

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/04/2024
NAME OF PROVIDER OR SUPPLIER  Camarillo Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 205 Granada St Camarillo, CA 93010	

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>37886</p> <p>Based on record review and interview, the facility failed to ensure proper documentation of intake and output for one (resident 1) of two sampled residents, was completed as specified in the care plan.</p> <p>This failure could lead to facility staff being unaware of the resident 1's gastrointestinal functions, fluid balance, renal function, abnormal losses, and bowel movements that potentially contributed to resident 1's weight loss.</p> <p>Findings:</p> <p>During a review of resident 1's care plan (CP) indicated resident 1 is, At risk for weight loss, malnutrition, dehydration, and fluid and electrolyte imbalance due recent surgery. The interventions included, Monitor the intake and output every shift. Record total daily intake</p> <p>and output. Weekly average intake and output in ml. Document the quality, color, odor, and consistency of urine, patient's hydration status. Report to physician the discrepancy in fluid intake or fluid balance every shift.</p> <p>During a review of the Nutrition Evaluation dated 3/19/24, the Nutrition Evaluation indicated Resident 1's anticipated fluid needs were, 1500-1800 (milliliters) per day, calculated as 25-30 ml/kg/day.</p> <p>A review of resident 1's intake and output record revealed that her intake and output were not closely monitored, making it impossible to determine if she met her daily hydration requirements.</p> <p>A review of resident 1's weight summary dated 4/3/24, indicated resident 1 had lost 5% of her weight within 15 days of admission to the facility.</p> <p>During an interview with the director of nursing (DON) on 5/29/24 at 3:55 PM, resident 1's intake and output record was reviewed. The DON confirmed the missing intake and output documentation for resident 1.</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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