STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555458	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glenwood Care Center	1300 North C St Oxnard, CA 93030

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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39814 Based on interview and record review, the facility failed to ensure two of two sampled residents (Resident 1 and 2), had their health status accurately assessed using the Minimum Data Set ((MDS) a comprehensive assessment that helps nursing home staff identify health problems and track the improvement or decline of those problems). This facility failure had the potential to result in staff providing inappropriate care and the residents not achieving or maintaining their highest practical level of well-being. Findings: During a review of Resident 1's Admission Record (AR), dated 2/29/24, the AR indicated, Resident 1 was a [AGE] year-old male admitted to the facility on [DATE] from an acute care hospital. During a review of Resident 1's Physician Progress Note (PPN), dated 10/31/2023, the PPN indicated, Resident 1 had surgery on 10/25/23 for debridement of right posterior (back side) thoracolumbar (region of the spine) paramedian (close to the midline) wound with reconstruction with paraspinal muscle (muscles that support the back) flap and thoracolumbar spinal hardware exchange. Resident 1 also had impaired range of motion ((ROM) how much a body part can be moved) and weakness of bilateral lower extremities (legs), paraparesis (partial paralysis of the legs) with some muscle atrophy (muscle wasting) and a history of chronic right foot drop (difficulty lifting the front part of the foot). Resident 1 was receiving intravenous ((IV) directly into a vein) meropenem (antibiotic). During a review of Resident 1's MDS, dated [DATE], the MDS indicated: a. Section A2300 the assessment observation end date was 11/6/23, b. Section GG0115 no impairment in functional (the required amount to maintain maximal independence) ROM of lower extremities that interfered with daily functions or placed the resident at risk of injury, c. Section J2000 no major surgery in the 100 days prior to admission, d. Section J2100 no major surgical procedure during the prior hospital stay that requires active care (skilled nurses provide medical assistance with medication, wound care, and other medical needs) during the skilled nursing facility (SNF) stay, (continued on next page)

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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- MDS, dated [DATE] were reviewed. ADON stated Resident 1 had major surgery just prior to admission and if section J2000 and J2100 were answered correctly, then J2300-5000 would have identified the surgery. ADON also stated Resident 1 did use a wheelchair and had right foot drop, not left foot drop. ADON further stated the NN and PN don't match the MDS. DOR stated their assessment of Resident 1 was limited to their time during therapy. During a review of Resident 2's AR, dated 2/29/24, the AR indicated, Resident 2 was a [AGE] year-old male admitted to the facility on [DATE] from an acute care hospital. During a review of Resident 2's PPN, dated 1/30/24 at 12:35 p.m., the PPN indicated, Resident 2 was admitted ,d+[DATE] after falling off his scooter and fracturing his right hip. Resident 2 had a history of an amputation (surgically cutting off) of his right leg through tibia (larger shin bone) and fibula (smaller shin bone) and had a history of amputation of his left great toe. Resident 2 continued to be wheelchair bound with weakness of both lower extremities. During a review of Resident 2's MDS, dated [DATE], the MDS indicated, a. Section A2300 the observation end date was 12/20/23 b. Section GG0115 no impairment in functional ROM of lower extremities that interfered with daily functions or placed the resident at risk of injury, c. Section GG0120 wheelchair was not normally used, and d. Section GG170 uses a wheelchair. During a concurrent interview and record review on 3/27/24 at 4:20 p.m., with the ADON and the DOR, Resident 2's PPN dated 1/30/24 and MDS dated [DATE] were reviewed. ADON and DOR stated, the MDS sections don't match, have conflicting information, and don't match the information on the PPN. DOR further stated their assessment of Resident 2 was limited to their time during therapy. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the Centers for Medicare & Medicaid (CMS) Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual (User's Manual), dated October 2023, the User's Manual indicated, GG0115 . Steps for Assessment 1. Review the medical record for references to functional range-of-motion limitation during the 7-day observation period. 2. Talk with staff members who work with the resident as well as family/significant others about any impairment in functional ROM . GG0120 . Steps for Assessment 1. Review the medical record for references to locomotion during the 7-day observation period. 2. Talk with staff members who work with the resident as well as family/significant others about devices the resident used for mobility during the observation period . GG0170 . Steps for Assessment 1. Assess the resident's mobility performance based on direct observation, incorporating resident self-reports and reports from qualified clinicians, care staff, or family documented in the resident's medical record during the assessment period . If the resident's functional status varies, record the resident's usual ability to perform each activity. Do not record the resident's best performance and do not record the resident's worst performance, but rather record the resident's usual performance . I8000 . There may be specific documentation in the medical record by a physician . J2100 . Major Surgery Refers to a procedure that meets the following criteria: 1. The resident was an inpatient in an acute care hospital for at least 1 day in the 100 days prior to admission to the skilled nursing facility (SNF), and 2. The surgery carried some degree of risk to the resident's life or the potential for severe disability . J2000 . Steps for Assessment . 2. Review the resident's medical record to determine whether the resident had major surgery during the inpatient hospital stay that immediately preceded the resident's Part A admission . J2300-5000 . Code surgeries that are documented to have occurred in the last 30 days, and during the inpatient stay that immediately preceded the resident's Part A admission, that have a direct relationship to the resident's primary SNF diagnosis.