

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 09/09/2025
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)
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** Based on interview and record review, the facility failed to maintain accurate medical records for one resident (Resident 1) when it was documented a medication was administered when in fact the resident left the facility, and the medication was administered by an outside provider. This failure resulted in Resident 1's medication administration record (MAR) reflecting inaccurate documentation of prescribed medication. Findings: During a review of Resident 1's Medication Administration Record (MAR), dated 8/2/25 through 8/7/25 the MAR indicated, on 8/3/25 and 8/7/25 medication given. During a review of Resident 1's outside provider's Medication Dosing Log (MDL), dated 8/2/25 through 8/7/25 the MDL indicated, on 8/3/25 and 8/7/25 medication was administered at their facility. During an interview on 9/22/25 at 4:30 p.m. with Director of Nursing (DON), DON verbalized, the resident did not receive the medication in the facility, was receiving the medication from an outside provider. Review of [NAME] and [NAME], Tenth Edition, Fundamentals of Nursing, page 609 in the section titled, Medication Administration, indicated, After administering a medication, immediately document which medication was given on a patient's MAR per agency policy to verify that it was given as ordered.

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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