

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055733	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Valle Verde Health Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40560</p> <p>Based on record review and interview, the facility failed to ensure Resident 1 was wearing a gait belt (a device that helps prevent falls) at time of fall, during Resident 1's initial occupational therapy evaluation.</p> <p>This facility failure had the potential to create an unsafe environment for Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record undated, indicated in part Resident 1 was admitted to the facility on [DATE], with diagnoses including cellulitis (bacterial skin infection) of right lower limb, restless leg syndrome (a condition that causes an urge to move one's legs when resting), and cutaneous abscesses (localized collections of pus that occur within the skin) of the right and left foot.</p> <p>During a review of Resident 1's Progress Notes dated 6/14/24, indicated in part Resident (Resident 1) had a witnessed fall 6/13, while working with OT (Occupational Therapist, OT 1) that resulted in a mildly displaced fx (fracture) to the right ankle.</p> <p>During an interview on 6/18/24, at 11:45 a.m., with Occupational Therapist (OT 2), the OT 2 verbalized at the time of Resident 1's fall, the OT 1 was not using a gait belt and should have been. The OT 2 verbalized it was facility policy to use gait belt at all times, unless a resident was cleared to be up on their own. When asked if Resident 1 was cleared to be up on their own at the time of fall, on 6/13/24, the OT 2 verbalized no.</p> <p>During an interview on 6/18/24, at 12:00 p.m., with OT 1, the OT 1 verbalized a gait belt should have been used on Resident 1 during OT 1's initial occupational therapy evaluation, when Resident 1 fell , but was not.</p> <p>During an interview on 6/18/24, at 1:30 p.m., with the Director of Nursing (DON 1), the DON 1 verbalized the OT 1 should have been using a gait belt for Resident 1 at time of fall.</p> <p>(continued on next page)</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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure titled [Company Name] Injury and Illness Prevention/Safety Policy & Procedure dated 2/12/21, indicated in part Responsibilities of Employees . Conduct work activities in a manner that will not endanger others .Utilize gait belts, lifts or other safety related equipment when indicated by the patient's orders, preferences, and/or condition.</p> <p>During a review of the facility's policy and procedure titled Safe Lifting and Movement of Residents dated 7/17, indicated in part Safe lifting and movement of residents .involves employees .implementing workplace safety and injury prevention strategies.</p>