Printed: 03/27/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555478	A. Building B. Wing	01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Victoria Care Center	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 39814 Based on interview and record review, the facility failed to ensure the resident representative was notified promptly of a resident's fall for one of two sampled residents (Resident 1). This failure resulted in Resident 1's representative having delayed involvement in decision making regarding Resident 1's care. Findings: During a review of the facility's policy and procedure (P&P) titled, Fall Management System, dated 01/2022, the P&P indicated, Resident representative shall be notified of the fall and the resident status. During a review of Resident 1's Progress Notes (PN1), dated 1/23/25 at 3:45 a.m., the PN1 indicated, @0318 [3:18 a.m.] . Resident had unwitnessed fall . Resident stated that he sat down in his bed, get up to get ready for work, waiting for the transit and slid down from bed going to the floor, noted with confusion and forgetfulness. During a review of the facility's policy and procedure (P&P) titled, Change of Condition Reporting/Documentation, dated 2023, the P&P indicated, The responsible party will be notified in the event resident is not able to make decisions that there has been a change in the resident's condition and what steps are being taken. During a review of Resident 1's PN2, dated 1/23/25 at 8:39 a.m., the PN2 indicated, .@0608 [6:08 a.m.] this writer call [Resident Representative name and relationship] and notified of the incident of the unwitnessed fall and [physician's name] order to send to [hospital name] ER [emergency room] secondary to anticoagulant [medication that stops the blood from clotting too easily] therapy. Communicate details on what had happened and this writer, provide an active listening [full attention] about all [Resident Representative name] concerns and worries about Resident current health challenges, this writer accommodates [Resident Representative name] demand that Resident needs to be send out right away, that this situation is a matter of life and death. During a concurrent interview and record review on 1/23/25 at 5:20 p.m. with the Director of Nursing (DON), Resident 1's PN1 and PN2 were reviewed. DON stated Resident 1's Representative should have been notified at the time of the fall.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0713 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or arrange emergency care by a doctor 24 hours a day. 39814 Based on interview and record review, the facility failed to ensure the physician responded promptly to notification of a resident's fall for one of two sampled residents (Resident 1). This failure resulted in Resident 1's delayed transfer to the emergency room (ER) after a fall. Findings: During a review of the facility's policy and procedure (P&P) titled, Physician Services, dated 11/2023, the P&P indicated, Physician services include, but are not limited to . Advice, treatment, and determination of appropriate level of care needed for each resident. During a review of Resident 1's Progress Notes (PN1), dated 1/23/25 at 3:45 a.m., the PN1 indicated, @0318 [3:18 a.m.] . Resident had unwitnessed fall . Writer communicates with [physician name] awaiting for response. During a review of Resident 1's PN2, dated 1/23/25 at 8:39 a.m., the PN2 indicated, @0608 [6:08 a.m.] . [physician name] responded and order to send out Resident to [hospital name] ER [emergency room] for further evaluation and treatment. During a concurrent interview and record review on 1/28/25 at 2:30 p.m., with the Director of Nursing (DON), Resident1's PN1 and PN2 were reviewed. DON stated the physician did not return the nurses call for three hours. DON further stated the expectation is for the physician to return a call promptly.