

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055826	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Valley Oaks Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 830 East Chapel Street Santa Maria, CA 93454	

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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to document a comprehensive nursing assessment for one of two residents sampled (Resident 1).</p> <p>This failure had the potential for the receiving facility not to have sufficient information necessary to develop and implement a plan of care to meet Resident 1's needs.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 7/3/25 at 4:27 p.m. with Director of Nursing (DON), Resident 1's Nursing Progress Notes (NPN), dated 3/13/25 through 3/19/25 were reviewed. There was no evidence in the NPN that a comprehensive assessment was completed before Resident 1 was sent to the Emergency Department (ED) for coffee ground emesis (is a sign of upper gastrointestinal [GI] bleeding). DON stated there was no assessment documented and there should have been.</p> <p>Review of [NAME] and [NAME], Tenth Edition, Fundamentals of Nursing, page 365 in the section titled, Informatics and Documentation, indicated, Documentation is a key communication strategy that produces a written account of pertinent data, clinical decisions and interventions, and patient responses in a health record. Documentation in a patient's health record is a vital aspect of nursing practice.</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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