

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  08/22/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>40560</p> <p>Based on record review and interview, the facility failed to ensure physician orders for wound care treatment were followed, for one of two sampled Residents (Resident 1).</p> <p>This failure had the potential for Resident 1 to experience complications from worsening pressure ulcers including increased pain and wound infections.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record undated, the Admission Record indicated in part, Resident 1 had diagnoses including a pressure ulcer (an injury that breaks down the skin and underlying tissue) of the sacral region (lower back area), which was unstageable (full thickness tissue loss), Type Two Diabetes (a chronic condition that causes high blood glucose levels in the blood, which in turn, can delay and/or complicate wound healing), and abnormalities of gait (walking) and mobility (movement).</p> <p>During a concurrent record review and interview, on 8/20/24, starting at 2:00 p.m., with the Health Information Manager (HIM 1), Resident 1's medical record was reviewed. Resident 1's Order Details undated, indicated in part, Resident 1's physician on 7/3/24, at 12:47 p.m., ordered Hydrogel (a gel that promotes wound healing) Apply to Sacrum topically every day and evening shift for pressure injury cleanse with normal saline (a wound cleansing solution), apply Hydrogel. Cover with dry dressing. Review of Resident 1's Treatment Administration Record (TAR), undated, indicated missing entries on the evening shift on 7/3/24, and 7/5/24. The HIM 1 confirmed the missing entries on the TAR and verbalized the facility could not produce any records indicating the physician order was carried out on those dates.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Wound Treatment Management, dated 10/19/19, the P&amp;P indicated in part, It is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders. Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change.</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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