STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555770	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camarillo Healthcare Center	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48668 Based on interview and record review, the facility failed to ensure the family representative was notified of a change in condition for one of three sampled residents (Resident 1). This failure resulted in Resident 1's family member verbalizing feelings of mistrust and doubting the care the facility staff provided. Findings: During a review of the facility's admission record, this indicated Resident 1 was readmitted to the facility on [DATE] and had conditions listed as urinary tract infection and chronic kidney disease (involving a gradual loss of kidney function). During an interview on 5/24/24 at 4:10 p.m. with Licensed Nurse 1 (LN1), LN1 stated on 5/6/24, Resident 1 was observed sluggish and lethargic, and the physician ordered urinalysis. During an interview on 6/3/24 at 2:30 p.m. with the Infection Preventionist Nurse (IPN), IPN stated urine test result on 5/8/24 showed blood in the urine indicating an infection. IPN confirmed there was no documentation of notification of the urine test and result to the responsible party (RP) in Resident 1's medical record. During an interview on 5/24/24 at 4:20 pm. with Licensed Nurse 2 (LN2), LN2 stated on 5/11/24 around 7:15 p.m., Resident 1 was again found lethargic and responded only to rubbing of the chest, vital signs were within range and was reported to the physician with orders to transfer to the hospital due to altered mental status. During a review of the facility's policy and procedure (P&P) titled, Change of Condition Reporting dated 5/2007, indicated, Routine changes are a minor change in physical, mental behavior, abnormal laboratory and x-ray results must be communicated to the physician and all attempts to reach the physician and responsible party will be documented in the nursing progress notes.