STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555163	A. BUILDING _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHORELINE CARE CENTER	5225 SOUTH J ST OXNARD, CA 93033

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of a complaint. Complaint Number: CA00961699 The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for complaint number CA00961699 at F836.	F 000		
F 836 SS=D	License/Comply w/ Fed/State/Locl Law/Prof Std CFR(s): 483.70(a)-(c) §483.70(a) Licensure. A facility must be licensed under applicable State and local law. §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. §483.70(c) Relationship to Other HHS Regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45	F 836		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 6/19/25

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.

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F 836	Continued From page 1 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to report a resident's fall incident with fracture to the Department for one of two residents (Resident 1). Resident 1 experienced an unwitnessed fall, complained of pain on the left hip with an X-ray (process of imaging, using radiation) that indicated an acute fracture. This failure delayed the Department's investigation into the incident and had the potential for Resident 1 and other residents to experience a decline in safety, comfort, and overall well-being. Findings: On 5/16/25, an unannounced visit was made to the facility to investigate a complaint regarding a resident's unwitnessed fall. During a review of Resident 1's Admission Record, this indicated Resident 1 was admitted to the facility on 4/21/25 with diagnoses that included dementia (a group of thinking and social symptoms that interferes with daily functioning) and fracture in the right femur (break in the right leg bone).	F 836		

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F 836	Continued From page 2 A review of the Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 4/28/25, indicated Resident 1 had a BIMS (Brief Interview for Mental Status) score of 03 that indicated severe impairment. During a review of incident report (SBAR - a standardized communication tool) dated 5/6/25, this indicated an unwitnessed fall on 5/6/25 at 4:30 p.m. This document further indicated, Resident 1 was found on the floor supine position at the end of the bed; when asked what happened, Resident 1 stated, "I fell off the bed" and was also asked if he tried to walk, stated, " I don't know". A review of the Order Summary Report dated 5/7/25, this indicated, "May send to ER(Emergency Room) for evaluation and treatment r/t (related to) Left acute Intertrochanteric femoral fracture (a break in the thigh bone)." A review of Resident 1's medical record titled First Choice Radiology Service ...Radiology Interpretation with a date of exam on 5/7/25, this indicated: "Significant Findings Left Hip ...Impression: 1. Acute intertrochanteric femoral fracture ..." During the interview on 5/16/25 at 10:15 a.m., with the Licensed Nurse (LN 1) confirmed Resident 1 had an unwitnessed fall on 5/5/25 at around 4:30 p.m. and was reported to the charge nurse. During the interview on 5/16/25 at 10:30 a.m., with the Director of Nursing (DON), DON stated	F 836		

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F 836	Continued From page 3 the Resident 1 had an unwitnessed fall incident that resulted to left hip fracture. During the interview on 5/29/25 at 3:15 p.m., Certified Nurse Assistant (CNA 1), CNA 1 stated that Resident 1 fell while she was showering another resident. A review of the California state law title 22, section 78427 (a)(1), indicated, "Death, injury and unusual incidents shall be reported within 48 hours to the Department " (Health Facilities Licensing).	F 836		

Shoreline Care Center submits this Plan of Correction as part of the requirements under State and Federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged fact, deficiency cited, or any liability. The Provider submits this Plan of Correction with the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against the Provider of its employee, agents, officers, directors, or shareholders.

F 836: License/Comply w/Fed/State/Locl Law/Prof Std
CFR(s): 483.70(a)-(c)

The facility will report falls incidents with fractures to the Department within 48 hours.

Resident 1 had a history of falls with fracture prior to admission to the facility.

Licensed nurses were in-serviced by Director of Staff Development on June 19, 2025, to ensure fall incidents with fractures are reported to the Department within 48 hours.

Licensed nurses will report resident falls resulting in fracture immediately to the Director of Nursing Services and Administrator to ensure timely reporting to the Department within 48 hours.

The Director of Nursing Services will report a summary of the findings to the Quality Assurance Performance Improvement (QAPI) Committee for the next 90 days for recommendations towards further improvement.

June 19, 2025