PRINTED: 01/15/2025 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED		
		555770	B. WING		12	2/04/2024	
	PROVIDER OR SUPPLIER	CENTER	2	STREET ADDRESS, CITY, STATE, ZIP CODE 205 GRANADA ST CAMARILLO, CA 93010			
(X4) ID PREFIX TAG	(EACH DEFIC	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLET DATE	
F 692 SS=D	The following reflectalifornia Departin Licensing and Cerinvestigation of twistandard survey. Complaint number Complaint number Complaint number Complaints and do a full inspection of One deficiency was CA00931369 at F-One deficiency was CA00931398 at F-Nutrition/Hydration CFR(s): 483.25(g) §483.25(g) Assiste (Includes naso-gaboth percutaneous endenteral fluids). Base comprehensive as ensure that a residual status desirable body we balance, unless the demonstrates that preferences indical	ects the findings of the nent of Public Health - tification during the complaints on an abbreviated of CA00931369 CA00931398 Imited to the specific es not represent the findings of the facility. Is issued for complaint number 692. Is issued for complaint number 692. In Status Maintenance (1)-(3) In ded nutrition and hydration. In stric and gastrostomy tubes, is endoscopic gastrostomy and oscopic jejunostomy, and sed on a resident's issessment, the facility must dent- Intains acceptable parameters is, such as usual body weight or ight range and electrolyte e resident's clinical condition this is not possible or resident	F 000 SICE TWALL FOR F 692	Allegation of compliance: I plan of correction is prepare and submitted by law. By submitting this POC, Camar HealthCare Center does not admit that the deficiencies is on HCFA form 2567 exist n does Camarillo HealthCare Center admit to any stateme findings, facts or conclusion that form the basis for the alleged deficiencies. Camar HealthCare Center reserves right to challenge in legal proceedings all deficiencies statements, findings, facts are conclusions that form the bafor the deficiencies. The plan of correction constitutes my written credicallegation of compliance for deficiencies	d illo sted or nts, s illo the	1/31/25	

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other afeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the ate 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 iese documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

ORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:ISEW11

Facility ID: CA050000006

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING) — — — — — — — — — — — — — — — — — — —	COMPLETED C 12/04/2024
	PROVIDER OR SUPPLIER	CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 205 GRANADA ST CAMARILLO, CA 93010	
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F 692	maintain proper hy §483.25(g)(3) Is of there is a nutrition provider orders a This REQUIREME by: Based on intervie failed to: 1. Document fluid sampled residents 2. Document fluid sampled residents This failure had postatus of Resident Resident 1 being (ER) for shortness hospital for sepsis had potential to af Resident 2 and m 2 being sent out to status; and admitt pneumonia, urinar sepsis. Findings: 1. During a review Orders' dated 11 orders indicated to record the total da (milliliters/cubic ce orders indicated to on the night shift.	ffered a therapeutic diet when all problem and the health care therapeutic diet. ENT is not met as evidenced we and record review the facility intake accurately for 1 out of 2 (Resident 1). intake accurately for 1 out of 2 (Resident 2). Intake accurately for 1	F 692	Resident I was admitted to Camarillo Healthcare Center on 11/6/24 with Diagnosis of Pneumonia, History of COPD and Pleural Effusion - she was on po ATB and is on Fluid restriction up to 1800cc due to low Na level. During the resident's stay at the facility, her fluid intake did not exceed to the 1800c as ordered. 11/7/24 — Na level during her stay at the facility — 136 (normal range is 136- 145) 11/15 Laboratory blood tests was ordered in preparation for discharged to home and lab result of Na level is 132 (normal range is 136- 145) but WBC White Blood Count is 18.3 — (normal range is 4.5- 13.5) The CXR (Chest x ray was ordered due to white blood count that is high) resident at that time is asymptomatic and is able to participate well in rehab, walk 350ft x2. Result of chest Xray — Pleural Effusion and Pneumonia - she was immediately started on Intravenous antibiotic (IVATB) 11/16/24 — her Oxygen saturation went below 90% that warrant her return to hospital for further evaluation. Report from ER (Emergency room) Na level — 134. BUN — 18 (BUN level normal, 10-20) BUN- a test to assess how well the kidneys are functioning, a higher-thannormal BUN level can indicate kidney problems, heart failure, dehydration Resident return to CHC (Camarillo health care Center on 11/26/24 from hospital and discharged to home on December 13, 2024,	1/31/25
12 00) Proviou	s Versions Obsolete	Event ID:ISEW11	Eacility	ID: CA050000006 If continuation	sheet Page 2 of 14

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SUR COMPLET	
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		555770	D. WING	_	TOTAL ADDRESS SITE OF THE CORE		210412024
	PROVIDER OR SUPPLIER	CENTER	205 GRANADA ST CAMARILLO, CA 93010				
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F 692	dated 11/8/24-11/1 11/9/24 the intake intake for pm shift in inght shift was 550 cc's. The 24-hour as 1010 cc's. 11/10/24 the intake intake for pm shift in inght shift was 120 cc's. The 24-hour as 1590 cc's. 11/11/24 the intake intake for pm shift in inght shift was 120 cc's. The 24-hour as 1300 cc's. 11/12/24 the intake intake for pm shift in inght shift was 120 cc's. The 24-hour as 1180 cc's. 11/13/24 the intake intake for pm shift in inght shift was 120 cc's. The 24-hour as 1100 cc's. 11/14/24 the intake intake for pm shift in intake in the intake in intake for pm shift in intake in the inta	d 24-hours Intake Record"	F		Resident 2 was admitted to Camarillo Health Center on 9/5/24 with Diagnosis of She can with a baseline BUN (Blood Urea Nitrogen) 29, lab work obtained 9/6/24. (BUN normal 10-20) BUN- a test to assess how well the kidneys are functioning, a higher-thar normal BUN level can indicate kidney problems, heart failure, dehydration. This resident has history of chron kidney disease and is being follow by Nephrologists, Dr. Tane Liu PO intake is observed and monitored; appetistimulant was started on 10/1/24. 10/4/24 – Intravenous fluid with multivitamiliters due to meal intake — 0 to 25% and her level is 23 (BUN level normal, 10-20) After completion of IV fluid – BU level re checked, result is 16 (BU normal is 10-20) 10/11/24 - with improvement on her meal into 25-50% but BUN is at 26 (BUN normal 16 Intravenous fluid with multivitamin x 2 liters ordered. After completion of IV fluid BUN level re checked, result is 17 (BU normal is 10-20) meal intake still variable — 0 to 75%. MD ordered to monitor BUN (Blood Urea Nitrogen, normal range 10-20) 10/21 – BUN result — 21 with meal intake -25 100% 11/1- BUN result — 38, meal intake, 0-25% Norder — fluid encourage 11/11- BUN result — 37, MD order to re start Intravenous Fluid with Multivitamin x 2 liter Intravenous Fluid encourage	of range 1- ic wed te IN X 2 BUN UN N S was N N IN In In In In In In In	1/31/25

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555770	A. BUILD	OING_	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 12/04/2024		
NAME OF F	PROVIDER OR SUPPLIER	353770	D. WIITE		TREET ADDRESS, CITY, STATE, ZIP CODE	12	104/2024	
	LLO HEALTHCARE C	ENTER		2	05 GRANADA ST CAMARILLO, CA 93010			
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F 692	During a concurrer on 1/10/25 at 2:22 nursing (DON), Re and the "Calculated dated 11/8/24-11/1 asked if the daily in match the 24-hour verbalized yes, the acknowledged the match the 24-hour The DON further awere not accurate. During a review of procedure (P&P) tit 6/11/24, indicated i facility to maintain awhen needed to me fluid balance. Intake by each shift. During a review of Notes" dated 11/16 Resident 1 was reconsidered to me fluid balance. Intake by each shift. During a review of Notes" dated 11/16 Resident 1 was reconsidered to me fluid balance. Intake by each shift.	nt interview and record review p.m., with the director of sident 1 's "Intake Record" d 24-hours Intake Record" 5/24 were reviewed. When take record totals should intake record totals, the DON totals should match. The DON daily intake totals did not intake totals and they should. Intake totals and they should. Intake totals and output" dated in part "It is the policy of this an intake and output record onitor residents for adequate e and output shall be recorded. Resident 1 's "ED Physician /24, indicated in part ently diagnosed with ers of oxygen via nasal m skilled nursing facility for Diagnosis: Sepsis with enough oxygen in the blood) and pneumonia.	F		How corrective actions will be accomplished for those residents found to have been affected by the deficient practice The LN's nurses that were identified with incorrect total inputted of the output was counselled and was given a one-on-one Inservice on 1/9/25 Mandatory Inservice to al Licensed nurses was initiated on 1/15/25 and 1/17/25 regarding accuracy of the total output calculation and the Intake and Output Policy and Procedure How the facility will identify other resident having the potential to be affected by the same deficient practice and what corrective action will be taken: A full review of the resident that are on Intake and Output monitoring on 1/17/25 and follow up as indicated was also completed. NO other resident identified that are affected of the said deficiency.	l	1/31/25	

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F 692	orders indicated to on the night shift. During a review of Evaluation" dated sintake assessment assessment: needs intakeIV support not less than 1500 During a review of and the "Calculated the "Calculated ated 11/1/24-11/11/1/24 the intake intake for pm shift night shift was 120 cc's. The 24-hour as 700 cc's. Less 11/5/24 the intake intake for pm shift night shift was 60 cc's. The 24-hour to 560 cc's. Less tha 11/6/24 the intake intake for pm shift night shift was 120 cc's. The 24-hour as 750 cc's. Less 11/7/24 the intake intake for pm shift night shift was 120 cc's. The 24-hour as 700 cc's. Less 11/9/24 the intake intake for pm shift night shift was 120 cc's. The 24-hour as 700 cc's. Less 11/9/24 the intake intake for pm shift night shift was 120 cc's. The 34-hour as 700 cc's. Less 11/9/24 the intake intake for pm shift night shift was 120 cc's. The 34-hour as 750 cc's. Less 11/9/24 the intake intake for pm shift night shift was 120 cc's shift was 120 cc's. The 34-hour as 750 cc's. Less 11/9/24 the intake intake for pm shift night shift was 120 cc's.	Resident 2 's "Nutrition 2/6/24, indicated in part meal 3: 0-25%, fluid intake 4: 0-25%, fluid intake 5: encouragement with fluid 5: yes estimated fluid needs cc/day. Resident 2 's "Intake Record" d 24-hours Intake Record" d 25 cc 's, and intake for cc 's. The total equaled 490 total intake was documented d 490 total intake was documented as an 1500 cc/day. For day shift was 400 cc 's, was 200 cc 's, and intake for cc 's. The total equaled 720 total intake was documented than 1500 cc/day. For day shift was 200 cc 's, was 120 cc 's, and intake for cc 's. The total equaled 440 total intake was documented	F		What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur: PRD (Registered Dietician) will make sure that the estimated fluid needs on the resident's RD initial assessment are provided on mealtime and staff to ensure water pitcher will be available at resident's bedside as indicated. The RD will be reviewing and evaluating weekly the resident's meal intake that is 50% and below consumption and weights. If the resident's meal intake and weight is stable, then RD review will be done Quarterly. RD will provide report of the weekly follow up review to the DON (Director Of Nursing) RD will provide report of the ff up review on Quarterly basis. Weekly Licensed nurse will review the resident's Intake and Output for accuracy and report will be given to the DON (Director of Nursing) for review and follow up if indicated. ADON will provide lists of resident's weekly summary of Intake and Output for review and follow if indicated.	s n s	1/31/25

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 692	11/11/24 the intal intake for pm shift night shift was 12 cc's. The 24-hou as 600 cc's. Les 11/12/24 the intake for pm shift night shift was 30's. The 24-hour to 600 cc's. Less the During a concurred on 12/4/24 at 11:0 director of nursing Record" and the Record" dated 11. ADON acknowled not match the 24-should. ADON ve (intravenous-in the 11/11/24, the nurse fluids infusion as verbalized they shacknowledged they shacknowle	s than 1500 cc/day. It was 120 cc 's, and intake for 0 cc 's. The total equaled 340 in total intake was documented is than 1500 cc/day. It was 100 cc 's, and intake for cc 's. The total equaled 230 cc otal intake was documented as	F		Monitoring Performance to make sure that solutions are sustained: The RD (Registered Dietician) the Licensed Nurse, and the ADON (Assistant Director Of Nursing) reports with full review completed will be discuss and shared on the monthly QAA meeting for further discussion. Any recommendations will be followed accordingly.		1/31/25

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F 692	physician was infor	age 6 or documentation that the ormed of Resident 2 not meeting recommended fluid intake.	F		This page is intentionally left blank			
	dated 11/11/24, ind nitrogen (BUN- a te kidneys are functio BUN level can indic failure, dehydration than-normal). The how well the kidney than-normal creatin problems, heart fai	Resident 2 's "Lab Results" dicated in partthe blood urea est to assess how well the ning, a higher-than-normal cate kidney problems, heart a) was elevated at 37 (higher-creatinine (a test to assess ys are functioning, a higher-nine level can indicate kidney lure, dehydration) was igher-than-normal).						
	on 1/10/25 at 2:00 nursing (DON), Reand the "Calculated dated 11/1/24-11/1 asked if the daily in match the 24-hour verbalized yes, the acknowledged the match the 24-hour	nt interview and record review p.m., with the director of sident 2 's "Intake Record" d 24-hours Intake Record" 3/24 were reviewed. When take record totals should intake record totals, the DON totals should match. The DON daily intake totals did not intake totals and they should tecknowledged the intake totals						
	Notes" dated 11/13 Resident 2 present and failure to thrive progressive there h in her condition, ind	Resident 2 's "ED Physician 3/24, indicated in part s with altered mental status Over the past week, las been a progressive decline cluding decreased mental and not following her normal			4.			

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUI A. BUILD		(X3) DATE SURVEY COMPLETED			
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F 69:	routineResider and ambulate wit this morning D	page 7 It 2 typically is able to converse h assistance but unresponsive iagnosis: Pneumonia, urinary (TI), Sepsis and chronic kidney	F	692	This page is intentionally left blank			
	procedure (P&P) 6/11/24, indicated facility to maintain when needed to refluid balance. Intain by each shift the intake and output will do weekly eva (physician) if ther the registered dassessment revieindicated"	of the facility 's policy and titled, "Intake and Output" dated in part "It is the policy of this in an intake and output record monitor residents for adequate ake and output shall be recorded to licensed staff will monitor the daily for timely follow-up and aluation to update MD to is a need for continuation lietician will do the follow-up to work for recommendation if						
	sampled resident	intake accurately for 1 out of 2						
	This failure had p status of Resident 1 being (ER) for shortness hospital for sepsis had potential to a Resident 2 and m 2 being sent out t status; and admitt	otential to affect the hydration t 1 and may have contributed to sent out to the emergency rooms of breath; and admitted to the sand pneumonia. This failure ffect the hydration status of any have contributed to Resident to the ER for altered mental ted to the hospital for ry tract infection (UTI) and						

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F 692	Orders dated 11/orders indicated to record the total dai (milliliters/cubic cer orders indicated to on the night shift. During a review of and the "Calculated dated 11/8/24-11/1 11/9/24 the intake of intake for pm shift winght shift was 550 cc's. The 24-hour to 1010 cc's. 11/10/24 the intake intake for pm shift winght shift was 120 cc's. The 24-hour to 1590 cc's. 11/11/24 the intake intake for pm shift winght shift was 120 cc's. The 24-hour to 1300 cc's. 11/12/24 the intake intake intake for pm shift winght shift was 120 cc's. The 24-hour to 1300 cc's.	of Resident 1's "Physician 6/24-11/16/24, the physician record intake each shift and ly intake in ml/cc ntimeters). The physician calculate the 24 hours intake Resident 1's "Intake Record"	F6		This page is intentionally left blank		

	PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555770			ING_	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 12/04/2024	
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F 692	intake for pm shift night shift was 120 cc's. The 24-hour to 1100 cc's. 11/14/24 the intake intake for pm shift night shift was 120 cc's. The 24-hour to 1400 cc's. 11/15/24 the intake intake for pm shift night shift was 30 cc's. The 24-hour to 1400 cc's. During a concurrer on 1/10/25 at 2:22 nursing (DON), Re and the "Calculate dated 11/8/24-11/1 asked if the daily in match the 24-hour verbalized yes, the acknowledged the match the 24-hour The DON further a were not accurate. During a review of procedure (P&P) tid dated 6/11/24, indic of this facility to ma record when needed.	e for day shift was 500 cc's, was 350 cc's, and intake for cc's. The total equaled 970 otal intake was documented as for day shift was 425 cc's, was 300 cc's, and intake for cc's. The total equaled 845 otal intake was documented as for day shift was 425 cc's, was 500 cc's, and intake for cc's. The total equaled 955 otal intake was documented as at interview and record review p.m., with the director of sident 1's "Intake Record "d 24-hours Intake Record "d 24-hours Intake Record "d 24-hours Intake Record "bitake record totals, the DON totals should match. The DON daily intake totals did not intake totals and they should intake totals and they should intake totals and they should intake totals and output "cated in part "It is the policy intain an intake and output do monitor residents for nce. Intake and output shall be	F	1	This page is intentionally left blank		

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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F 692	During a review of Notes " dated 11/1 Resident 1 was reppeumonia, on 2 lit cannula coming froshortness of breath acute hypoxic (not respiratory failure at 2. During a review Orders " dated 9/5 orders indicated to record the total dai (milliliters/cubic cermonitoring due to porders indicated to on the night shift. During a review of Evaluation " dated meal intake assess assessment: needs intakeIV support not less than 1500 During a review of and the "Calculated dated 11/1/24-11/1 11/1/24 the intake fintake for pm shift winght shift was 120 cc's. The 24-hour to 700 cc's. Less than 11/5/24 the intake for pm shift wintake for pm	Resident 1's "ED Physician 16/24, indicated in part cently diagnosed with ters of oxygen via nasal om skilled nursing facility for Diagnosis: Sepsis with enough oxygen in the blood) and pneumonia. of Resident 2's "Physician 1/24-11/13/24, the physician record intake each shift and ly intake in ml/cc ntimeters) every shift for coor appetite. The physician calculate the 24 hours intake Resident 2's "Nutrition 9/6/24, indicated in part sment: 0-25%, fluid intake is encouragement with fluid it yes estimated fluid needs cc/day. Resident 2's "Intake Record " d 24-hours Intake Record " d 24-hours	F		Chis page is intentionally left plank			

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(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 692	11/6/24 the intake intake for pm shift vnight shift was 120 cc's. The 24-hour to 750 cc's. Less than 11/7/24 the intake for pm shift vnight shift was 120 cc's. The 24-hour to 700 cc's. Less than 11/9/24 the intake intake for pm shift vnight shift was 120 cc's. The 24-hour to 420 cc's. Less than 11/11/24 the intake intake for pm shift vnight shift was 120 cc's. The 24-hour to 420 cc's. Less than 11/11/24 the intake intake for pm shift vnight shift was 120 cc's. The 24-hour to 600 cc's. Less than 11/12/24 the intake intake for pm shift vnight shift was 30 cc's. The 24-hour to 600 cc's. Less than During a concurrent on 12/4/24 at 11:09 director of nursing (Record " and the "Record " dated 11/9 date	otal intake was documented as a 1500 cc/day. for day shift was 400 cc's, was 200 cc's, and intake for cc's. The total equaled 720 otal intake was documented as a 1500 cc/day. for day shift was 200 cc's, was 120 cc's, and intake for cc's. The total equaled 440 otal intake was documented as a 1500 cc/day. for day shift was 200 cc's, was 120 cc's, and intake for cc's. The total equaled 440 otal intake was documented as 1500 cc/day. for day shift was 100 cc's, was 120 cc's, and intake for cc's. The total equaled 340 otal intake was documented as 1500 cc/day. for day shift was 100 cc's, was 120 cc's, and intake for cc's. The total equaled 340 otal intake was documented as 1500 cc/day. for day shift was 100 cc's, was 100 cc's, and intake for cc's. The total equaled 230 otal intake was documented as otal i	F	392	This page is intentionally left blank			

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 C 12/04/2024			
		555770	D. WING			12/0	04/2024		
NAME OF PROVIDER OR SUPPLIER CAMARILLO HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 205 GRANADA ST CAMARILLO, CA 93010					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE		
F 692	should. ADON vert (intravenous-in the 11/11/24, the nursi fluids infusion as proverbalized they should acknowledged the accurate. When as was receiving adequate when the intake tot verbalized you look results (the blood untakes. ADON vertall normal. When as not meeting the receiving the receiving the receiving the resident was could call the physical rate. Further review record had no other physician was inforthe 1500 cc/day of During a review of dated 11/11/24, individually are function BUN level can indicated the how well the kidney than-normal). The continuous are function buring a concurrent on 1/10/25 at 2:00 puring a concurrent on 1/10/25 at 2:00	our intake totals and they balized Resident 2 had an IV vein) infusion on 11/3/24 and ng staff did not include the IV art of the intakes and further buld have. The ADON further intake totals were not ked how you know Resident 2 quate fluids and hydration, als were not accurate, ADON at other areas as well like laburea nitrogen) and meal balized Resident 2's labs were sked about the 24-hour totals commended number of fluids and period fluids and increase the IV infusion of Resident 2's medical recommended fluid intake. Resident 2's "Lab Results " licated in partthe blood urea set to assess how well the ning, a higher-than-normal cate kidney problems, heart) was elevated at 37 (higher-creatinine (a test to assess vs are functioning, a higher-line level can indicate kidney ure, dehydration) was	F	592	This page is intentionally left blank				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		555770	B. WING		1	12/	04/2024	
NAME OF PROVIDER OR SUPPLIER CAMARILLO HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 205 GRANADA ST CAMARILLO, CA 93010				
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC' EACH CORRECTIVE ACTION SHOI OSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 692	and the "Calculated dated 11/1/24-11/1 asked if the daily in match the 24-hour verbalized yes, the acknowledged the match the 24-hour The DON further awere not accurate. During a review of Notes " dated 11/1 Resident 2 present and failure to thrive progressive there hin her condition, indicatus, not eating, a routine Resident and ambulate with this morning Dia tract infection (UTI) disease. During a review of procedure (P&P) tid dated 6/11/24, indicof this facility to ma record when needed adequate fluid bala recorded by each smonitor the intake a follow-up and will d MD (physician) if th the registered dieses.	age 13 ad 24-hours Intake Record " 3/24 were reviewed. When atake record totals should intake record totals, the DON totals should match. The DON daily intake totals did not intake totals and they should. acknowledged the intake totals Resident 2's "ED Physician 3/24, indicated in part s with altered mental status aOver the past week, as been a progressive decline cluding decreased mental and not following her normal 2 typically is able to converse assistance but unresponsive gnosis: Pneumonia, urinary by Sepsis and chronic kidney the facility's policy and alted, "Intake and Output" cated in part "It is the policy intain an intake and output and to monitor residents for ance. Intake and output shall be shiftthe licensed staff will and output daily for timely o weekly evaluation to update are is a need for continuation atician will do the follow-up for recommendation if	F	This pag 592 blank	ge is intentionally left			