STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055563	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Maria Post Acute	820 West Cook Street 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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, interview, the facility failed to implement care plan interventions to monitor a resident with a known history of elopement attempts for one of three sampled residents (Resident 1). These failures resulted in the resident leaving the building unsupervised, putting the resident at risk for serious injury or death. During a review of Resident 1's admission Record (AR), AR indicated Resident 1 was admitted to facility on 6/11/24 with diagnoses that includes muscle weakness (reduced muscle strength), history of falling and hemiplegia and hemiparesis following cerebral infarction affecting right dominant side (paralysis or weakness on the right side of the body caused by a stroke).During a review of Resident 1's Brief Interview for Mental Status (BIMS) score (13-15: Cognitively Intact, 8-12: Moderate Impairment, 0-7: Severe Impairment) dated 12/17/2025, showed a score of 8.During a review of Resident 1's nursing notes dated 3/08/2026, the indicated that approximately 3:00 p.m., (1500) oncoming staff observed resident seated on a bench at the bus stop located outside the facility. Resident was noted to be in possession of wheelchair, purse, and coat. Resident 1 exited the skilled nursing facility without staff awareness.During a review of Resident 1's Care Plan (CP) titled Risk for Wandering/Elopement dated 8/5/24, indicated, Goal: Resident 1 will not leave the facility unattended. Resident 1 safety will be maintained. And Interventions dated 9/18/24 were: Engage Resident in purposeful activity Identify if there are triggers for wandering / eloping. Identify if there is a pattern and purpose of wandering Identify wandering / elopement de-escalation behaviors Identify if there is a certain time of day wandering / elopement attempts occur During concurrent phone interview and record review on 3/25/26 at 12:13 p.m. with the Director of Nursing (DON), DON confirmed Resident 1 had multiple prior elopement attempts before the successful elopement on 3/8/26.During a concurrent interview and record review on 4/6/26 at 11:15 a.m., with Director of Nursing (DON), revealed there was no evidence of documentation to indicate Resident 1's triggers for wandering / eloping Identified, no evidence to show there was a pattern and purpose of wandering identified, and no wandering/ elopement de-escalation behaviors were identified. The DON, was unable to produce documentation identifying Resident 1's behavioral triggers related to elopement risk, documentation addressing the triggers associated with the actual elopement event, or an elopement risk assessment completed upon admission on [DATE]. The only elopement evaluation the facility was able to provide was dated 3/17/26, which was completed after the successful elopement on 3/8/26.During an interview and concurrent record review on 4/6/26 at 11:30 a.m. with the Licensed Nurse (LN 1) LN 1 confirmed Resident 1 had multiple prior attempts to leave the facility, with the most recent attempt on 3/8/26 being successful.During a review of the facility's policy and procedure (P&P) titled, Wandering and Elopements, dated 2001, the P&P indicated: If identified at risk for wandering, elopement, or other safety issues, the resident's care plan will include strategies and interventions to maintain the resident's safety.

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