

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 06/30/2026
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview, record review, and facility policy and procedure review, the facility failed to ensure the accurate reconciliation, documentation, and accountability of controlled medications for one of two sampled residents (Resident 1). This failure resulted in the loss and potential diversion of 30 controlled -substance tablets. During a review of the facility's policy and procedure (P&P) titled, Drug Diversion Policy and Procedure, undated, the P&P indicated, controlled substance counts shall be completed at every shift change by two licensed nurses. Any medication discrepancy shall be reported immediately. During a review of Resident 1's admission Record (AR), dated 7/9/26, the AR indicated, Resident 1 was admitted in the facility on 4/24/26 with diagnoses including Palliative care (focuses on easing pain, stress, and heavy symptoms from a serious illness), chronic pain syndrome, and dementia (decline in mental abilities severe enough to interfere with daily life). During a review of Resident 1's Order Summary (OS), dated 5/11/26, the OS indicated, Oxycodone - Acetaminophen Oral Tablet 7.5 - 325 mg. Give tablet by mouth every 8 hours as needed for moderate to severe pain. During the review of the Packing Slip Proof of Delivery (PSPD), the PSPD indicated that the Oxycodone/APAP (Oxy/APA) 7.5 mg / 325 mg were delivered to the facility on 6/22/26 at 2:39 PM. During an interview on 6/30/26 at 3 PM., with Licensed Vocational Nure (LVN), LVN confirmed that she received and signed for the medication delivered by the pharmacy on 6/22/26. She further stated that she and another nurse placed the medication in the narcotic section of the medication cart and completed and signed the narcotic count sheet. During a concurrent interview and record review on 6/30/26 with Director of Nursing, DON confirmed that 30 tablets of Oxycodone/APAP 7.5 mg / 325 mg was delivered on 6/22/26. DON stated that the entire bubble pack and controlled substance count sheet were missing and that staff did not identify the loss until Resident 1 requested the medication on 6/24/26. During an interview on 7/9/26 at 2:30 PM., with Assistant Director of Nursing ADON, the ADON stated that the staff searched both medication carts but were unable to locate the medication. A replacement Oxy/APA was subsequently reordered from the pharmacy.		

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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