

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055566	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2020
NAME OF PROVIDER OF SUPPLIER COASTAL VIEW HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 4904 TELEGRAPH RD 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)		
F 0836 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to follow policy and procedures for investigating accidents when Resident 1 went to the hospital for swelling and skin blisters in the left lower leg due to left ankle fracture. The facility failed to investigate how Resident 1 sustained a fracture with the potential for an unsafe environment which could result to further injuries of the resident. Findings: During a review of Resident 1's History and Physical (H&P) dated 7/27/20, indicated Resident 1 had history of cervical (in the neck) spine disease, [MEDICAL CONDITION] (chronic liver damage leads to scarring) of the liver, type 2 diabetes (a chronic condition that affects the way the body processes sugar), below the right knee amputation, [MEDICAL CONDITION], and high blood pressure. The H&P indicated Resident 1 stated he fell 3 days ago. H&P indicated Resident 1 sustained a left trimalleolar (ankle) fracture, tibial plafond (end of shin bone) deformity, fifth metatarsal (break in the long bone of the foot attached to the little toe) fracture and hemorrhagic blisters. During a concurrent interview and record review on 8/5/20 at 1:15 p.m., with the director of nursing (DON), Resident 1's medical record was reviewed. The DON acknowledged there was no documentation of Resident 1 falling or almost falling in the bathroom. The DON verbalized that Resident 1 had not told anyone he had fallen until after he came back from the hospital. The DON verbalized she interviewed staff who were taking care of Resident 1 and none one was aware of Resident 1 falling in the bathroom. During a review of the facility's policy and procedure titled Accidents & Incidents-Resident investigating and Reporting dated 1/2017, indicated in part .All accidents or incidents involving residents, employees, visitors, and vendors, etc., occurring on facility premises shall be investigated and reported to the administrator .the nurse supervisor/charge nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident . the following data as applicable, shall be included on the report of incident/accident form: a. The date and time the accident or incident occurred; b. The nature of the injury; c. The circumstances surrounding the accident or incident; d. Where the accident or incident occurred; e. The names of the witnesses and their account of the accident or incident; f. The injured person's account of the accident or incident; g. The time the injured person's attending physician was notified, as well as the time the physician responded and his or her instructions; h. The date/time the injured person's family was notified and by whom; i. The condition of the injured person, including his/her vitals; j. The disposition of the injured; k. Any corrective action taken; l. Follow-up information; m. Other pertinent data as necessary; n. The signature and title of the person completing the report. During an interview on 8/14/20 at 2:15 p.m., with the administrator (Admin 1) and the DON, Admin 1 acknowledged Resident 1 had come back from the hospital with a left ankle fracture and the fracture occurred in the facility. When asked if Resident 1's fracture was investigated, the DON indicated there was an investigation into the fall but could not find any documentation of an investigation of the fracture incident. Admin 1 and the DON both acknowledged the facility policy and procedures and indicated the investigation of Resident 1's fracture should have been done.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.