

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055256	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Lompoc Valley Medical Center Comprehensive Care Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 216 North Third Street Lompoc, CA 93436	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility failed to administer a prescribed medication (Bimatoprost - medicine to lower pressure in the eye) and notify the physician per professional standards of practice and facility policy and procedure (P&P) for one of three sampled residents (Resident 2). This failure led to Resident 2 missing 22 doses of the prescribed medication, and had the potential to cause worsening glaucoma (condition that damages the optic (eye) nerve due to high eye pressure), vision changes, and increased eye pressure. During a review of Resident 2's admission Record (AD), the AD indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including diabetes (disease that affects how the body uses glucose) dementia (brain disorder that affects memory), anxiety, open-angle glaucoma (chronic eye condition characterized by increased pressure in the eye, potentially leading to optic (eye) nerve damage and vision loss) and legal blindness. During a review of Resident 2's physician order dated 3/12/25, the physician order indicated, Bimatoprost Solution 0.03% Instill 1 (one) drop in both eyes in the evening for increased IOP (intraocular [inside the eye] pressure). During a concurrent interview and record review on 7/17/25 at 2:35 p. m. with the Director of Nursing (DON), Resident 2's Medication Administration Record (MAR) dated June 2025 was reviewed. The MAR indicated Bimatoprost was not administered on the following dates: 6/1/25, 6/5/25, 6/6/25, 6/7/25, 6/8/25, 6/9/25, 6/10/25, 6/11/25, 6/12/25, 6/13/25, 6/14/25, 6/15/25, 6/16/25, 6/17/25, 6/18/25, 6/19/25, 6/20/25, 6/21/25, 6/22/25, 6/23/25, 6/24/25, and 6/25/25. DON acknowledged the Bimatoprost medication was not administered to Resident 2 for 22 days. During a concurrent interview and record review on 7/17/25 at 2:42 p.m. with DON, Resident 2's progress notes were reviewed. The progress notes indicated there was no documented evidence that the physician was notified of the missed Bimatoprost medication doses on the above said dates. DON stated, There is nothing documented. Review of [NAME] and [NAME], Tenth Edition, Fundamentals of Nursing, page 640 in the section titled Medication Errors indicated, Medication errors include . failing to administer a medication .Medication errors can be caused by many factors such as . medication distribution systems. notify the health care provider of the incident as soon as possible. During a review of the facility's policy and procedure (P&P) titled Medication Administration dated 6/24, the P&P indicated Policy's purpose: to have all medications administered according to the physicians order. If a medication error is made the physician is notified by telephone .</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
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