

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>056353                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                            | (X3) DATE SURVEY<br>COMPLETED<br><br>01/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Atterdag Care Center                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>636 Atterdag Road<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                                 |
| F 0605<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to meet federal regulatory requirements when the clinical record for one of three sampled residents (Resident 8) had no documented justification for extending a PRN (as needed) psychotropic medication (any drug that affects brain activities associated with mental processes and behavior) order beyond 14 days. This failure had the potential to result in Resident 8 receiving an unnecessary psychotropic medication which could affect the resident's health and safety. Findings: During a review of Resident 8's admission Record (AR), dated 1/8/26, the AR indicated, Resident 8 was a [AGE] year-old female who was admitted to the facility on [DATE] with admission diagnoses including, Alzheimer's disease (a progressive brain disorder that primarily affects memory, thinking, and behavior), dementia with mood disturbance (a pattern of mental decline caused by different diseases or conditions), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) and anxiety disorder (a mental health condition characterized by excessive fear, worry, and anxiety that can interfere with daily activities). During a review of Resident 8's Order Summary Report (OSR), dated 1/8/26, the OSR indicated, the medication order, Lorazepam (a medication used to treat anxiety) tablet give one (1) milligram (mg) by mouth every 12 hours as needed for anxiety manifested by (m/b) frantic searching. The medication was ordered 12/18/2025 with no end date. During a concurrent interview and record review on 1/8/26 at 2:40 p.m. with the Director of Nursing (DON), Resident 8's clinical record including the OSR, dated 1/8/26, were reviewed. DON verified that the medication order for Lorazepam, which was ordered 12/18/25 had no end date and acknowledged that PRN psychotropic medication orders should be renewed every 14 days based on regulatory requirements. Further review of Resident 8's clinical record failed to show documented justification that would warrant not renewing the medication order every 14 days.</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 0656</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to ensure care plan interventions were properly implemented and documented in the clinical record for two of three sampled residents (Residents 8 and 2) when: 1. Monitoring for wander guard device (a monitoring device used to ensure safety for residents at risk for elopement/wandering) placement and function was not implemented and documented in Resident 8's clinical record. 2. Monitoring for pacemaker (a small, battery-powered device that prevents the heart from beating too slowly) status and function was not implemented and documented in Resident 2's clinical record. These monitoring oversight failures inaccurately reflect these residents' current health statuses which could potentially compromise their health and safety. Findings: 1. During a review of Resident 8's admission Record (AR), dated 1/8/26, the AR indicated, Resident 8 was a [AGE] year-old female who was admitted to the facility on [DATE] with admission diagnoses including, Alzheimer's disease (a progressive brain disorder that primarily affects memory, thinking, and behavior), dementia with mood disturbance (a pattern of mental decline caused by different diseases or conditions), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) and anxiety disorder (a mental health condition characterized by excessive fear, worry, and anxiety that can interfere with daily activities). During a review of Resident 8's Wandering Risk Assessments (a tool used to assess the likelihood of wandering in residents, particularly those with cognitive impairments or dementia), completed on various dates, the assessments indicated the following wandering risk scores: 4/30/25 = 18 (high risk), 5/28/25 = 18 (high risk), 8/27/25 = 12 (high risk), and 11/27/25 = 11 (high risk). During a review of Resident 8's Care Plan Report, initiated 5/30/25, the Care Plan indicated in part, The resident is an elopement risk (refers to the likelihood a resident may leave the facility unsupervised and unnoticed)/wanderer r/t (related to) disoriented to place, history of attempts to leave facility unattended. The interventions/tasks for implementation specific to this care plan included, WANDER ALERT: wears on ankle, on nurses' EMAR (electronic medication administration record) for monitoring placement and function (initiated 5/30/25). During a review of Resident 8's Order Audit Report, dated 1/8/26, the Report indicated, a physician order dated 12/22/25, WANDER GUARD. check wander guard for placement and function every day shift. During a concurrent interview and record review on 1/8/26 at 2:45 p.m. with the Director of Nursing (DON), the DON confirmed the order was transcribed in the resident's Treatment Administration Record (TAR) instead of the EMAR as indicated in the care plan. Further review of Resident 8's November and December 2025 TARs revealed a lack of daily staff documentation for the order. The DON acknowledged the oversight and confirmed that staff should have properly implemented the monitoring order. 2. During a review of Resident 2's AR, dated 1/8/26, the AR indicated, Resident 2 was a [AGE] year-old female who was admitted to the facility on [DATE] with admission diagnoses including, paroxysmal atrial fibrillation (episodes of irregular heartbeat that start and stop spontaneously), old myocardial infarction (heart attack), ischemic cardiomyopathy (a heart condition caused by low blood flow to the heart muscle), and presence of cardiac pacemaker. During a review of Resident 2's Care Plan Report, initiated 11/11/24, the Care Plan indicated in part, The resident has a pacemaker. The care plan also indicated resident care interventions/tasks for implementation, initiated 11/11/24, including, Monitor/document/report PRN (as needed) any s/sx (signs/symptoms) of altered cardiac output or pacemaker malfunction: .PULSE RATE LOWER THAN PROGRAMMED RATE, LOWER THAN BASELINE B/P (blood pressure). During a concurrent interview and record review on 1/8/26 at 2:55 p.m. with DON, Resident 2's pacemaker care plan, initiated 11/11/24, was reviewed. The DON was unable to provide staff documentation the Resident 2's pacemaker monitoring intervention was implemented, as indicated on the resident's care plan. DON reviewed Resident 2's clinical record and determined that staff failed to transcribe the (continued on next page)</p> |                                                                                     |                                                 |

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| F 0656<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | pacemaker monitoring intervention in either the resident's TAR or EMAR for proper tracking and oversight. During a review of the facility's policy and procedures (P&P) titled, Care Planning, dated 7/1/24, the P&P indicated in part, Purpose: To assure that all resident care needs are identified through continuous assessments and that needs are care planned with corresponding measurable objectives and adequate interventions. Measurable means 'how will anyone know it was accomplished' . |                                                                                     |                                                 |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to revise one out of five sampled residents (Resident 36) care plan following minimum data set (MDS - a standardized, comprehensive assessment tool used to collect essential resident data) assessments. This failure resulted in inaccurate care planning for Resident 36's healthcare needs. During review of Resident 36's admission Record (AR), dated 1/8/26, the AR indicated the resident was admitted to the facility on [DATE] with diagnoses that included, chronic pain, pressure ulcer (PU - injury to skin and tissue resulting from prolonged pressure) of left heel stage 2 (a shallow open ulcer, with partial-thickness skin loss, and a red/pink base or intact/ruptured blister), encounter for palliative care (care focused on end of life comfort, relieving symptoms, stress, and improving the quality of life), and sepsis (an overactive response to an infection that damages its own tissues, organs, and systems, leading to potential organ failure and death if not treated rapidly). During review of Resident 36's Care Plan (CP), dated 2/27/25, the CP indicated, the resident used anti-anxiety medication (Ativan) related to end stage disease and hospice care and the CP dated 5/20/25 indicated, the resident uses antidepressant medication (Remeron) related to depression. Further review of Resident 36's Comprehensive MDS, dated [DATE] and Quarterly MDS assessments dated 5/27/25, 8/18/25, and 11/10/25, the MDS assessments indicated, the resident did not have anxiety or depression diagnoses and was not taking antianxiety or antidepressant medications. During review of Resident 36's Order Summary (OS), dated 1/08/26, indicates there are no active orders for Ativan (Lorazepam) or Remeron (Mirtazapine) or any other type of antidepressant or anti-anxiety medication. The OS indicates Lorazepam 0.5 mg (milligrams) every 2 hours as needed for anxiety m/b (manifested by) nausea, apprehension, uncontrolled movement for 14 days was ordered on 2/27/25 and discontinued on 3/13/25. The medication was re-ordered with a start date of 3/12/25 and discontinued on 3/26/25. Remeron 7.5 mg by mouth at bedtime for depression was ordered on 5/19/25 and discontinued on 5/20/25. During a concurrent interview and review on 1/8/26 at 3:45 p.m. with the Director of Nursing (DON), Resident 36's OS dated, 1/8/26 and CP's dated, 2/27/25 and 5/20/25 were reviewed. DON stated Resident 36 was prescribed Ativan and Remeron for hospice comfort care but the medications were discontinued because the resident never took them. DON acknowledged the resident's care plan was inaccurate and was not updated to reflect the resident's status at the time of the MDS assessments. During review of the facility's policy and procedure (P&amp;P) titled, Care Planning, dated 7/1/14, the P&amp;P indicated in part, Purpose: To assure that all residents care needs are identified through continuous assessments and that those needs are care planned with corresponding measurable objectives and adequate interventions. Procedure: 5. As the resident's assessment changes, the MDS nurse should update the care plan as appropriate. 7. The care plan should present a current picture of the resident and the care they need.</p> |                                                                                     |                                                 |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the provision of resident care and services were performed within acceptable professional nursing standards for three of six sampled residents (Residents 8, 45 and 36) when:1. Resident 8 missed their medication on several occasions, and there was no subsequent follow-up by the nursing staff.2. Resident 45's oxygen (O2) saturations (O2 sats- measure of O2 in the blood) were not consistently documented in the clinical record.3. Resident 36 was treated with Calmoseptine Ointment (a multi-purpose moisture barrier used to soothe and protect irritated skin from moisture, itching, and discomfort) for a wound without a physician's order. These failures had the potential to result in unsafe nursing care practices which could compromise the health and safety of these residents. Findings:1. During a review of Resident 8's admission Record (AR), dated 1/8/26, the AR indicate, Resident 8 was a [AGE] year-old female who was admitted to the facility on [DATE] with admission diagnoses including, Alzheimer's disease (a progressive brain disorder that primarily affects memory, thinking, and behavior), dementia with mood disturbance (a pattern of mental decline caused by different diseases or conditions), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) and anxiety disorder (a mental health condition characterized by excessive fear, worry, and anxiety that can interfere with daily activities).</p> <p>During a review of Resident 8's Medication Review Report (MRR), dated 1/10/26, the MRR indicated the medication order, Quetiapine Fumarate [an antipsychotic medication primarily used to manage psychosis (including delusions, hallucinations, paranoia or disordered thought) that treats schizophrenia (a serious mental health condition that affects how people think, feel and behave) and bipolar disorder (a mental health condition where you have extreme mood changes)] oral tablet. give 100 milligram (mg) by mouth at bedtime manifested by (m/b) frantic and fearful statements and pacing. ordered 9/29/25.</p> <p>During a concurrent interview and record review on 1/7/26 at 2:30 p.m. with the Director of Nursing (DON), Resident 8's Medication Administration Records (MARs), for the months of November and December 2025 were reviewed, respectively. The administration records for the medication Quetiapine Fumarate give 100 mg. at bedtime indicated Resident 8 missed this medication on several occasions as follows: for November 2025, 20 out of 30 days and for December 2025, 17 out of 31 days. The documented reason for these missed doses under the MAR's chart codes, was that Resident 8 was sleeping (number 7 on the chart code) at the time of the administration. Resident 8's clinical record failed to indicate documentation that the physician was notified, or nursing staff followed up on the resident for these missed doses. DON verified the findings and verbalized that staff should have followed up with the resident after each missed dose and should have informed the interdisciplinary team (IDT - a group of health care professionals with various areas of expertise who work together toward the goals of their clients) so proper discussions were made in terms of managing the medication administration timing and frequency.</p> <p>During a review of the facility's policy and procedures (P&amp;P) titled, Psychotherapeutic Medication (any drug that affects brain activities associated with mental processes and behavior) Use, dated 10/7/24, the P&amp;P indicated in part, Purpose: To assure that monitoring is done when psychotherapeutic medications are given. Procedure: .5) Give medications as ordered. 7) Monitor for and document effectiveness of the medication. If ineffective, notify the physician.</p> <p>A review of [NAME] and [NAME], Tenth Edition, Fundamentals of Nursing, page 365 in the section (continued on next page)</p> |                                                                                     |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>056353                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                            | (X3) DATE SURVEY<br>COMPLETED<br><br>01/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Atterdag Care Center                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>636 Atterdag Road<br>Solvang, CA 93463 |                                                 |
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| <p>F 0658</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>titled, Informatics and Documentation, indicated, Documentation is a key communication strategy that produces a written account of pertinent data, clinical decisions and interventions, and patient responses in a health record. Documentation in a patient's health record is a vital aspect of nursing practice.</p> <p>2. During a review of Resident 45's AR, dated 1/8/26, the AR indicated, Resident 45 was admitted to the facility on [DATE] with a diagnosis of panlobular emphysema (a severe form of chronic obstructive pulmonary disease [COPD- a lung disease which makes it difficult to breathe] where the lung's air sacs are destroyed throughout causing large, air-filled pockets and impaired gas exchange, leading to shortness of breath.)</p> <p>During an observation on 1/6/26 at 12:10 p.m. in the Dining Room, Resident 45 was observed eating lunch while on 2 liters of oxygen. On 1/7/26 at 3:20 p.m. the resident was observed without oxygen self-propelling in the wheelchair towards Nursing Station 1 saying, I can't breathe, I can't breathe. I need my oxygen.</p> <p>During a review of Resident 45's Order Summary (OS), dated 1/8/26, the OS indicated, Supplemental O2 if below 88% for comfort, 2 liters as needed for O2 less than 88%. Review of Resident 45's The Hospice/Comfort Care Progress Notes, dated 11/22/25-1/1/26 indicated the O2 saturations were inconsistently monitored. Oxygen saturations were obtained on 11/22/25-11/25/25, 11/27/25-11/28/25, 12/4/25, 12/6/25, 12/9/25, 12/11/25, 12/18/25, 12/19/25, 12/24/25, 12/28/25, and 1/1/26.</p> <p>During an interview on 1/8/26 at 2:48 p.m. with the DON, the DON stated O2 saturations should have been documented every shift for Resident 45. The DON stated nursing staff needed to assess the status of the resident's breathing and O2 saturations to determine the resident's need for O2.</p> <p>During a review of the facility's P&amp;P titled, Medication Administration, dated 10/8/24, the P&amp;P indicated, A. Administration of Medication, 8. When administration of the drug is dependent upon vital signs or testing, the vital signs/testing shall be completed prior to administration of the medication and recorded in the medical record i.e. BP, pulse, finger stick blood glucose monitoring, etc. Nursing Procedures 23. Obtain and record any vital signs taken by the CNA within 2 hours of the med pass.</p> <p>3. During a review of Resident 36's AR, dated 1/8/26, the AR indicated, Resident 34 was admitted to the facility on [DATE] with a diagnosis of pressure ulcer (PU - injury to skin and tissue resulting from prolonged pressure) of left heel, stage 2 (a shallow open ulcer, with partial-thickness skin loss, and a red/pink base or intact/ruptured blister).</p> <p>During a review of Resident 36's admission Summary Progress Note, dated February 26, 2025, the Progress Note indicated in part, Has an old wound to his left heel measuring at 1.5 cm x 2cm. Area was cleaned and covered no drainage was noted area is tender. Redness to right heel was noted blanchable. Has slight redness to coccyx (small triangular bone on the base of the spinal column) area applying [NAME] (Calmoseptin ointment). Further review of Resident 36's Order Summary (OS), dated January 8, 2026, the OS indicated, no physician orders to treat skin wounds or an order to apply calmoseptine ointment to coccyx area.</p> <p>During a concurrent interview and record review on 1/8/26 at 3:48 p.m. with the DON, Resident 36's admission Summary Progress Note, dated 2/26/25 and OS, dated 1/8/26 were reviewed. DON acknowledged the admission nursing notes indicated Resident 36 was admitted with pre-existing skin (continued on next page)</p> |                                                                                     |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>056353                                                                                                                                                                                                                                                                                                                                      | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                            | (X3) DATE SURVEY<br>COMPLETED<br><br>01/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Atterdag Care Center                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>636 Atterdag Road<br>Solvang, CA 93463 |                                                 |
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| F 0658<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | integrity issue and the nurse documented the application of [NAME] ointment without obtaining<br>physician orders for wound treatment.<br><br>During a review of the facility's P&P titled, Medication Administration, dated 10/8/24, the P&P<br>indicated, Policy: Medications shall be administered as ordered by a licensed nurse upon the order of<br>a physician/licensed independent practitioner. |                                                                                     |                                                 |

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| F 0692<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Provide enough food/fluids to maintain a resident's health.<br><br>Based on interview, observation and record review, the facility failed to obtain monthly weights for one of four sampled residents (Resident 4). This failure had the potential for undetected weight fluctuations that could signal underlying health problems. Findings: During a concurrent interview and record review on 1/8/26 at 3:30 p.m. with Director of Nursing (DON), Resident 4's Current vital signs (CVS), dated 1/8/26 were reviewed. The CVS indicated, the last monthly weight for Resident 4 was obtained on 8/27/24. DON verbalized monthly weights should be obtained for every resident, a notation in the chart should indicate why a monthly weight was not obtained. DON confirmed there were no nursing notes or dietary notes present in Resident 4's medical record that provided an explanation for why the monthly weights were not done. During an interview on 1/8/26 at 3:45 p.m. with Resident 4, Resident 4 verbalized, the facility can weigh her, she has not refused, and has no problem with being weighed in a sling. During a review of the facility's policy and procedure (P&P) titled, Maintaining Acceptable Parameters of Nutritional Status (Nutrition and Weight Management), dated August 14, 2023, the P&P indicated, All residents, with the exception of residents admitted with a doctor's different stipulation, will be weighed upon admission and weekly for four weeks or until stable. Residents will be weighed once a month thereafter. |                                                                                     |                                                 |



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| <p>F 0710</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure a physician provided timely consultation or treatment when contacted by the facility to address a change in condition for two of five sampled residents' (Residents 23 and 28). This deficient practice resulted in a delay in care and treatment to meet Residents 23's and 28's immediate care needs and had the potential to result in an avoidable deterioration in health. During review of the facility's policy and procedures (P&amp;P) titled, Change of Condition, dated 9/30/24, the P&amp;P indicated in part, Purpose: To ensure that appropriate care and documentation occurs when residents experience a change of condition. Procedure: 2. Notify the attending physician promptly.5. Follow up nursing assessments and monitoring until the condition has stabilized .What is a Change of Condition? .Any sudden or marked change in: .Abnormal lab or X-ray reports.Open or red areas.Bruises, lacerations, blisters, rashes, or skin tears. a. During review of Resident 23's admission Record (AR), dated 1/9/26, the AR indicated, the resident was admitted on [DATE] with diagnoses that included, Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination), dementia (a decline in thinking, memory, and reasoning skills severe enough to interfere with daily life, caused by brain cell damage), and Type 2 Diabetes Mellitus (the body cannot use insulin correctly and sugar builds up in the blood) with diabetic peripheral angiopathy (poor circulation in the legs/feet). During an interview with Resident 23's responsible party (RP) on 1/6/26 at 3:04 p.m., RP stated Resident 23 had developed blisters in September 2025 but there was a delay in care because the facility physician did not respond to the resident's change in condition. RP stated the staff were informed that Resident 23 had a medical history of bullous pemphigoid (a rare, chronic autoimmune skin disease causing large, itchy, fluid-filled blisters and hives) and needed to see a dermatologist (a medical doctor that specializes in conditions and diseases of the skin) yet no action was taken by the facility until approximately two weeks later after Resident 23's skin condition got worse. During review of Resident 23's Progress Notes (PN), dated 9/15/25 - 9/25/25, the PN's indicated, a licensed nurse had identified a 3 cm (centimeter - a metric unit of length) x 1.5 cm fluid filled blister on Resident 23's right outer index finger on 9/15/25. The physician and resident 23's RP were notified on 9/15/25. On 9/21/2025 the certified nursing assistant reported the resident may be biting or gnawing on hand. In the following days, additional fluid filled blisters developed on the resident's right hand fingers and right plantar foot and some blisters had busted open. Progress notes dated 9/22/25 and 9/24/25 indicated, staff were awaiting physician response. The physician called the facility on 9/25/25 (10 days after the initial notification in change of condition) with instructions to make an urgent dermatologist appointment. Resident 23 was seen by the dermatologist on 9/25/25 and returned to the facility with new medication orders. Review of Resident 23's Order Summary (OS), dated 1/9/25, the OS indicated, the following medications were ordered on 9/25/25 after the dermatology appointment:Doxycycline Monohydrate (antibiotic used to treat bacterial infections) 100 mg (milligrams - a unit of mass or weight) two times a day for bullous pemphigoid for 30 daysMupirocin (antibiotic used for bacterial skin infections) external ointment 2% (percent) apply to hands topically every shift to prevent cellulitis (bacterial infection of the skin's deeper layers and underlying tissues) until healed.Prednisone (medication to reduce swelling and redness) 50 mg in the morning for bullous pemphigoid for 30 days During a concurrent interview and record review on 1/9/26 at 9:38 a.m. with the Director of Nursing (DON) Resident 23's PNs, dated 9/15/25-9/25/25 were reviewed. DON acknowledged that Resident 23 had a change of condition and staff should have pursued daily facility physician notifications to ensure timely care. b. During review of Resident 28's AR, dated 1/9/26, the AR indicated, the resident was admitted on [DATE] with diagnoses that included, presence of urogenital implants (artificial devices or materials placed within the urinary or genital organs). Review of Resident 28's Care Plan (CP), dated 9/8/25, the CP indicated, the resident (continued on next page)</p> |                                                                                     |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>056353                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                            | (X3) DATE SURVEY<br>COMPLETED<br><br>01/09/2026 |
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| F 0710<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>had an indwelling suprapubic catheter (a flexible tube that drains urine from the bladder through a small surgical opening in the lower abdomen) for neurogenic bladder (loss of bladder control caused by nerve damage). The nursing interventions indicated, monitor/record/report to MD (medical doctor) for signs/symptoms urinary tract infection (UTI): pain, burning, blood-tinged urine, cloudiness. During a review of Resident 28's laboratory urine culture results, collected on 12/13/25 and faxed to the facility on [DATE] indicated, a significant bacterial presence, suggesting infection of staphylococcus aureus (type of bacteria known to cause infection). During concurrent interview and record review on 1/09/26 at 9:38 a.m. with the DON, Resident 28's PNs, were reviewed. The PN's dated 12/12/25 - 1/02/26 indicated the following:12/12/25 Resident 28 was noted to have restless behavior during the evening shift. A urinalysis (urine test) was performed which resulted in a positive result for nitrites and leukocytes (white blood cells). The urinalysis results were sent to the physician via fax communication.12/13/25 Resident 28's suprapubic catheter was changed. The tubing had a white thick appearance. A urinalysis was performed and resulted in small traces of nitrites, leukocytes, and trace of blood. A urine sample was collected and sent for laboratory testing.12/13/25 and 12/15/25 Resident 28's lab results were received and faxed to the physician.1/2/26 Progress note indicating a physician order for Bactrim (prescription antibiotic combination used to treat bacterial infections) to treat Resident 28 for acute cystitis (sudden inflammation of the bladder, usually caused by a bacterial infection). DON acknowledged the physician provided treatment recommendation 22 days after the first MD notification for Resident 28's change of condition. DON stated staff should have pursued daily facility physician notifications to ensure timely care.</p> |                                                                                     |                                                 |

Department of Health & Human Services  
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| F 0755<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>Based on observation, interview, and record review the facility failed to ensure nursing staff signed the controlled drug record after administering medication. This failure had the potential to result in unauthorized tampering and diversion of resident medications. Findings: During a concurrent interview and record review on 1/7/26 at 9:50 a.m. with Licensed Nurse (LN)1, Resident 24's Controlled Drug Record (CDR), dated 1/6/26 was reviewed. The CDR indicated, on 1/6/26 at 8:55 p.m. Resident 24 was administered Hydrocodone-Acetaminophen (a medication used to relieve severe pain). There was no licensed staff signature on the CDR indicating the medication was administered. LN1 verbalized the CDR should have been signed by the nurse administering the medication. During a review of the facility's policy and procedure (P&P) titled, Medication Administration Controlled Substance, dated 9/16, the P&P indicated, When a controlled medication is administered, the licensed nurse administering the medication immediately enters the following information on the accountability record when removing dose from controlled storage: Signature of the nurse administering the dose. |                                                                                     |                                                 |

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| F 0761<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to dispose of expired medical supplies from a wound treatment cart (a mobile cart containing equipment, and supplies needed to treat wounds.)This facility failure had the potential for staff to utilize deteriorated and ineffective healthcare supplies for treatment of patients. Findings:During a concurrent observation and interview on [DATE] at 9:40 a.m. with Licensed Nurse (LN) 1 at the nurse's station, the wound treatment cart was inspected. Two one ounce bottles of Stomahesive powder (a non-medicated powder used to absorb moisture from slightly irritated or moist skin around the stoma - an ostomy is surgery to create an opening (stoma) from an area inside the body to the outside) were observed with an expiration date of [DATE]. LN1 verbalized all staff are responsible for making sure expired supplies are removed from the cart, these supplies should have been destroyed.During a review of the facility's policy and procedure (P&amp;P) titled, Medication Administration, dated [DATE], the P&amp;P indicated, If medication is discontinued, or outdated, remove medication for proper disposal.</p> |                                                                                     |                                                 |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm<br/>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>Based on observation, interview, and record review, the facility failed to ensure food safety requirements were met when:1) Two dietary aides (DAs 1 and 2) did not completely cover their hair, with the required hair restraint, while in the food preparation area. 2) Dietary staff did not follow the facility's policy and procedure when cleaning and sanitizing kitchen surfaces. 3) Contaminated food was not removed from dry food storage area. These failures had the potential to cause food borne illness to the residents. 1) During an observation on 1/9/26 at 9:41 a.m. with Director of Nutrition Services (DNS), in the food preparation area, DAs 1 and 2 hair restraints were noted not properly covering the hair area. During a review of facility's policy and procedure (P&amp;P) titled, Hair Restraints, dated 2020, the P&amp;P indicated, Hair restraints, hats and beard covers will be worn in the food production area by all staff to prevent hair from falling into food. 2) During a review of the facility's P&amp;P titled, Cleaning Instructions for Work Tables and Counters, dated 2020, the P&amp;P indicated, the process for cleaning worktables and counters includes scrub top with hot soapy water, rinse with hot water .sanitize with no rinse multi surface food grade sanitizing wipes allow to air dry. During a concurrent observation and interview on 1/7/26 at 8:10 a.m. with DA1. DA1 was observed wiping down food preparation surface with a wet cloth with no bucket for hot soapy water or sanitizer cloth. DA1 stated food preparation counter is washed with soap and water, and sanitizer cloth is used and let sit for 20 seconds.During an interview on 1/7/26 at 8:12 a.m. with DA2, in kitchen tray line, DA2 stated sanitizer wipes are allowed to dry for five minutes.During an observation on 1/9/26 at 11:40, in food preparation area, a DA2 wiped a food preparation counter with a wet cloth and walked away. No sanitizing was observed. During concurrent observation and interview on 1/9/26 at 11:44 a.m., with DA1, in the food preparation area, DA1 was observed trimming meat for the lunch meal. DA1 stated, To clean the work surface after finishing I just use the wipes and let sit for twenty seconds. During an interview on 1/6/26 at 11:45 a.m. with DNS. DNS stated, surfaces are washed with soap and water, then sanitizing wipes used and let to air dry. No wet time stated.During an review of Sani Professional No Rinse Sanitizing Multi-Surface Wipes, manufacture's instructions for use (ISU) indicated, non porous surfaces to remain visibly wet for five minutes. 3) During a concurrent observation and interview on 1/6/26 at 11:08 a.m., of dry storage area, one unopened box of Kens dressings, received on 1/2/26 was noted with wet cardboard packaging and one squash with white spots was noted. The DNS stated those should have been removed from the area and placed on the return cart. During a review of Food and Drug Administration (FDA) Food Code 6-404.11, titled, Segregation and Location, dated 2022, the code indicated, Products that are held by the PERMIT HOLDER for credit, redemption, or return to the distributor, such as damaged, spoiled, or recalled products, shall be segregated and held in designated areas that are separated from FOOD, EQUIPMENT, UTENSILS, LINENS, and SINGLE-SERVICE and SINGLE-USE ARTICLES.</p> |                                                                                     |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to ensure the informed consent [a resident's right to make an informed voluntary decision about their care, requiring providers to clearly explain their health status, treatment risks/benefits, alternatives (including refusal)] for psychotropic medication (any drug that affects brain activities associated with mental processes and behavior) had accurate information for one of three sampled residents (Resident 8). This failure had the potential to result in Resident 8 receiving inappropriate care and treatment. Findings: During a review of Resident 8's admission Record (AR), dated 1/8/26, the AR indicated, Resident 8 was a [AGE] year-old female who was admitted to the facility on [DATE] with admission diagnoses including, Alzheimer's disease (a progressive brain disorder that primarily affects memory, thinking, and behavior), dementia with mood disturbance (a pattern of mental decline caused by different diseases or conditions), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) and anxiety disorder (a mental health condition characterized by excessive fear, worry, and anxiety that can interfere with daily activities). During a review of Resident 8's Order Summary Report (OSR), dated 1/8/26, the OSR indicated, the medication order, Lorazepam (a medication used to treat anxiety) tablet give one (1) milligram (mg) by mouth every 12 hours as needed for anxiety manifested by (m/b) frantic searching. The medication was ordered 12/18/2025 with no end date. During a review of Resident 8's Informed Consent Anxiolytic (medication used to reduce anxiety), dated 12/18/25 and signed by the resident's daughter, the medication dose and frequency written on the consent indicated, Ativan (brand name for Lorazepam) increase from 0.5 milligram (mg) to one (1) mg PO (by mouth) BID (twice a day) PRN (as needed). During a concurrent interview and record review on 1/8/26 at 2:40 p.m., with the Director of Nursing (DON), the documented information from Resident 8's OSR and Informed Consent Anxiolytic for the medication Lorazepam/Ativan were compared. DON noted the discrepancy on the medication administration frequency between Resident 8's OSR (which indicated the medication be administered every 12 hours) and Informed Consent (which indicated the medication be administered twice a day). DON acknowledged that any medication information added to the informed consent for any resident should match the actual medication order prescribed by the physician. During a review of the facility's policy and procedures (P&amp;P) titled, Maintaining Content of Medical Records, dated 10/7/24, the P&amp;P indicated in part, Procedure: 1) In accordance with accepted professional standards and practices, facility shall maintain medical records on each resident that are .ii) Accurately documented. A review of [NAME] and [NAME], Tenth Edition, Fundamentals of Nursing, page 365 in the section titled, Informatics and Documentation, indicated, Documentation is a key communication strategy that produces a written account of pertinent data, clinical decisions and interventions, and patient responses in a health record. Documentation in a patient's health record is a vital aspect of nursing practice.</p> |                                                                                     |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure infection control practices were implemented when: Laundry washing machine water temperatures were below the minimum required temperature for infection control. Personal protective equipment (PPE - protective equipment such as gloves, gowns, masks, and eye protection that creates a barrier to protect patients, healthcare workers from infectious materials, bloodborne pathogens, and other hazards, and to prevent the spread of illness to others) was not readily available in four out of four residents (Residents 6, 27, 36, and 48) on enhanced barrier precautions (EBP - Infection control measures the involves wearing PPE for specific high-contact tasks such as bathing, transfers, and wound care for at-risk residents to stop germ spread). These facility failures had the potential to result in cross-contamination (the transfer of harmful bacteria) that could impact residents' health and safety and cause preventable HAIs (Healthcare Associated Infections) for residents in an already compromised condition.</p> <p>a. During a review of the facility's Laundry Water Temperature Logs (Logs) for September, October, November and December 2025, the Logs indicated, multiple water temperatures were noted to have entries with wash temperatures below 140 degrees. For the months of September, October, and November 2025, 13 days were not within the acceptable range.</p> <p>During a concurrent interview and record review on 1/9/26 at 10 a.m. with the Environmental Services Supervisor (EVS), Laundry Water Temperature Logs for September, October, November and December 2025 were reviewed. EVS stated the minimum washing temperature must be at or above 140 degrees. EVS acknowledged the recorded temperatures were unacceptable.</p> <p>During a concurrent interview and record review on 1/9/26 at 10:05 a.m. with laundry staff (LS), the November and December 2025 laundry water temperature logs were reviewed. LS stated the minimum acceptable water temperature for colored clothes is 130 degrees and for whites it is 140 degrees. LS acknowledged the water temperature logs did not specify if white or colored laundry is washed.</p> <p>During a concurrent interview and review on 1/9/26 at 10:08 a.m. with LS and EVS, the facility's policy and procedure (P&amp;P) titled, Laundry Procedures, dated 12/2025 was reviewed. The P&amp;P indicated in part, During the wash cycle check the thermometer for water temperature. Input the date and temperature on the Water Temp Log posted on washing machine #1. Appropriate temperatures for infection control should range between 140 and 160 degrees. LS and EVS acknowledged that all (whites and colored) has a minimum water temperature requirement of 140 degrees.</p> <p>During a concurrent interview and record review on 1/9/26 at 10:28 a.m. with the Infection Prevention Nurse (IPN), the IPN stated the laundry temperature logs were reviewed monthly by the IPN to ensure the laundry is being washed under acceptable water temperatures and documented on a form titled Infection Control Surveillance &amp; Laundry (ICS-L). The ICS-L's for the months of September, October, November, and December 2025 were reviewed. The ICS-L forms have question Washing machine wash temperature is maintained at min 140 F degrees with instruction to circle yes or no. The ICS-L forms dated:</p> <p>9/20/25 had yes circled</p> <p>10/28/25 had both the yes and no circled with handwritten documentation indicating Discussed with housekeeping/laundry supervisor about occasional 130 F.sometimes recorded before water/clean (continued on next page)</p> |                                                                                     |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>056353                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                            | (X3) DATE SURVEY<br>COMPLETED<br><br>01/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Atterdag Care Center                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>636 Atterdag Road<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                 |
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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>started.will adjust for future records.</p> <p>11/20/25 had yes circled</p> <p>12/30/25 had yes circled and handwritten documentation indicating 146-152</p> <p>The September, October, November and December 2025 Laundry Water Temperature logs were reviewed with IPN. IPN acknowledged there were unacceptable wash temperatures for September, November and December that the IPN did not detect during the infection surveillance monthly review.</p> <p>b. According to the Centers for Disease Control (CDC) website<br/><a href="https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html">https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html</a> titled, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), published 4/2/24, Effective implementation of EBP requires.the availability of PPE and hand hygiene supplies at the point of care.</p> <p>During an observation on 1/6/26 at 11 a.m. signs were posted outside the doors of resident rooms [ROOM NUMBERS] that indicated, ENHANCED BARRIER PRECAUTIONS Wear gloves and a gown for the following High-Contact Resident Care Activities - dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use (indwelling catheter, trach/vent, central line, feeding tube), wound care. Resident does not need a private room. Resident may participate in communal activities and is not restricted to room. No PPE was visibly available near the rooms or down the hall other than antibacterial hand sanitizer.</p> <p>During an observation on 1/6/26 at 11:32 a.m. EBP signs were posted outside the doors of rooms [ROOM NUMBERS]. No PPE supplies were visible near the rooms or down the hall other than antibacterial hand sanitizer.</p> <p>During an interview on 1/7/26 at 4:11 p.m. with Certified Nursing Assistant (CNA 1), CNA 1 stated staff obtain PPE from the storage closet.</p> <p>During an interview on 1/8/26 at 9:37 a.m. with the Director of Nursing (DON), the DON stated PPE was located inside the resident rooms in the resident's closet. When DON was asked about PPE use communication for visitors, DON stated visitors do not provide resident care. The IPN stated the facility opted not to have PPE in the hallways or outside of resident rooms on EBP to provide a homelike environment.</p> <p>During an interview on 1/8/26 at 9:42 with Licensed Vocational Nurse (LN 3), LN 3 stated PPE supplies are stored in the clean utility closet (located in the middle of the facility, in the corner across from Nurse Station 1) which is locked and requires entry of a security code to open. Staff get PPE supplies from the clean utility closet or from resident's bottom drawer. LN 3 stated that only residents on airborne, droplet, contact, or enhanced barrier precautions have PPE supplies in their closets. When asked how visitors are informed where to obtain PPE, LN 3 stated visitors do not provide resident care and would not need it for the residents currently on EBP.</p> <p>During an observation on 1/9/26 at 8:53 a.m. in Resident 48's room, the resident requested assistance to return to bed. Unidentified Certified Nurse Assistant (CNA) was asked, by the surveyor, to help resident to return to bed. Resident 48 is on Enhanced Barrier Precautions (EBP). No PPE was outside the resident's door or visible in the room. CNA donned gloves, physically assisted patient to stand and (continued on next page)</p> |                                                                                     |                                                 |



Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| NAME OF PROVIDER OR SUPPLIER<br><br>Atterdag Care Center                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>636 Atterdag Road<br>Solvang, CA 93463 |                                                 |
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| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | covered her with blanket on the bed and looked for television remote. CNA removed gloves and exited the room. No gown was donned to protect staff clothing from contact with patient.<br><br>During a concurrent observation and interview on 1/9/26 at approximately 10 a.m. with Infection Preventionist (IP) outside Resident 48's room, the IP stated PPE is in the patients closet to keep a homelike atmosphere. IP located the gowns on the bottom shelf behind incontinence briefs (protective garments for managing urinary or fecal incontinence). |                                                                                     |                                                 |