

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055957	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Santa Paula Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 March Street Santa Paula, CA 93060	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a vending machine, located in the resident dining room, in good repair and free from hazard. This facility failure had the potential to place residents at risk of injury. During a concurrent observation, and interview, on 7/29/25, beginning at 12:47 p.m., with the Maintenance Director (MTD 1) and a kitchen staff member (KS 1), the facility's dining room vending machine was inspected. The vending machine had a broken plastic window screen and a note from KS 1 which indicated Please Please Please you have problem's with the machine call me please don't broken window thanks. The MTD 1 verbalized not being aware that the vending machine was broken and verbalized it posed a safety risk to residents, as they could attempt to reach through the broken plastic window and get hurt. The KS 1 verbalized the vending machine had been in a state of disrepair for two weeks. During an interview on 7/29/25, at 1:47 p.m., with the Director of Nursing (DON 1), the DON 1 verbalized staff should have informed the maintenance department of the vending machine issue. During a review of the facility's policy titled Maintenance Service revised 12/09, indicated in part Maintenance service shall be provided to all areas of the building, grounds, and equipment. The policy further indicated Functions of the maintenance personnel include, but are not limited to, maintaining the building in good repair and free from hazards.</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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