide was ordered on 7/6/24 and was delivered on 7/8/24.</p> <p>During a review of facility's policy and procedure (P&P) titled, Medication and Ordering from Pharmacy Policy, dated May 2022, indicated reorder medication in advance of need to assure an adequate supply is on hand and medication that requires special processing, order at least 7 days in advance of need.</p>