

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  01/28/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39814</b></p> <p>Based on interview and record review, the facility failed to ensure one of two sampled residents (Resident 1), had their antibiotic (medication used to treat an infection) administered without interruption following a transfer from an acute care facility (hospital) to the skilled nursing facility (nursing home).</p> <p>This failure had the potential to result in Resident 1's antibiotic treatment being less effective and/or prolonging treatment.</p> <p>Findings:</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Continuum of Care, dated 11/2023, indicated, Initiate any treatments . necessary at the time of admission per transfer orders .Initiate medications and treatment orders.</p> <p>Resident 1 was a [AGE] year-old female admitted to the facility on [DATE] for aftercare following knee replacement surgery.</p> <p>During a review of Resident 1's Individualized Patient Discharge Instructions and Plan (IPDIP), dated 1/18/25, at 3:36 p.m., The IPDIP indicated, Visit Summary . New Medications . sulfamethoxazole-trimethoprim (Bactrim DS) [antibiotic] 1 Tab [tablet] Oral 2 times a day for 5 Days. Last Dose: 1/18/25 at 10 AM.</p> <p>During a review of Resident 1's Progress Note (PN1), dated 1/18/25, at 7:49 p.m., the PN1 indicated, Admission Note . admitted [AGE] year-old female to room [ROOM NUMBER]A at 1615 [4:15 p.m.] . On ATB [antibiotic] therapy for surgical incision PPX x 5 day.</p> <p>During a review of Resident 1's Order Summary Report (OSR), dated 1/18/25, the OSR indicated, Bactrim DS Tablet 800-160 MG (Sulfamethoxazole Trimethoprim) Give 1 tablet by mouth two times a day for R [right] KNEE SURGICAL INCISION INFECTION PPX for 5 Days.</p> <p>During a review of Resident 1's Medication Administration Record (MAR), dated 1/2025, the MAR indicated, Bactrim DS Tablet 800-160 MG (Sulfamethoxazole Trimethoprim) Give 1 tablet by mouth two times a day for R [right] KNEE SURGICAL INCISION INFECTION PPX for 5 Days . Sat [Saturday] . 18 [date] . 1700 [5 p.m.] . X [not given].</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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NAME OF PROVIDER OR SUPPLIER  Victoria Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5445 Everglades St Ventura, CA 93003	
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident1's Progress Notes (PN2), dated 1/19/25, at 7:01 a.m., the PN2 indicated, Physician Admission Progress Note . 65 YOF [year old female] . cellulitis [bacterial infection of the skin] at incision [surgical] site . PLAN . complete antibiotic for cellulitis.</p> <p>During a concurrent interview and record review on 1/28/25, at 2:45 p.m., with the Director of Nursing (DON), Resident 1's IPDIP, PN1, OSR, MAR, and PN2 were reviewed. DON stated the second dose of Bactrim DS should have been given on 1/18/25 and was not.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39814</p> <p>Based on interview and record review, the facility failed to ensure one of two residents (Resident 1), was provided antibiotic (medication used to treat an infection) on discharge from the facility.</p> <p>This failure resulted in concern for Resident 1's Representative (RR) at the time of discharge.</p> <p>Findings:</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Medication Orders, dated 09/10, the P&amp;P indicated, The prescriber shall be contacted for direction when delivery of a medication will be delayed or the medication is not available.</p> <p>During a review of Resident 1's Order Summary Report (OSR), dated 1/18/25, the OSR indicated, Bactrim DS [antibiotic] Tablet 800-160 MG (Sulfamethoxazole Trimethoprim) Give 1 tablet by mouth two times a day for R [right] KNEE SURGICAL INCISION INFECTION.</p> <p>During a review of the facility's Screenshot (SS), dated 1/18/25, at 7:21 p.m., the SS indicated the facility sent a fax to the pharmacy requesting the Bactrim DS.</p> <p>During a review of Resident 1's Medication Administration Record (MAR), dated 1/20/25, the MAR indicated, D/C [discharge] TO HOME .WITH MEDS .Mon [Monday] .20 [date] .X [not given].</p> <p>During a review of Resident 1's Progress Note (PN), dated 1/20/25, at 9:54 p.m., the PN indicated, Discharge Summary-Nursing . RECEIVED ORDERS TO D/C RESIDENT . HAVING QUESTIONS ABOUT RESIDENT'S MEDICATION WHICH WAS ATB [antibiotic] BACTRIM DS 800-160MG WHICH TO THEIR CONCERN WAS HOW TO GET MEDICATION SINCE PHARMACY DID NOT DELIVER IT YET . RESIDENT LEFT THE FACILITY AT 1150AM.</p> <p>During a concurrent interview and record review on 1/28/25, at 2:45 p.m., with the DON, Resident 1's OSR, SS, MAR, and PN were reviewed. DON stated the Bactrim DS was not available to send home with Resident 1 and it should have been. DON further stated the pharmacy was not meeting Resident 1's medication needs.</p>		