

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
NAME OF PROVIDER OF SUPPLIER ST JOHNS PLEASANT VALLEY HOSPITAL D/P SNF		STREET ADDRESS, CITY, STATE, ZIP 2309 ANTONIO AVE 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 0562 Level of harm - Potential for minimal harm Residents Affected - Many	Provide immediate access to any resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide a list of resident names with responsible parties phone or email contact when requested by the Ombudsman. This facility failure created an inability for the Ombudsman to access responsible parties in order to identify issues and complaints related to resident care and services. Findings: During a telephone interview on 5/28/20, at 4:18 PM, with the Ombudsman (OMB), the OMB stated, the request for information (the names, phone numbers and email addresses of the responsible parties for facility residents) was sent to the facility on [DATE], and the office (Ventura County Ombudsman office) received a denial of the request on 5/13/20. During a telephone interview on 5/28/20, at 9:15 AM, with the Assistant Director of Nursing (ADON), the ADON stated, Our residents know how to get in touch with them (ombudsman), the only way we can give the information is if the resident asks us to give it to them. During a telephone interview on 5/28/20 at 9:35 AM, with the facility Corporate Responsibility Officer (CRO), the CRO stated, Our position is we cannot offer the information unless the patient (resident) gives their consent. During a review of an email exchange provided by the Director of Nursing (DON), dated 5/11/20 at 9:00 PM, the email indicated the DON response to the Ombudsman's request for information as follows, (Facility name) respectfully declines your request to provide you with the phone or email contact list for all residents or responsible parties on your current census unless the residents or their representatives give their consent to share this information with you, the Ombudsman. The Welfare and Institute Code 9724(f) indicates in part, A long-term care facility, upon request by a representative of the office, shall provide a roster, census, or other list of the names and room numbers or room locations of all current residents or patients residing in the facility. Upon request by the office, a long-term care facility shall provide to the office, within 24 hours, the name, address, and telephone number of the conservator, legal representative, or next-of-kin of any patient or resident.		
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.