

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 11/25/2025
NAME OF PROVIDER OR SUPPLIER Shoreline Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5225 South J Street 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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Minimum Data Set (MDS - a standardized assessment and care-screening tool) accurately reflected the behavior status of one of two sampled residents (Resident 1). This failure had the potential to negatively affect Resident 1's plan of care and delivery of necessary care and services. During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was admitted on [DATE], with diagnoses that include Alzheimer's disease (disease characterized by a progressive decline in mental abilities), psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality), and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest). During a review of Resident 1's Order Summary Report (OSR), dated 8/28/25, the OSR indicated Quetiapine Fumarate (antipsychotic medication used to improve mood, thoughts, and behaviors) tablet 25 mg (milligrams) by mouth two times a day for Psychosis m/b (manifested by) visual and auditory hallucination (the perception of the presence of something that is not actually there) and monitor behavior for anti-psychotic Seroquel for Psychosis m/b auditory/visual hallucinations and tally every shift. During a review of Resident 1's Medication Administration Record (MAR), dated June 2025, the MAR indicated there were episodes of hallucinations on 6/4/25, 6/7/25, 6/9/25, and 6/10/25. A review of Resident 1's Change In Condition Evaluation report dated 8/26/25 indicated, that screaming was heard from nurses' station and staff was calling out for assistance. When staff proceeded down the hallway it was noted that staff had separated two residents. And when asked what happened Certified Nursing Assistant (CNA) stated I overheard them screaming at each other and both started hitting and slapping one another. Unable to determine who initiated the altercation or verbalize the reason for altercation. During a concurrent interview and record review on 9/4/25 at 3:56 p.m., with the Health Information Manager (HIM), Resident 1's MDS dated [DATE]. Section E0100 potential indicators for psychosis, the hallucinations box was not checked, indicating Resident 1 had no episodes of hallucinations. HIM acknowledged Resident 1's MDS Assessment was not accurate, and the box for hallucinations should have been marked. During a review of the facility's policy and procedure (P&P) titled, Resident Assessment Instrument, dated 10/2024, the P&P indicated, The Long Term Care Facility Resident Assessment Instrument 3.0 User's Manual V. 1.19.1 October 2024 will be the source of guidance for the RAI Process. 7) Each person completing a section of the MDS attests to its accuracy.</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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