STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055256	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lompoc Valley Medical Center Comprehensive Care Ce	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to prepare food in accordance with professional standards on food safety when the cook (Cook 1) was observed using his apron to wipe his face with a gloved hand during food tray preparation.This failure had the potential for contamination that may cause Foodborne illness (food poisoning - results from consuming food or drinks contaminated by bacteria, viruses, or parasites).During an observation on 3/23/26 at 12 p.m., in the kitchen during food tray preparation, [NAME] 1 was observed grabbing his apron and wiping his face with his left gloved hand.During an interview on 3/23/26 at 3:30 p.m., with the Food Service Director (FSD), FSD stated that [NAME] 1 should have removed his gloves, washed hands, and then donned on new gloves before proceeding with the food preparation.During the review of the facility's policy and procedure (P&P) titled Proper Handwashing and Glove Use dated, 2020, the P&P indicated Employees will wash hands before and after handling foods, after touching any part of the uniform, face, or hair, and before and after working with an individual resident.

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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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure medications were stored and labeled according to the manufacturer's specifications and facility process/practice.This failure could potentially expose residents to expired supplies with questionable efficacy and the facility could not ensure medications were safely stored to ensure their integrity. During an observation on [DATE], at 7 a.m., in the middle station, a medication cart was observed with the following medications not labeled with the dates of opening:Metamucil 15 oz (425 gram) (a laxative to relieve constipation)Docusate Sodium 100 mg (milligram) (stool softener)Docusate Sodium 50 mg (stool softener)Glucosamine Chondroitin 250 mg (supplement to help ease pain and improve function in osteoarthritis [breakdown of cartilage])Oysco 500 + D3 (supplement for low calcium levels)Vitamin D3 10 mcg (micrograms) (400 IU [International Units]) (supplement that promotes calcium absorption)Folic Acid 400 mcg (supplement for producing new cells and red blood cell formation)Genteal Tears (eye lubricant)Two Systane eye drops (eye lubricant)Three Refresh eye drops (eye lubricant)Pataday Opthalmic Solution (for itchy, allergic eyes)In addition, Insulin Lispro (manages high blood sugar levels) 100 units/ml (milliliters). box, unopened, was observed in the medication cart drawer. The manufacturer's recommendation on the box was reviewed, and indicated, Store refrigerated at 36 F to 46 F until time of use.During an interview on [DATE], at 7:05 a.m., with the Registered Nurse Supervisor (RNS), the RNS reviewed the observed medications and stated, The medications should have an opening date, and the insulin should have been stored in the refrigerator and not in the medication cart drawer.During an interview on [DATE], at 8 a.m., with the Director of Nursing (DON), the DON said the facility does not have a policy and procedure on labeling with opening dates on medications, but it was facility practice to label medications with dates upon opening medications. The DON further confirmed that the insulin vial should have been stored in the refrigerator.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview and record review, the facility failed to submit required staffing and payroll data to the Centers for Medicare & Medicaid Services (CMS) through the Payroll Based Journal (PBJ) system (the federally mandated mechanism used by longˆterm care facilities to report staffing information regularly to ensure completeness and accuracy of data submitted to CMS).This facility failure has the potential to result in not having accurate and timely staffing information necessary to evaluate the facility's compliance with federal staffing requirements. Findings:During a review of the PBJ Staffing Data Report, CASPER (Certification and Survey Provider Enhanced Reports) Report 1705D for Quarter 1 of 2025 (October 1 - December 31), it was indicated that the facility failed to submit data for the quarter and subsequently received a oneˆstar staffing rating.During an interview conducted on 3/25/26 at 11 a.m. with the Director of Nursing (DON), the DON verbalized they were responsible for submitting staffing information to CMS. The DON further stated that the facility had been undergoing a change in administration and did not realize the staffing data had not been uploaded until the oneˆstar staffing rating was observed.