Printed: 06/27/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055991	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Park Healthcare Center	623 W Junipero St 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 40560 Based on record review, and interview, the facility failed to adhere to their medication administration policy and procedures, for two of two sampled Residents (Resident 1 and Resident 2). This facility failure had the potential for both residents to experience negative outcomes. Findings: During a review of Resident 1 ' s Order Summary Report undated, indicated in part, Resident 1 had an order for Metoprolol Tartrate (a medication used to treat high blood pressure, referred to as hypertension). The order read Metoprolol Tartrate Oral Tablet 25 MG (milligrams) Give 25 mg by mouth one time a day for HTN (Hypertension > high blood presure) Hold if SBP (systolic blood pressure) less than 110 and HR (heart rate) less than 55 (55 heart beats per minute). During a concurrent record review, and interview, on 4/9/24 at 2:52 p.m., with Licensed Nurse LN 2, and the Director of Nursing (DON), Resident 1 ' s Medication Administration Record (MAR) indicated, from 12/23 through 1/24, Resident 1 received the medication Metoprolol Tartrate on 12/22/23, 12/25/23, 12/26/23, 12/27/23, 12/28/23, 12/30/23, 1/1/24, and 1/2/24. The LN 2 and the DON confirmed Resident 1 received the medication on those dates, and acknowledged the facility could not provide documentation indicating Resident 1 ' s systolic blood pressure or heart rate had been assessed prior to the administration of the Metoprolol Tartrate, as per the medication order. During a review of the facility ' s policy and procedure titled Medication - Administration, dated 10/1/23, indicated in part When administration of the drug is dependent upon vital signs or testing, the vital signs/testing will be completed prior to administration of the medication and recorded in the medical record (i. e., BP (blood pressure), pulse (heart rate), finger stick blood glucose monitoring etc.). During a concurrent record review, and interview, on 4/9/24, starting at 2:52 p.m., with LN 2, Resident 2 ' s MAR dated 1/24, was reviewed. Resident 2 ' s MAR indicated Resident 2 refused the ordered medication of Senokot (a medication used to treat constipation) from 1/2/24 through 1/14/24. The LN 2 verbalized no documentation could be found indicating a reason Resident 2 refused the medication during those dates. The LN 2 could not provide documentation indicating Resident 1 ' s physician was notified of the repeat refusals of the Senokot. (continued on next page)

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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NAME OF PROVIDER OR SUPPLIER Mission Park Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 623 W Junipero St 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent record review, and interview, on 4/9/24, at 4:25 p.m., with LN 2, and DON, Resident 1 ' s MAR was reviewed. Resident 1 ' s MAR indicated Resident 1 refused the ordered medication of Senokot on 12/22/23, 12/23/23, 12/24/23, 12/26/23, 12/27/23, 12/28/23, 12/29/23, 12/30/23, and 1/1/24. The LN 2 and the DON 1 confirmed the facility did not document a reason why Resident 1 refused the medication on those dates. The LN 2 and the DON 1 acknowledged there was no documentation indicating staff had reapproached and or offered Resident 1 the medication at a later time. The LN 1 and the DON 1 also confirmed there was no documentation indicating Resident 1 ' s physician had been notified of Resident 1 ' s repeated refusals of the mediation. During a review of the facility ' s policy and procedure titled Medication - Administration, dated 10/1/23, indicated in part If resident is refusing to take medication .Documentation will be entered on the back of the MAR stating the reason for refusal . The Licensed Nurse will re-approach the resident and attempt to give the medications at a later time .If the resident repeatedly refuses medication, the Licensed Nurse will contact the physician to discuss alternative measures for medication administration.