

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2025
NAME OF PROVIDER OR SUPPLIER Atterdag Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 636 Atterdag Road Solvang, CA 93463	

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 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>Based on interview and record review, the facility failed to ensure that the personal property inventory list was updated for one of two sampled residents (Resident 1).</p> <p>This facility failure had the potential for Resident 1's belongings to be lost or unaccounted for.</p> <p>Findings:</p> <p>During an interview with the Social Services staff (SS) on 7/2/25 at 11:08 a.m., the SS stated that Resident 1 had complained she could not locate a pair of pants she purchased (online store name). The SS assisted Resident 1 and located the missing pants, which had a tag with the resident's name.</p> <p>During an interview with Licensed Nurse 1 (LN1) on 7/2/25 at 11:22 a.m., LN1 stated that when a resident brings in new clothing, facility staff should label the items and update the inventory list kept in the resident's closet.</p> <p>During an interview with Certified Nursing Assistant 1 (CNA1) on 7/2/25 at 11:30 a.m., CNA1 stated that when a resident brings in new clothes, staff should label them and update the resident's inventory list when placing them in the closet.</p> <p>During a concurrent interview and record review with the Director of Nursing (DON) on 7/2/25 at 11:35 a.m., the resident's inventory list was reviewed and found to be outdated, having not been updated since admission. The DON acknowledged that the inventory list was not current and stated it should be updated once the resident's pants were labeled.</p> <p>During a review of the facility's policy and procedure titled Personal Property, dated 9/1/2011, indicated: Record additional belongings on the clothing list when they are brought in or remove them from the list</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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