

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055563	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Santa Maria Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 820 W Cook St Santa Maria, CA 93458	

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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>47112</p> <p>Based on observation, interview and record review, the facility failed to comply with the state requirement of unusual occurrence by not reporting to the Department (State Agency) a fall with injury for one of two sampled residents (Resident 1).</p> <p>This deficient practice resulted in a delayed investigation by the Department for Resident 1's fall.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s clinical record, dated 10/22/22, the clinical record indicated, Resident 1 sustained an unwitnessed fall from a wheelchair in the dining room of the facility, resulting in injuries, requiring emergency medical services (EMS) to be contacted and resident sent to the emergency room (ER).</p> <p>During an interview on 3/12/24 at 11:27 a.m. with the Administrator (ADM), ADM verbalized there was no report filed, the former Administrator at the time, did not report the fall to California Department of Public Health (CDPH) because the patient did not return to the facility from the hospital and therefore, they were not given a diagnosis.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Unusual Occurrence Reporting dated December 2007, the P&P indicated, Unusual occurrences shall be reported via telephone to appropriate agencies as required by current law and/or regulations within twenty-four (24) hours of such incident or as otherwise required by federal and state regulations. The P&P also indicated, A written report detailing the incident and actions taken by the facility after the event shall be sent or delivered to the state agency (and other appropriate agencies as required by law} within forty-eight (48) hours of reporting the event or as required by federal and state regulations.</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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