

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: 056189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, record review, and interview, the facility failed to securely lock medications cart, discard expired medication, and discard open single use over the counter medication. This failure had the potential to result in a residents or unauthorized personnel accessing and ingesting medication that could cause significant adverse effects, the use of expired medications on residents and improper administration. During a concurrent observation and interview on 7/14/2026 at 8:10 a.m. with Licensed Nurse (LVN 2), in Resident 13 and 33's room, the medication cart was left unlocked for two of two residents. LVN2 stated per policy the cart does not have to be locked when in the doorway of residents room. During a review of facilities policy and procedure (P&P) titled, Medication Administration, the P&P indicated, section m. During administration of medications , the cart is kept closed and locked when out of sight of the medication nurse or aide. It may be kept in the doorway of the residents room , with open drawers facing inward and all other sides closed. The cart must be clearly visible to the personnel administering medications and all outward sides must be inaccessible to residents or others passing by. During a review of Clinical Competency Evaluation Medication Administration dated 5/20/26 for LVN2. Competency indicated LVN2 meets competency for Med Cart: clean, no missing supplies, locked if out of site. During an interview on 7/14/26 at 10:39 a.m. with the Director of Nursing (DON). The DON read from policy medication cart may be kept in the room with the drawers facing inwards clearly visible. Should be closed and locked if out of sight. The DON stated the medication cart can be kept in the hallway with open drawers facing inward. No meds on top of cart and cart must be clearly visible to the person administering medications. During a concurrent observation and interview on 7/14/26 at 6:17 a.m. with Licensed Nurse (LVN3), at medication cart 3, One single use tube of Sterile Lubricating Jelly, in the drawer with suppositories, was opened undated and not labeled for a resident. LVN3 removed Jelly from medication cart and LVN3 stated should not have been put back in medication cart During a concurrent observation and interview on 7/15/26 at 11:42 a.m. with Licensed Nurse (LVN1) , at medication cart 2 . One bottle of Systane Gel Drops, for Resident #4, Labeled opened on 5/2/26 expired on 7/1/26. LVN1 stated yes it is expired and removed the medication from use. LVN1 stated if expired medications are found they are removed from medication cart replaced from medication supply room or reordered and let supervisor know. During a review of facilities Policy and Procedure P&P titled Storage of Medications dated 3/2026. P&P indicated .N. Outdated, contaminated ,or deteriorated medications and those in containers that are cracked soiled or without secure closures are immediately removed from stock . During an interview 7/15/26 at 11:51 a.m. with the DON, the DON confirmed that medication was opened, expired and stated nurses check medication before giving and as needed.		

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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