

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 02/28/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50707</p> <p>Based on interview and record review, the facility failed to maintain complete and accurate medical records for one of two sampled residents (Resident 1) when an interdisciplinary team (IDT- team members from different discipline with common purpose, to set goals, share responsibilities and make decisions together) admission assessment form was incomplete.</p> <p>This failure had the potential for Resident 1 to have inaccurate and incomplete medical records which could affect the care being provided to them.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), dated 2/28/25, the AR indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that include COVID-19 (contagious viral infection that affects breathing) and Alzheimer's Disease (a disease characterized by a progressive decline in mental abilities).</p> <p>During a concurrent interview and record review on 2/28/25 at 12:10 p.m. with the Director of Nursing (DON), Resident 1's IDT Admission Assessment, dated 2/18/25 was reviewed. The following sections of the assessment were blank and incomplete:</p> <ul style="list-style-type: none"> - section A. IDT review date - section B. hospitalization s and procedures - section C. Diagnosis - Section D. High risk medications - section F. Current functional status - section GG. specific functional status and goals - section G. Skin and Continence - section I. Psychoactive Medications <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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Section J. Medication Reconciliation - section K. Pain - section L. Advanced Directive - Section M. Safety risk - Section N. Devices - section NN. Bed Rails or positioning/Transfer Bars - Section O. Education - Section OO. CNA Narrative <p>DON acknowledged the IDT Admission Assessment is incomplete, and it should have been completed.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled Interdisciplinary Walking Rounds dated 2017, the P&P indicated 72 hour Comprehensive Assessment .Complete the Admission/Readmission IDT WR Assessment .Each discipline collects pertinent data and documents on the IDT WR Assessment within 72 hours prior to the scheduled Walking Rounds.</p>