

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 04/11/2025
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39912</p> <p>Based on interview and record review, the facility failed to follow physician's orders for Lovenox (Enoxaparin Sodium Injection- an anticoagulant/blood thinner), for one of two sampled residents (Resident 1).</p> <p>This facility failure had the potential to result in life-threatening condition.</p> <p>Findings:</p> <p>According to Fundamental of Nursing, by [NAME] and [NAME], Eighth Edition, on page 336, under the section, Physicians' Orders indicated, Nurses follow physician orders unless they believe the orders are in error or harm patients.</p> <p>During a review of Resident 1's admission record from acute hospital, dated 3/05/25 indicated, a post-operative diagnosis of deep vein thrombosis (DVT, blood clot in the vein) and pulmonary embolism (PE, blood clot in the lungs). The hospital discharge summary included physician orders for Lovenox 100 mg to be administered subcutaneously every 12 hours.</p> <p>During a review of the electronic medication administration record (eMAR) and physician orders from 3/05/25 through 3/31/25 indicated, Resident 1 missed six doses of Lovenox from 3/05/25 to 3/8/25. There was also no documentation of physician notification regarding the unavailability or delay of the ordered medication.</p> <p>During an interview with the nurse supervisor (NS) on 3/25/25 at 10:31 a.m., the NS stated that if a medication is unavailable, nursing staff are expected to notify the pharmacy and the physician for further direction.</p> <p>During an interview with the director of nursing (DON) on 3/25/25 at 10:50 am, the DON acknowledged the physician should have been notified once the nurses learned the medication was unavailable.</p> <p>During a review of the facility policy and procedure titled Medication Orders dated 9/2010, indicated . the prescriber shall be contacted for direction when delivery of a medication will be delayed, or the medication is not available.</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
---	-------	-----------