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	10/21/2024

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48668 Based on interview and record review, the facility failed to ensure staff accurately documented pain assessment and management based on Resident 1's care plan after a surgical procedure. This failure had the potential for Resident 1 to have extended and unrelieved pain. Findings: During the review of Resident 1's admission record, this indicated Resident 1 was admitted on [DATE] for an aftercare following joint replacement surgery, and that Resident 1 was responsible to self. During a review of nursing progress notes dated 9/8/24 and time stamped at 8:12 p.m., Licensed Nurse 1's (LN 1) note entry indicated Resident 1 had verbally complained of intermittent (not continuous or steady) pain, number 5 out of 10 in pain scale (indicating moderately strong pain) on her right knee. During a concurrent interview and record review on 10/24/24 at 7:30 p.m., with LN 2, the nursing progress notes dated 9/8/24 time stamped at 8:02 p.m., entry by LN 2 was reviewed. This indicated Resident 1 was able to make needs known and used ice packs for pain management for the right knee. LN 2 stated Resident 1 was offered pain medication when she complained but Resident 1 refused. However, LN 2 confirmed not documenting the refusal in the medical record. During a review of Medication Administration Record (MAR), dated 9/8/24, during evening shift, there was no pain medication administered when needed. During a review of Treatment Administration Record (TAR) dated 9/8/24 during evening shift this indicated LN 2's entry as 0 pain (no complaint of pain). During the review of Res 1's progress notes from 9/6/24 to 9/8/24, it indicated there was no documentation about Res 1's refusal of pain medication. During a concurrent interview and record review on 11/12/24 at 2:34 p.m. with the administrator (ADM), the MAR and TAR were reviewed. ADM acknowledged the discrepancies in the pain documentation and stated there was no refusal related to pain medication on Res 1's chart.

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