

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER San Luis Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3033 Augusta Street San Luis Obispo, CA 93401	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51883</p> <p>Based on observation, interview, and record review, the facility's interdisciplinary team (IDT- a group of health care professionals with various areas of expertise who work together toward the goals of their clients) failed to conduct an assessment of self-administration of medications, obtain a doctor's order, and ensure a care plan was developed for one of 5 sampled residents (Resident 30).</p> <p>This failure had the potential to increase the risk for medication errors which could compromise the safety and well-being of Resident 30.</p> <p>Findings:</p> <p>Resident 30 is a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses that included unspecified asthma with acute exacerbation (a sudden worsening of asthma symptoms, where the specific type of asthma is not specified, requiring immediate medical attention).</p> <p>On 3/10/25 at 10:15 a.m., in room [ROOM NUMBER], Resident 30 was observed holding in her hand, an inhaler medication. Resident 30 stated that she was a retired physician and aware of how to self-administer her own inhaler medications.</p> <p>On 03/10/2025 at 10:25 a.m., a concurrent interview and record review was conducted for Resident 30 with licensed nurse (LN) 4. LN4 confirmed there were no physician orders for Resident 30 to keep inhaler medication at the bedside. LN4 confirmed there were no IDT notes which included documentation of an assessment of self-administration of medication for Resident 30.</p> <p>On 3/11/2025 at 4:10 p.m., a record review was performed for Resident 30. No care plan for self-administration of bedside medication was found in the electronic medical record (EMR) or in patient's paper chart.</p> <p>On 3/11/2025 at 4:20 p.m., a concurrent interview and record review was performed for Resident 30 with LN5. LN5 confirmed there was no care plan for Resident 30 for self-administration of bedside medication. LN5 confirmed there should have been a care plan and interventions for self-administration of bedside medication.</p> <p>(continued on next page)</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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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure titled, Medication Storage: Medication Bedside Storage (March 2024), indicated in part, .bedside medication storage is permitted for residents who are able to self-administer medications, upon the written order of the prescriber and is deemed appropriate in the judgement of the facility's interdisciplinary resident assessment team (IDT).</p> <p>During a review of the facility's policy and procedure titled, Care Plans Procedures and Development / Implement Comprehensive Care Plan, (undated), indicated in part, .staff initiates care plans for identified needs and / or problems of the resident ., and .facilities will develop and implement a comprehensive person-centered care plan for each resident using the results of the comprehensive assessment .</p> <p>On 03/12/25 at 9 a.m., an interview was conducted with the Director of Nursing (DON). The DON stated and confirmed the facility's policy regarding residents self-medicating with medications at bedside was not followed. DON also stated there was no care plan with interventions for Resident 30 to self-administer bedside medication.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48380</p> <p>Based on observation, interview and record review, the facility failed to ensure food was stored in accordance with professional standards for food service safety when:</p> <ol style="list-style-type: none"> 1. The nourishment refrigerator that contained multiple food items had a temperature of 46 degrees 2. A boxed food item that was stored in the freezer had an expired date. <p>This failure had the potential to result in the growth of microorganisms that can cause foodborne illness to 66 residents admitted to the facility.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During an observation of the Station 1 nourishment room refrigerator on [DATE] at 1:59 p.m., there were two thermometers located inside the refrigerator that showed the temperature was 42 degrees Fahrenheit (F). The refrigerator contained sandwiches, yogurts and milk. The yogurt dated [DATE], temperature was 46 degrees F. The low-fat milk was 46.2 degrees F. At 2:00 p.m. a concurrent observation and interview was conducted with the Social Services Director (SSD), confirmed and validated the temperature of the milk. <p>During a concurrent observation and interview on [DATE] at 2:01 p.m., with the Dietary Manager (DM), the DM stated both kitchen staff or nursing staff were responsible for checking the refrigerator temperatures.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food Storage, dated 2022, the P&P indicated, .Refrigerators should maintain food temperature at or below 41 degrees Fahrenheit and all foods should be labeled and dated .</p> <ol style="list-style-type: none"> 2. During an observation on [DATE] at 11:43 a.m. in the kitchen freezer, a boxed food item in freezer with labeled freeze by [DATE]. <p>During a concurrent observation and interview on [DATE] at 2:36 p.m., with the DM in the kitchen freezer, when asked what the date and item in a boxed food stored in the freezer, the DM stated the frozen foods are good for 3 months and stated the date of the boxed food item stated labeled freeze by [DATE] and contained Canadian bacon. DM removed the boxed item to throw away.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food Storage, dated 2022, the P&P indicated, .All foods will be consumed by their safe use dates or discarded .all foods should be labeled and dated. All foods will be consumed by their safe use by dates or discarded.</p> <p>During a review of the facility's P&P titles Food Storage Chart-Food Storage Guidelines, undated, the P&P indicated, Bacon freezer storage are good for 1 month.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50132</p> <p>Based on observation, interview, and record review the facility failed to ensure staff followed proper hand hygiene during direct resident contact for one of 18 sampled residents.</p> <p>This failure had the potential to result in the spread of infectious disease throughout the facility.</p> <p>Findings:</p> <p>During an observation on 3/12/25 at 10:05 a.m., in resident room, Licensed Nurse (LN) 2 was observed performing a brief change for Resident 18. LN2 cleaned stool from Resident 18's buttocks and rolled Resident 18 onto the right side while wearing the same soiled gloves. LN2 did not perform hand hygiene or change gloves prior to touching resident.</p> <p>During an interview on 3/12/25 at 10:40 a.m., with LN2, LN2 stated, I know I should have changed my gloves. I wiped her poop.</p> <p>During an interview on 3/13/25 at 9:45 a.m., with Director of Staff Development (DSD), Assistant Director of Nursing (ADON), both were informed that during an interview with LN2, LN2 stated she was aware that she should have changed her soiled glove after she completed the brief change but she did not. DSD stated LN2 will complete a one on one coaching.</p> <p>During a review of the facility's policy and procedure titled, Handwashing/Hand Hygiene, dated 2001, indicated, Hand hygiene is indicated .before moving from work on a solid body site to a clean body site on the same resident.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>48380</p> <p>Based on observation, interview, and record review the facility failed to ensure the walk-in freezer was maintained in a safe operating condition. There was excessive ice buildup in the freezer.</p> <p>This failure had the potential to result in reduced efficiency and temperature fluctuations that can lead to improper food preservation. The facility census was 66.</p> <p>Findings:</p> <p>During an initial kitchen tour that started on 3/10/25 at 10:17 a.m., the following were observed: ice buildup on different areas and surfaces including the freezer pipes (approximately 6 inches by 3 inches and 2-inch-deep of ice), the plastic air curtains hanging in the doorway contained ice buildup approximately half to three quarters of the way down the curtain flaps. On the shelf under the fans, two different areas with ice on the shelf below approximately two inches in length. The second area was approximately eight inches in length. Around the door and gasket, there was ice buildup with the width of the doorway. The freezer door on the outside at bottom there was also ice buildup.</p> <p>During an interview on 3/11/25 at 2:42p.m., with the Registered Dietitian (RD), RD stated she conducted monthly sanitation audits in the kitchen and those audits she has noted issues with the ice in the walk-in freezer. RD stated she would submit her audits to administration for ice buildup in the freezer monthly and administration was aware since last year.</p> <p>During a concurrent observation and interview on 3/11/25 at 3:29 p.m., with the Maintenance Director (MDIR) in the kitchen and walk-in freezer, the MDIR stated he has had no recent notifications regarding ice buildup in the kitchen freezer and the last preventative maintenance to the freezer was February 13th, 2025, and there was no ice buildup. Upon entering the freezer, the MDIR stated he had not seen it with this much ice buildup.</p> <p>During a review of the RD's Comprehensive Safety and Sanitation Audits dated September 2024 through February 26, 2025, the audits indicated the walk-in freezer had continuing ice buildup and frozen around freezer door and handle.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Preventative maintenance, undated, the P&P indicated, .It is the policy of this facility to maintain all refrigeration units: Freezers. All major problems with equipment are to be reported immediately .</p>		