

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055079	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/05/2025
NAME OF PROVIDER OR SUPPLIER  Mission View Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1425 Woodside Drive San Luis Obispo, CA 93401	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>Based on interview and record review, the facility failed to ensure that licensed nurses (LNs) demonstrated competency in providing quality care for one of three sampled residents (Resident 1), as evidenced by: 1. LN1 failed to document on the medication administration record (MAR) during the medication pass.2. Medication was found at the bedside for Resident 1. These failures had the potential to result in negative resident outcomes, jeopardizing the quality and safety of resident care.1. During a concurrent interview and record review on 7/23/25, at 1:25 p.m., with the director of nursing (DON), the clinical record for Resident 1 was reviewed and the MAR indicated, Lisinopril 10 mg tablet (medication for high blood pressure) was scheduled to be administered on 7/13/25 at 8:00 p.m. there was no documentation that the medication was administered, held, or that Resident 1 refused medication administration. The DON stated the expectation is that LN1 would document on the MAR during the medication pass that the medication was administered, held, or that Resident 1 refused. DON acknowledged and confirmed that staff are not following the facility's policy and procedure (P&amp;P). During a review of the facility's P&amp;P titled, Specific Procedures for All Medications revised date 3/24, the P&amp;P indicated, To administer medications in a safe and effective manner. After administration, return to cart and document administration in the MAR. If resident refuses medication, document refused on MAR. 2. During a concurrent interview and record review on 7/23/25, at 1:25 p.m., with the DON, the clinical record for Resident 1 was reviewed, Resident 1 did not have an order for bedside medication storage. The DON stated the expectation is that an LN would not leave a medication at the bedside without a bedside medication order. DON acknowledged and confirmed that staff are not following the facility's P&amp;P. During an interview on 7/25/25, at 4:57 p.m., with LN2, LN2 stated on 7/14/25 the Ombudsman (trained advocate who helps protect the rights and well being of residents) stopped LN2 in the hallway and brought LN2 into Resident 1's room and showed LN2 that a medication was left on the bedside table of Resident1. LN2 acknowledged and confirmed that a medication was left at the bedside of Resident 1 and staff did not follow the facility's P&amp;P. During a review of the facility's P&amp;P titled, Specific Procedures for All Medications revised 3/24, the P&amp;P indicated, Once removed from the package or container, unused doses should be disposed of. During a review of the facility's P&amp;P titled, Storage of Medications revised 3/24, the P&amp;P indicated, Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications. are allowed access to medications. medications intended for internal use are stored in a medication cart or other designated area. During a review of the facility's P&amp;P titled, Bedside Medication Storage revised 3/24, the P&amp;P indicated, Bedside medication storage is permitted for residents. upon the written order of the prescriber.</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
---	-------	-----------