STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055733	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valle Verde Health Facility	900 Calle DE Los Amigos Santa Barbara, CA 93105

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. 40560 Based on record review and interview, the facility failed to demonstrate it implemented individualized care planned interventions for monitoring and recording pain characteristics, for two of two sampled Residents (Resident 1 and Resident 2). This facility failure had the potential for nursing staff to inadequately capture and report to the full extent, Resident 1 and Resident 2's self-reported pain. Findings: During a review of Resident 1's Care Plan Report , undated, indicated in part Resident 1 was At risk for episodes of pain r/t (related to) GI bleed (bleeding that starts in a person's Gastrointestinal tract), polyosteoarthritis (a form of arthritis that affects many joints simultaneously), R (right) wrist fx (fracture), decreased mobility and general pain and discomfort. Resident 1's Care Plan Report further indicated an intervention to Monitor/record pain characteristics Q shift (every shift) and PRN (as needed): Quality (e.g. sharp, burning); Severity (1 to 10 scale); Anatomical location; Onset; Duration (e.g., continuous, intermittent); Aggravating factors; Relieving factors. STATUS Active (Current). This care planned intervention was active starting 3/20/24. During a review of Resident 2's Care Plan Report , undated, indicated in part Resident 2 was At risk for episodes of pain r/t L (left) femur (thighbone) fx, decreased mobility and general pain and discomfort. Resident 2's Care Plan Report further indicated an intervention to Monitor/record pain characteristics Q shift and PRN: Quality (e.g. sharp, burning); Severity (1 to 10 scale); Anatomical location; Onset; Duration (e.g., continuous, intermittent); Aggravating factors; Relieving factors. STATUS Active (Current). This care planned intervention was active starting 3/21/24. During a concurrent record review and interview, on 5/9/24, starting at 12:55 p.m., with Licensed Nurse (LN 7), Licensed Nurse (LN 8) and Administrator (Admin 1), the surveyor asked the facility to provide documentation indicating that every shift, Resident 1's care planned intervention for pain monitoring and recording was carried out in its entirety from 3/21/24, through 3/30/24, and Resident 2's care planned intervention for pain monitoring and recording was carried out in its entirety, every shift from 3/22/24, through 3/30/24. The Admin 1 verbalized the facility could not provide documentation indicating every shift all elements of pain monitoring and recording for both Resident 1 and Resident 2, were carried out by and/or documented by the nursing staff during those date ranges. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055733	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valle Verde Health Facility	900 Calle DE Los Amigos Santa Barbara, CA 93105

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	During a review of the facility's policy and procedure titled Care Plans, Comprehensive Person-Centered dated 12/16, indicated in part The interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident . The comprehensive, person-centered care plan will .Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055733	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valle Verde Health Facility	900 Calle DE Los Amigos Santa Barbara, CA 93105

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 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. 40560 Based on record review and interview, the facility failed to properly secure 60 oxycodone tablets (a Schedule II drug used to treat moderate to severe pain with a high potential for abuse, with use potentially leading to severe psychological or physical dependence) upon delivery from the pharmacy. This facility failure resulted in the facility not being able to account for where the 60 oxycodone tablets went and had the potential to negatively impact Resident 1's pain management treatment. Findings: During an interview on 4/2/24, starting at 1:45 p.m., with the Administrator (Admin 1) and Director of Nursing (DON 1), the Admin 1 and DON 1 were asked to explain the facility's understanding of how the 60 oxycodone pills went missing from the facility. The Admin 1 verbalized on 3/21/24, the pharmacy delivered 60 oxycodone pills and a Licensed Nurse (LN 1) received and signed off for 60 oxycodone pills. The Admin 1 further verbalized the LN 1 took the 60 oxycodone pills, which were contained within two pill packs, containing 30 pills each, and their corresponding narcotic sheets, and dropped off the pills and the narcotic sheets to the Licensed Nurse (LN 2). The Admin 1 verbalized the LN 2 was at the medication cart where the 60 oxycodone pills ultimately needed to be placed in/secured. The Admin 1 verbalized that LN 1 assumed the 60 oxycodone pills would have been securely stored in the medication cart by the LN 2 and the corresponding narcotic sheets added to the narcotic logbook, but that did not happen. The Admin 1 further verbalized that when interviewed, as part of the facility's own internal investigation, the LN 2 verbalized never having seen the 60 oxycodone pills, and only seeing the corresponding oxycodone narcotic sheets on the LN 2's assigned medication cart on 3/21/24, but when the LN 2 left the medication cart and then came back to it, the narcotic sheets were gone. The Admin 1 verbalized on 3/28/24, the LN 2 resigned/quit working at the facility. During an interview on 5/9/24, starting at 2:08 p.m, with Licensed Nurse (LN 8), the LN8 was asked to explain the facility process for receiving and storing schedule II medications, also referred to as narcotics. The LN 8, who serves as the facilities nurse educator, verbalized licensed nurses are trained upon hire not to leave narcotics out after receiving them from pharmacy, and that the facility practice is to log newly received narcotics into the narcotic logbook and secure the narcotics in the secured compartment within the medication cart. The LN 8 verbalized the LN 1 was trained/taught to follow this process. During an interview on 5/9/24, starting at 3:00 p.m., with licensed nurse (LN 1), the LN 1 confirmed that LN 1 had signed off on the pharmacy's Shipping Manifest and received the 60 oxycodone tablets on 3/21/24, for Resident 1. The LN 1 verbalized the LN 1 should have ensured the two pill packs, containing 30 oxycodone tablets each, were secured in the medication cart and the narcotic logbook updated. The LN 1 verbalized instead, the LN 1 left the 60 oxycodone tablets and the corresponding narcotic sheets, on top of the medication cart, where LN 2 was working, with the assumption that LN 2 would put them away and update the narcotic logbook. The LN 1 verbalized the last place the LN 1 remembers seeing the 60 oxycodone tablets and the narcotic sheets, was when the LN 1 placed them on top of the medication cart with LN 2. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055733	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valle Verde Health Facility	900 Calle DE Los Amigos Santa Barbara, CA 93105

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the pharmacy's Shipping Manifest dated 3/21/24, indicated in part the LN 1 had signed off for and received 60 oxycodone 5 mg (milligram) tablets. During an interview on 5/9/24, starting at 4:04 p.m., with Admin 1, the Admin 1 verbalized the LN 1 did not follow the facility's policy and procedures regarding narcotic handling and storing, when LN 1 failed to ensure the 60 tablets of oxycodone were stored securely within the medication cart. During a review of the facility's policy titled Medication Storage Controlled Medication Storage (California Specific) dated 1/23, indicated in part Medications listed in Schedule II .are stored separately, under separately locked permanently affixed compartments. During a review of the facility's policy titled Receiving Pharmacy Narcotic Delivery undated, indicated in part Upon receiving controlled substances .The medication will be placed in the narcotic drawer of the medication cart.