

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 02/19/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>43256</p> <p>Based on interview and record review, the facility failed to follow physician orders for one of two sampled residents (Resident 1), when pain medication was not ordered until two days post orders and incorrect frequency of medication recorded.</p> <p>This failure had the potential for Resident 1 to suffer unnecessary physical discomfort.</p> <p>Findings:</p> <p>During a review of Resident 1's Medication List, from discharging hospital, dated 1/31/25, Hydrocodone 10 mg oral tablet (controlled substance, pain medication) was prescribed for back pain to be given every 4 hours as needed.</p> <p>During a review of Resident 1's Order Summary Report (Orders), dated 2/3/25, Hydrocodone 10-325 mg oral tablet with instructions to give by mouth every 6 hours as needed for lower back pain was entered on 2/2/25.</p> <p>During a concurrent interview and record review on 2/19/25 at 4:40 p.m. with Director of Nursing (DON), Resident 1's Medication List and Orders were reviewed. DON confirmed the order for the pain medication should have been written to physician's specified frequency and submitted to the pharmacy on 1/31/25 instead of 2/2/25.</p> <p>During a review of facility's policy and procedure (P&P) titled, Medication and Treatment Orders, dated July 2016, the P&P indicated, Drug and biological orders must be recorded on the physician's order sheet in the resident's chart.</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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