

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 08/27/2024
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40560</p> <p>Based on observation, interview, and record review, the facility failed to implement it's policy and procedure, on Handling Controlled Substance, (prescribed , monitored, controlled narcotics) during discharge of one of two residents (Resident 1). Resident 1 was discharged with the medication Norco, which the resident found to be missing, from his discharged paper works and belongings . Resident then informed and notified the facility .</p> <p>This failure had the potential for drug diversion (medication used by others aside from the patient), placing the resident at risk for unaddressed pain with no relief.</p> <p>Findings:</p> <p>Review of the medical record for Resident 1 indicated admitted [DATE] and a diagnosis of post hip replacement . Resident 1 was recuperating from the surgery and discharged on [DATE] .</p> <p>Review of a report dated 8/13/24 , indicated on 8/6/24 , Resident 1 was discharged from the facility, escorted by the facility's social services staff member (SS 1) out of the facility main entrance door to a waiting taxi . Resident 1 was going to the airport to catch a flight. Resident 1 was concerned when SS1 grabbed his backpack with discharged belongings and medications, and felt something was not right . While at the airport ,Resident 1 felt pain on the post surgery site and reached out to his backpack , for his pain medications and noted the 30 pills (3 packs) of Norco that was placed in the back pack earlier during discharge instructions were missing . Resident 1 then informed the facility .</p> <p>During an interview on 8/21/24, at 1:17 p.m., with Licensed Nurse (LN 1), LN 1 verbalized on 8/6/24, Resident 1 was assisted and processed for discharge out of the facility as ordered by the resident's attending physician . LN 1 discussed discharge with the resident , packed the discharge paper work, and discharged medications including the Norco (controlled narcotics, 3 packs /30 pills, inside the resident's backpack, closed the backpack off, prior to Resident 1 being escorted out of the facility.</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 0835</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 surveillance video on 8/27/24 starting at 1:18 p.m., with LN 1 and the Administrator (Admin 1), the facility video surveillance footage for 8/6/24 was reviewed. The video showed , Resident 1 leaving the facility accompanied/ escorted by SS 1. SS 1 was carrying Resident 1 ' s backpack containing the discharged belongings, paperwork, and medications. SS1 and Resident 1 exited the main entrance door of the facility, but then SS1 turned back into the facility carrying Resident 1's backpack while Resident 1 stood waiting where he was left off by SS1. The surveillance video footage further showed , SS 1 turned left and exited the view of the surveillance cameras for approximately 90 seconds with Resident 1's backpack. The next surveillance video footage showed SS1 returning / approaching the main entrance door with Resident 1's backpack on hand , rejoining the resident , handing over the backpack to the resident .</p> <p>During a review of the facility ' s policy and procedure titled, Controlled Substances, dated 11/22, indicated in part Handling Controlled Substances .Only authorized licensed nursing and/or pharmacy personnel have access to Schedule controlled substances.</p> <p>During an interview, on 8/27/24, after 1:18pm, post review of the surveillance video footages of 8/6/24 with LN 1 and Admin 1 , LN 1 indicated the facility's policy on Handling Controlled Substance was not followed , by having SS1 handle Resident 1's backpack with controlled medication during exit /discharge from the facility. The Admin 1 verbalized , SS 1 was not authorized by the facility to carry or handle resident or facility items with controlled substances.</p>		