

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555223	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2024
NAME OF PROVIDER OR SUPPLIER St. John's Hospital Camarillo D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 Antonio Ave Camarillo, CA 93010	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>46884</p> <p>Based on interview and record review, the facility failed to provide evidence that an allegation of abuse was thoroughly investigated for one of three residents (Resident 1).</p> <p>This failure had the potential for further abuse to occur to residents.</p> <p>Findings:</p> <p>During a review of Resident 1's History and Physical (H&P), dated June 29, 2024, the H&P indicated the following diagnoses: atrial fibrillation (irregular and fast heart rhythm), cancer at base of tongue, metastatic (spreads to other areas) squamous cell carcinoma (cancer that starts on skin surface) to head and neck, palliative care (specialized medical care for people with incurable illness), percutaneous endoscopic gastrostomy tube (a tube to allow a person to get nutrition through the stomach), trismus (mouth remains tightly closed).</p> <p>During a review of Resident 1's Nursing Progress Note (NPN), dated 7/12/24 at 11:00 p.m., the NPN indicated, in part, Patient reported to nurse during rounds that (Resident 1) feels everyone here hates (Resident 1), and (Resident 1) feels (Resident 1) does not deserve to be treated that way, but (Resident 1) did not want to mention any names. I did let patient know that I would be reporting this to my charge nurse .</p> <p>During a review of Resident 1's Nursing Progress Note (NPN), dated 7/12/24 at 11:30 p.m., the NPN indicated, in part, Patient verbalized, ' I'm going to die soon probably in less than 3 months and I don't want to die feeling like everyone hates me . ' The NPN further indicated law enforcement, the ombudsman, California Department of Public Health (CDPH), Adult Protective Services (APS), Director of Sub-Acute (DSU) and Licensed Nurse (LN 9) were all notified.</p> <p>During a telephone interview on 8/1/24 at 1:10 p.m. with the Director of Sub-Acute (DSU), the DSU was asked if the 5 day report was completed. The DSU stated, Who does that?</p> <p>During review of an email correspondence with the DSU on 8/1/24 at 3:42 p.m., the email from DSU indicated, There was never a 5 day investigative report sent from quality, legal and reporting because it was not considered an abuse case.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Prevention of abuse, Neglect and Exploitation of Residents Sub-Acute Facility, revised date 3/28/24, the P&P indicated, in part, Report the results of all investigations in writing to the administrator or his or her designated representative and to other officials in accordance with state law, including to the State Survey Agency within 5 working days of the incident . and The Quality and Risk Management Department will submit the 5 day report to the State Department (CDPH) .</p>		