

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555876	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Alta Healthcare Center of Camarillo		STREET ADDRESS, CITY, STATE, ZIP CODE 6000 Santa Rosa Road Camarillo, CA 93012	

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>Based on observation, interview, and record review the facility failed to ensure 2 of 3 sampled residents (Resident 1 and Resident 2) had their call light responded to timely. This failure had the potential to result in residents' needs not being met. Findings: During a concurrent observation and interview on 7/11/24 at 2:00 p. m. in Resident' room (Resident 2). Resident 2 stated that on most occasions, it took a while for her call light to be answered and sometimes as long as 45 minutes for staff to respond. Resident 2 further explained that this was the only means to communicate her needs to the staff while in the room and in bed. The call light was then pushed while in Resident 2's room and waited 15 minutes and no staff responded. During a concurrent observation and interview on 7/11/25 at 2:20 p.m. with licensed nurse (LN 2). There were approximately 6 staff members at the nurse's station observing Resident 2's room call light on and signing above outside of doorway and no one was seen approaching to respond to the call light. When asked about how the call light system and ow it alerts the staff in the nursing station about a resident need. LN 2 explained that a banner would come across the monitor in the nursing station and the light would come on to communicate to the staff about resident calls. And LN 2 stated that staff usually ought to respond at a reasonable time as soon as they hear or see it. A Staff then immediately went to Resident 2's room. During an interview on 7/11/25 at 3:00 p.m. with a certified nursing assistant (CNA), the CNA stated that for call lights, there is a monitor at the nurse's station and lights in the hallways outside the doors and when it signals, they are meant to respond immediately. During an interview on 7/16/25 at 3:15 p.m. via telephone with resident (Resident 1). Resident 1 stated that staff did not answer the call lights timely and it would take 45 minutes to get a response. Resident 1 explained that there was an occasion when the call light was pushed and no one came, and Resident 1 had approach staff physically at the nurse's station and was told by a staff all the nurses were on a break. During a concurrent document review and interview on 7/23/25 at 11:30 a.m. with the Administrator (ADM), the facility's call light policy titled, Call Light Answering, indicated call lights will be answered within a reasonable time frame. When asked what a reasonable time frame is, the ADM stated, the call lights are usually responded to within 3 minutes and under 10 minutes. When asked if 30 minutes or 45 minutes was a unreasonable response time to a call light be attended to, the ADM agreed and said 'yes that's not a reasonable response time'. During a review of the facility's policy and procedure (P&P), titled, Call Light Answering, undated, the P&P indicated, It is the policy of this facility to provide the resident a means of communication with nursing staff. 1. Answer the call light within a reasonable time.</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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