

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 07/02/2024
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 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** 49405</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) had a comprehensive care plan developed and implemented for a resident to include specific food preference of a Kosher (a term applied to any food that complies with dietary rules in Judaism [religion]) diet.</p> <p>This failure resulted in Resident 1 receiving foods that are not considered Kosher and the potential for Resident 1's nutritional needs not being met.</p> <p>Findings:</p> <p>During a telephone interview with Resident 1 on 06/28/24 at 4:32 p.m. Resident 1 verbalized that he was discharged home from facility 06/27/24. Resident 1 expressed he eats a Kosher diet and the Registered Dietician (RD) and the Dietary Supervisor (DS) when he was admitted on [DATE]. Resident 1 verbalized that staff gave him ham and cheese sandwiches on several occasions, stating these [ham and cheese sandwich] are not Kosher; I can't eat meat and cheese in he same meal.</p> <p>During a record review of Resident 1's Dietary Assessment that was completed by the RD, dated 06/07/24, indicated, Preference: follows Kosher diet, likes toasted bagel, cream cheese, sunny side up egg. Food dislikes Fish, Ham, Pork, Chicken, Tomato products, Bacon, Sausage, Ham.</p> <p>During a record review of Resident 1's Nutritional Care Plan (NCP), the NCP indicated, Increased risk for malnutrition or potential nutritional problem . that was initiated on 06/07/24. Interventions to the Nutritional Care Plan were revised by the RD on 06/28/27, a day after resident 1's discharge. Interventions added include, Honor resident rights to make personal dietary choices and provide dietary education as needed; KOSHER DIET; will complete menu with resident on a weekly basis.</p> <p>During a concurrent interview and record review of Resident 1's Nutritional Care Plan on 07/02/24 at 1:12 p. m. with the Director of Nursing (DON). The DON acknowledged that Resident 1 had an increased risk for malnutrition or potential nutritional problems related to, BMI (body mass index - a screening for weight categories that may lead to health problems) less than 19 percent. The DON acknowledged that Resident 1's care plan was revised by the RD on 06/28/24. The DON acknowledged that these revisions were not on the care plan prior to 06/28/24 and that Resident 1 had been discharged home 06/27/24.</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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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facilities Policy and Procedure (P&P) titled Care Planning dated 2021 states, It is the policy of this facility that the interdisciplinary team (IDT) shall develop a comprehensive Person-Centered Care Plan for each resident based on resident's needs to attain or maintain his or her higher practicable physical, mental, and psychosocial well-being. Under the heading of Purpose . 4. The care plan is developed by the IDT which includes, but not limited to the following professionals: .C. Dietary Supervisor/Dietician . The Care Plan will reflect the Interdisciplinary approach to Person-Centered Care and considering the different individual needs or concerns identified during the assessment process of the resident.</p>