

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  01/30/2025
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 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>40560</p> <p>Based on observation, interview, and record review, the facility failed to maintain a clean and homelike environment in two shower rooms.</p> <p>These facility failures had the potential to negatively impact residents.</p> <p>Findings:</p> <p>During a concurrent observation and interview, on 1/28/25, starting at 4:41 p.m., with the Health Information Manager (HIM 1), the facility's shower rooms were observed. Inside shower room one, located in the south wing of the facility, eight clean/unused razors were found on top of a dirty sharp's container. Inside shower room two, located in the south wing of the facility, seven clean/unused razors were found on top of the dirty sharp's container. The HIM 1 verbalized the clean/unused razors should have been stored at the nurse's station, inside a cabinet, and not on top of the dirty sharp's containers in both shower rooms. Shower room two, located in the south side of the facility along with shower room two, located in the central wing of the facility had broken floor tiles. The HIM 1 confirmed the broken floor tiles in both the south and central wings shower rooms.</p> <p>During a review of the facility's policy and procedure titled Safe, Clean, Comfortable, and Homelike Environment dated 6/23, indicated in part The facility will strive to maintain/enhance a safe, clean, comfortable environment by engaging in the following general practices and considerations .Properly labeling and/or storing personal ADL (Activities of daily living) supplies when not in use .Promptly reporting issues to maintenance department.</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
---	-------	-----------