

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555478	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Victoria Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5445 Everglades St Ventura, CA 93003	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39814</p> <p>Based on interview and record review, the facility failed to ensure one of two sampled residents (Resident 1) had their rights protected when a Certified Nursing Assistant (CNA) was rude to them.</p> <p>This failure resulted in Resident 1 becoming agitated and wanting to leave the facility.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE] from an acute care hospital for rehabilitation therapy (therapy to improve the ability to perform activities of daily living) after surgery on their gallbladder. Resident 1 has a history of bipolar disorder (a mental disorder) and anxiety disorder.</p> <p>During an interview on 6/4/24 at 1:45 p.m. with the Director of Nursing (DON), DON stated the CNA was heard using foul language and telling Resident 1, I don't [foul word] work for you. I work for [NAME] Care. They need to move you to another unit.</p> <p>During a review of Resident 1's Nursing Progress Note (NPN), dated 6/2/24 at 7:45 p.m., the NPN indicated, Resident 1 was restless and had emotional distress due to an argument between Resident 1 and CNA. Resident 1 was upset to the point where Resident 1 wanted to leave the facility.</p> <p>During a review of Resident 1's Psychiatric Progress Note (PPN), dated 6/3/24 at 5:08 p.m., the PPN indicated, Resident 1 stated the CNA was shouting and being very rude.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Residents Rights, dated 12/2023, the P&P indicated, The Resident has the right . To be treated with consideration, respect, and full recognition of his or her dignity and individuality.</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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