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	05/23/2024

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. 46258 Based on interviews, record reviews, and facility policy review the facility failed to ensure the Minimum Data Set (MDS) was accurate for 2 (Resident #15 and Resident #18)) of 19 sampled residents. Findings included: A facility policy titled, Resident Assessment Instruments/MDS [Minimum Data Set], updated in November 2023, revealed 7. Each person completing a section of the MDS attests to its accuracy by affixing his/her electronic signature to that section of the MDS. 1. An Admission Record revealed the facility admitted Resident #15 on 03/18/2024, with diagnoses to include urinary calculus (kidney stone), obstructive and reflux uropathy (urine accumulation in the kidney), and benign prostatic hyperplasia (overgrowth of prostate tissue) with lower urinary tract symptoms. An admission MDS, with an Assessment Reference Date (ARD) of 03/25/2024, revealed Resident #15 had a Brief Interview for Mental Status (BIMS) score of 2, which indicated the resident had severe cognitive impairment. The MDS indicated Resident #15 did not have an indwelling catheter. Resident #15's Physician Orders, with active orders as of 05/23/2024, revealed an order dated 03/19/2024, for an indwelling catheter for h a diagnosis benign prostatic hyperplasia with obstructive uropathy. During an interview on 05/23/2024 at 10:49 AM, the MDS Coordinator stated the MDS was not accurate as the MDS indicated Resident #15 did not have an indwelling catheter. 2. An Admission Record revealed the facility admitted Resident #18 on 10/22/2021, with a diagnosis to include need for assistance with personal care. An annual MDS, with an Assessment Reference Date (ARD) of 10/25/2023 revealed Resident #18 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. The MDS indicated Resident #18 did not use tobacco. During an interview on 05/23/2024 at 10:49 AM, the MDS Coordinator stated the MDS was not accurate as it indicated Resident #18 did not use tobacco. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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	During an interview on 05/23/2024 at 11:18, the Administrator and the Director of Nursing both stated the MDS should be accurate.