

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/24/2025
NAME OF PROVIDER OR SUPPLIER Glenwood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 North C Street 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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop a comprehensive, person-centered care plan (a plan that includes clear goals to meet a resident's needs) to address a right eye hematoma (a closed wound that develops when an injury causes blood to collect and pool under the skin) for 1 of 2 sampled residents (Resident 1). This failure had the potential for Resident 1 to have wound complications go unnoticed by staff, leading to a potential delay in treatment. During a review of Resident 1's admission Record (AR), undated, the AR indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing), need for assistance with personal care, conjunctivitis (inflammation of the conjunctiva, the white part of the eye and the inner eyelids). During a review of Resident 1's Minimum Data Set (MDS - a standardized assessment and screening tool) dated 11/4/25, Section C indicated a brief interview of mental status score of 11 (BIMS - a measurement of cognitive abilities that ranges from 0 to 15 with scores of 8 - 12 indicates moderate impairment). During a concurrent observation and interview on 11/24/25 at 11:05 a.m., with Resident 1 in Resident 1's room, Resident 1 was observed lying in bed with a crescent shaped purplish discoloration approximately 2 inches long on the right cheek extending from the right eye down to the mouth. Resident 1 stated I don't know where it came from, I just woke up with it, maybe I punched myself, Resident 1 laughed and further stated, I'm really not sure, maybe I fell asleep on the side of the bed. During a record review of Resident 1's SBAR (Situation, Background, Assessment, Recommendation) communication form (SBAR) dated 10/10/25, the SBAR indicated Walked into [Resident 1's] room and noticed he had a hematoma under his right eye. I asked if he hit his head and he was unaware of how it happened. During an interview with the Director of Nursing (DON) on 11/24/25 at 12:13 p.m., DON stated he was made aware of the hematoma on 10/11/25 and further stated, I remember it because when it was first discovered, the nurse documented it as a hematoma . I went to look at it myself. it was more of a blister in shape of a C around his right eye, skin was intact and there was no discoloration. During a concurrent interview and record review on 11/24/25 at 12:26 p.m., Resident 1's care plans were reviewed. There were no care plans to address the right eye hematoma. DON stated, we reviewed all the care plans, and it isn't there. it is missing. DON acknowledged that a care plan should have been created to address Resident 1's hematoma when it was first noted and it was not. During a review of the facility's policy and procedure (P&P) titled Comprehensive Person-Centered Care Planning, dated 4/2025, the P&P indicated, It is the policy of this facility that the interdisciplinary team (IDT- a group of healthcare professionals from various disciplines who collaborate to provide comprehensive, patient-centered care) shall develop a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, and psychosocial needs.</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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