

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  07/19/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>43256</p> <p>Based on interview and record review, the facility failed to report to the California Department of Public Health (CDPH) allegation of abuse timely for one of two sampled residents (Resident 1).</p> <p>This failure had the potential to delay investigation and affect physical and psychosocial well-being of the resident.</p> <p>Findings:</p> <p>On 7/19/24 at 3:30 p.m., CDPH received a facsimile (FAX) letter from Assistant Administrator (AADM). The letter was to inform CDPH of Resident 1 ' s allegation of being .pinched and had her hair pulled by her CNA (Certified Nursing Assistant) Facility indicated date of alleged event on 7/17/24. No physical harm to resident was noted and is safe at this time.</p> <p>During a review of Resident 1's Nursing Progress Note, dated 7/17/24 at 6:35 p.m., Resident 1 reported to Charge Nurse, her assigned CNA physically abused her. The progress note also indicated the Charge Nurse immediately reported the claim to the Nurse Practitioner, Director of Nursing (DON), and Administrator.</p> <p>During an interview on 7/19/24 at 12:15 p.m. with DON, DON confirmed the alleged abuse was not reported timely, stating, in hindsight we should have reported it to CDPH within 24 hours.</p> <p>During a review of facility ' s policy and procedure (P&amp;P) titled, Abuse: Prevention of and Prohibition Against, dated 1/16/24, the P&amp;P indicated, Allegations of abuse, neglect, misappropriation of resident property, or exploitation will be reported outside the Facility and to the appropriate State or Federal agencies in the applicable timeframe's, as per this policy and applicable regulations.</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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