STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555023	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Dorinda	300 Hot Springs Road Santa Barbara, CA 93108

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and Policy and Procedure (P/P) the facility failed to ensure food safety requirements was followed and implemented whenFailed to discard leftover in the itchen's walk-in-refrigerator.Take temperature of cold foods for lunch meal service to maintain potentially hazardous food and Time/ Temperature Control for Safety PHF/TCS foods at safe temperatures.Ensure kitchen staff during food preparation for meals served to residents wear appropriate beard restraints. Ensure safe food storage when documenting temperatures on the temperature monitoring log exceed 41 degrees Fahrenheit (F) and went unnoticed due to incorrect guidelines listed on the log.1.During a concurrent observation and interview on 3/3/26 at 11:00 a.m. with Nutrition Service Manager (NSM), in the Skilled Nursing Facility (SNF) kitchen's walk-in-refrigerator, observed cooked white rice in a transparent container covered with a plastic wrap with a preparation date of 3/2/26 and cooked pasta in a transparent container, covered and labeled with a preparation date of 2/24/26. NSM stated the facility did not have a cool down log for the PHF leftover cooked rice and pasta. NSM stated the facility did not store leftover foods. NSM stated the leftover rice and pasta were left by one of the facility's Cook.During an interview on 3/03/26 at 3:00 p.m. with [NAME] (2), [NAME] 2 stated that he was the one who put the leftover cooked white rice and cooked pasta in the walk-in refrigerator and confirmed there was no cool down log for safe food handling. [NAME] 2 stated the leftover rice, and pasta should not have been stored in the refrigerator, and it should have been discarded.During a review of the facility's policy and procedures (P&P) titled, Leftovers Storage & Discarding Policy, revision date 11/14/25, the P&P indicated, Policy: In order to prevent food borne illness and improper cooling procedures. Facility maintains a policy of not keeping storage or reusing leftovers foods. Procedure.2. All cooked foods must be properly discarded at the conclusion of each meal period.During an interview on 3/5/26 at 10:35 a.m. with NSM, NSM acknowledged that leftover cooked rice, leftover pasta or any other leftovers should not be stored in the refrigerator.During an interview on 3/5/26 at 11:00 a.m. with Director of Dining Services (DDS), DDS acknowledged that leftover food should not be stored in the refrigerator. 2. During a concurrent observation and interview on 3/04/26 at 11:40 a.m. with the NSM, NSM measured the temperature of the cold tuna salad and stated it was 50 degrees F. NSM stated the tuna salad was intended to be served cold and should have been 41 degrees F or less. NSM stated that they were not checking prepared cold food temperatures for trayline service to ensure cold foods left the kitchen at 41 degrees F or less before serving it to the residents.A review of the facility's P&P titled Food Temperature Policy: Delivery to Med Cen, revised on 10/11/25 indicated, Purpose: This policy ensures that all Time/Temperature Control for Safety (TCS) foods delivered to a SNF are maintained at safe internal temperatures to prevent foodborne illness among vulnerable residents. The section titled Food Temperature Policy: Delivery to SNF.1. Internal Temperature Standards indicated that all food must be measured with a calibrated thermometer before being loaded for delivery and upon arrival. Cold foods must be maintained at 41 degrees F or lower.During an interview on 3/5/26 at 11:10 a.m. with DDS, DDS acknowledged that cold foods temperature should be checked before serving to the residents and the temperature should be maintained at 41 degrees F and (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	lower.3. During a concurrent observation and interview on 3/5/26 at 9:57 a.m. with Dietary Aide 1 (DA1) in the SNF kitchen, DA 1 was observed with beard without a beard cover (facial hair restraint) while handling clean meal trays. DA 1 stated he should wear beard restraint when in the kitchen and preparing food for the residents. DA 1 stated there were no available beard restraints next to the hairnets when entering the SNF kitchen.During a concurrent observation and interview on 3/05/26 at 10:05 a.m. with the Trayline Aide (TA) in the SNF kitchen TA was observed with white beard without a beard cover during food preparation.During an interview on 3/5/26 at 10:15 a.m. with DDS, DDS acknowledged that beard restraint is not in their policy and should be. DDS stated he will add it in their policy. DDS stated that the Registered Dietitian (RD) is not involved in oversight of safe food handling and sanitation for the SNF or main kitchen foodservice operations. DDS stated it was either him and or his chef that conducted an audit of the foodservice operation for food safety and sanitation and an RD was not part of nor reviewed the audits to provide RD expertise on safe food handling, sanitation and related policies and procedures. During a review of the facility's P&P titled Hairnet/Hair Covering Policy revised on 4/1/25, the P&P stated Requires employee in all areas of Dining Service to wear effective hair restraints, such as hairnets, caps, or scarves, to prevent hair from falling into the food, contaminating clean equipment, or other sensitive areas, thereby ensuring hygiene and preventing contamination. This requirement stems from public health regulations, such as the FDA Food Code, and applies to anyone with hair that could fall into food or onto equipment, including bald individual and those with short hair.During a review of the U.S. Food and Drug Administration (FDA) Food Code (FDAFC), dated 2022, the FDAFC indicated, Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens.During a review of the FDAFC Annex (FDAFCA), dated 2022, the FDAFCA indicated, Consumers are particularly sensitive to food contaminated by hair. Hair can be both a direct and indirect vehicle of contamination. 4. During a concurrent interview and record review on 3/03/26 at 1:02 p.m. with Licensed Nurse 1 (LN1) in the second-floor pantry area, LN1 stated that there was nothing wrong with the Pantry Refrigerator Monitoring Log for 2026. The refrigerator temperatures were documented as: March 1 - 44 degrees F. Pantry Refrigerator Monitoring 2026 reads as follows: Refrigerator should read between 36-46 degrees.During a record review of first floor Pantry Refrigerator Monitoring 2026 reads as follows: Refrigerator should read between 36-46 degrees.During an interview on 3/4/26 at 2:00 p.m. with Director of Nursing (DON), DON stated that monitoring temperature of the refrigerators was delegated to the night shift nursing staff and inaccurate temperature guidance on the log impeded the nurse from being able to identify when temperature was out of acceptable range to report the problem for prompt resolution for the health and safety of residents.During an interview on 3/5/26 at 10:30 a.m. with NSM, NSM acknowledged that the Pantry Refrigerator Monitoring guide was not accurate for the refrigerator temperature to read between 36 to 46 degrees Fahrenheit. NSM stated that refrigerator temperature should be 41 degrees F and below.During a review of the facility's P&P titled Refrigerator Temperature Log Policy, revised on 6/01/25, the P&P stated: This policy establishes the standards for monitoring, recording, and responding to refrigerator temperatures to ensure food safety and regulatory compliance. Section 2, Standard Operating Procedures: Required Ranges, indicated that refrigerator temperatures must be maintained between 33 degrees F and 41 degrees F.During an interview on 3/5/26 at 11:10 a.m. with DDS, DDS acknowledged that the refrigerators located in the first- and second floor pantries should maintain temperatures at or below 41 degrees Fahrenheit.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide care and all services are provided according to accepted standards of clinical practice for 5 of 12 sampled resident ((Resident 40, 47 4, 1, and 34) when: Resident 40's nebulizer equipment (tubing and nasal canula) was not stored per facility policy.Resident 47 on oxygen had no signage posted indicating no smoking/oxygen in use.Ensure staff consistently used the unique identifiers to verify resident identity prior to medication administration These facility failures creates a potential for compromised resident outcomes and safety During an observation on 3/4/26 at 7:20 a.m., Licensed Nurse 3 (LN) 3, LN 3 was observed preparing medications for Resident 4. LN 3 entered the resident's room and administered five oral medications to the resident sitting in the chair. At no time did LN 3 ask the Resident to state their name and date of birth before administration. During an interview on 3/4/26 at 7:25 a.m., LN 3 verbalized they identified the resident by the name on the door and the picture in the MAR (medication administration record), further verbalizing, that's just what we do here. During an observation on 3/4/26 at 7:35 a.m., Licensed Nurse 1 (LN)1, LN 1 was observed preparing medications for Resident 1. LN 1 entered the resident's room and administered two oral medications. At no time did LN 1 ask the Resident to state their name and date of birth before administration. During an interview on 3/4/26 at 7:40 a.m., LN 1 verbalized they identified the resident by the name on the door and the picture in the MAR, further verbalizing, The resident has been here for a while and we know our residents. During an observation on 3/4/26 at 7:45 a.m., Licensed Nurse 2 (LN)2, LN 2 was observed preparing medications for Resident 34. LN 2 entered the resident's room and administered six oral medications. At no time did LN 2 ask the Resident to state their name and date of birth before administration. During an interview on 3/4/26 at 7:50 a.m., LN 2 verbalized they identified the resident by the picture in the MAR. During an interview on 3/4/26 at 9:45 a.m. with Director of Nursing (DON), DON verbalized our residents do not wear wristbands, we try to make this as home like as possible, when asked if residents should be identified by the name on the door, DON verbalized, probably not. During a review of the facilities policy and procedure (P&P) titled, Resident Identification Prior Medication/Treatments Administration, dated 12/4/2024, the P&P indicated, Staff will verify the resident's identity using at least two identifiers, which may include: Resident photograph in the eMAR, (Electronic medication administration record) Resident stating their full name and date of birth Review of [NAME] and [NAME], Tenth Edition, Fundamentals of Nursing, page 607-608 in the section titled, Medication Administration, indicated, To prevent medication errors, follow the seven rights of medication administration consistently every time you administer medications. Many medication errors can be linked in some ways to an inconsistency in adhering to these seven rights: The right medication (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The right dose The right patient The right route The right time The right documentation The right indication During review of Resident 40's admission Record (AR), dated February 21, 2026, the AR indicated Resident 40 was admitted to the facility with diagnoses of pneumonitis (inflammation of the lungs) and gastrostomy status (the presence of a surgically created, often permanent, opening in the stomach (stoma) used for long-term feeding or medication delivery). During an observation on 3/3/2026 at 12:37 p.m., Resident 40's nebulizer canula mask and tubing were observed on the nightstand, uncovered. During a subsequent observation on 3/4/26 at 8:00 a.m. the resident's nebulizer canula mask and tubing were observed on the nightstand and uncovered. During a review of Resident 40's Physician Order Report (POR), dated March 1, 2026, the POR indicated ipratropium-albuterol (inhaled medication used to relaxing muscles in the airways to improve breathing) solution for nebulization (a process that converts liquid medication into a fine mist (aerosol) for direct inhalation into the lungs and respiratory tract using a machine called a nebulizer) 0.5 mg (milligrams – a unit of mass or weight) – 3 mg (2.5 mg base)/ 3 mL (milliliters – a measure of volume), amount 1 vial inhalation every eight hours PRN (as needed). During a concurrent observation and interview on 3/4/2026 at 10:25 a.m. inside Resident 40's room with the Assistant Director of Nursing (ADON), ADON acknowledged the nebulizer equipment (tubing and nasal canula) were on the dresser and not properly stored per the facility's policy. During a review of the facility's policy and procedure (P&P) titled Use of Nebulizer, last revised on 2/28/26, the P&P indicates Equipment Care – Store clean/dry in labeled bag at bedside (name, room #). 2. During a review of Resident 47's admission Record (AR), dated March 1, 2026, the AR indicated, Resident 47 was admitted to the facility with diagnoses that include pleural effusion (commonly called water on the lungs, is the abnormal, excess accumulation of fluid in the thin, fluid-filled cavity between the lungs and chest wall), heart failure (heart muscle is too weak or stiff to pump enough oxygen-rich blood to meet the body's needs) and urinary tract infection (bacterial infection of the bladder, urethra, or kidneys). During an observation on 3/3/2026 at 3:27 p.m., Resident 47 was observed sitting in a recliner and on two liters (metric unit of capacity) of oxygen (O2) via nasal canula (a lightweight, flexible tube with two small prongs that rest in the nostrils to deliver supplemental oxygen) with no oxygen in use/no smoking sign posted outside or inside the resident's room. During a review of Resident 47's POR, dated March 1, 2026, the POR indicated Oxygen at 1-3 L/min (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(liters per minute) via NC (nasal canula) PRN per patient discretion. Further review of Resident 47's SNF (skilled nursing facility) Initial/Annual Examination dated 3/1/26, indicates Resident was admitted to the facility for completion of antimicrobial (substance that kills or inhibits the growth of microorganisms, including bacteria, viruses, fungi, and parasites) therapy and supplemental nasal oxygen . During a concurrent interview on 3/4/2026 at 10:55 a.m. with the ADON, the facility's policy on oxygen use was reviewed. ADON acknowledged oxygen in use/no smoking signage is required and it was not posted outside of Resident 47's room. During a review of the facility's P&P titled, Oxygen Administration, last revised on 1/30/26, the P&P indicated, Oxygen Safety: Oxygen in Use – No Smoking signage required.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and facility Policy and Procedure (P/P), the facility failed to ensure the medical supply rotation policy was implemented when expired medications were found in the medication carts and medication roomsThis facility failure has the potential for medciation error. During an observation of medication room [ROOM NUMBER] on 3/4/26 at 10:10 a.m. located on the first floor behind nursing station, 1 container, Oxivir Tb Wipes, (ready-to-use, hospital-grade disinfectant) with expiration date of 12/28/2023 and 1 bottle of Biotene dry mouth oral rinse, with expiration date of 2/24/2026 was noted.During an interview on 3/4/26 at 10:20 a.m. with licensed nurse (LN1). LN 1 confirmed items were expired and indicated, they should have been removed from stock and disposed.During an observation of medication number 2 3/4/26 at 10:40 a.m. located on the second floor at nursing station, 10 Suppositories of Bisacodyl 10 mg (stimulant laxatives) with expiration date of 2/28/26 was noted.During an observation of medication room [ROOM NUMBER] on 3/4/26 at 10:45 a.m. located on the second floor behind nursing station 2 cartons Glucerna Therapeutic Nutrition (specialized medical supplement with expiration date of 10/25 and three bottles of premier protein supplement with an expiration date of 2/14/26 was noted.Review of facility P/P titled Supply Rotation Policy date 3/29/17 indicated, . Medical supplies will be sufficiently stocked and maintained current. 3. Medical Supply room will be inspected weekly by Unit Managers and outdated items will be discarded.

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure there is sufficient and qualified staff with the appropriate competencies and skills sets to carry out food and nutrition services when:1. The Nutritional Services Manager (NSM) was competent on the facility's refrigerated food storage guidelines for food safety.2. The NSM responsible for day-to-day food service for the residents at the Medical Center Skilled Nursing Facility (SNF) was qualified in accordance with federal and state regulations (Health and Safety Code (H&SC)1265.4(b) and Title 22 72035), as required per federal regulation.3. The Registered Dietitian (RD) provided frequently scheduled consultation to the NSM to include overseeing food safety and sanitation. Cross Refer F812This failure had the potential for food and nutrition services staff to be inadequately trained and supervised to carry out food and nutrition services.1. During a concurrent observation and interview on 03/03/26 at 10:47 a.m. with NSM inside the walk-in refrigerator of the SNF kitchen, uncooked chicken was observed in a stainless-steel container labeled with a preparation date of 03/03/26. During an interview with NSM, NSM stated that uncooked chicken could be stored in the refrigerator for three to four days. NSM also stated that they use the facility's Food Storage Guide (FSG), undated posted on the refrigerator door.During a concurrent interview and record review on 03/03/26 at 11:00 a.m. with NSM, NSM reviewed the FSG posted on the refrigerator door. NSM stated the uncooked chicken could be stored in the refrigerator for only one to two days.During a concurrent observation and interview on 03/05/26 at 9:21 a.m. with NSM inside the walk-in refrigerator of the SNF kitchen, 4 oz. (ounce) individual sized cartons of Mighty Shakes (a nutritional supplement to increase calories and protein) were labeled with a date of 02/25/26. NSM stated the kitchen staff placed the white sticker label of 2/25/26 when the MightyShakes were removed from the freezer and placed in the refrigerator. NSM stated they have three days to use the MightyShakes. NSM then pointed to a manufacturer date preprinted on each 4 oz. carton of MightyShake that indicated Use by Sep [September] 03 2026. NSM stated the MightyShakes could also be stored in the refrigerator, unopened, up to the manufacturer date of Sep 03, 2026.During a review of the manufacturer's specifications (MS) preprinted on each 4 oz. carton of MightyShake, the MS indicated, Store Frozen. Thaw at or below 40 degrees F [Fahrenheit]. Use thawed product within 14 days. Keep Refrigerated.During a concurrent observation and interview on 3/5/26 at 9:25 a.m. with NSM inside the walk-in refrigerator of the SNF kitchen, there was uncooked salmon and red [NAME] in a steel container labeled with a preparation date of 03/04/26. NSM stated the raw fish could be stored in the refrigerator for three to four days before being cooked. During a review of the facility's policy and procedures (P&P) titled, Food Storage Duration Policy, revision date 09/10/25, the P&P indicated, Purpose: To ensure the safety of our residents by using proper storage and techniques.Fresh Poultry/Fish recommended Maximum Storage of 1-2 days. 2. During a concurrent interview and record review on 03/05/26 at 10:30 a.m. with NSM in his office adjacent to the SNF kitchen, H&SC 1265.4 accessed on-line, current as 1/01/2025, was reviewed. NSM stated he had not met any of the education qualifying pathways to be a NSM (interchangeable with the state's terminology for a dietary services supervisor) as listed in H&SC 1265.4(b) which was required to supervise dietetic service operations. The state's Title 22 72035 indicated, Dietetic service supervisor means a person who has completed the training requirements specified in section 1265.4(b) of the Health and Safety Code. In addition, NSM reviewed the federal regulation, F801, and NSM stated he did not meet any of the qualifications listed in the regulation to be responsible for the daily management of the foodservice operation for the SNF kitchen. NSM stated he was currently in the role of full-time person responsible for the daily management of the foodservice operation for the SNF kitchen that distributes meals to the residents residing in the SNF.During an interview on 03/05/26 at 10:53 a.m. with Director of Dining Services (DDS), in the (continued on next page)

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	presence of NSM, DDS stated he was a Certified Dietary Manager (CDM) but was responsible for the entire Continuing Care Retirement Community (CCRC) food and nutrition services that entailed a main kitchen (in addition to the SNF kitchen) and other foodservice operations located on the campus. DDS stated he was not familiar with some of the specifics of the SNF kitchen such as whether the kitchen staff checked temperatures of the cold food prior to food leaving the kitchen to serve meals to residents (Cross Reference F812). DDS stated he was not full-time (defined as 35 hours per week) specifically to the role of daily management of the SNF kitchen foodservice operation as that was NSM's job responsibility. During a review of the facility's job description (JD) titled Nutritional Services Manager (NSM), dated 4/1/24 with a review date of 10/25/25, the NSM JD indicated, Training & experience required: 2. Certified Dietary Manager (CDM) Certificate or willingness to pursue and achieve a CDM as soon as possible.3. During an interview on 03/05/26 at 10:17 a.m. with NSM, NSM stated the facility's Registered Dietitian (RD) was contracted and was on site one time a week on Friday's. NCM stated they collaborate at times, when needed, to discuss plating of therapeutic diets during trayline, portion sizes per the planned menu and clinical nutrition care plans for residents. NSM stated the RD had not provided any in-services to kitchen staff since she has been contracted with the facility for about a year. NSM stated there was no formality, documentation, or set schedule to ensure NSM received frequently scheduled consultations from the RD to encompass the depth and breadth of the food and nutrition services, such as food safety, sanitation and in-services to lend RD expertise to oversight of the food and nutrition services operation.During an interview on 03/05/26 at 11:05 a.m. with DDS and Chef (1), DDS stated Chef 1 and I conduct food safety and sanitation audits for the main kitchen and SNF kitchen, usually monthly, and the RD is not part of this process. DDS confirmed the RD did not have a role in oversight of food safety and sanitation (Cross Reference F812). A review of the Registered Dietitian Consultant Agreement [RD contract], dated 4/18/25, the RD contract indicated, The Consultant shall provide the Facility with review of food safety and sanitation of the Food Service Department as needed, Duties and Obligations of Consultant.Scope of Services.the Consultant will provide inˆservice education for dietary personnel and other facility personnel as needed.A review of Academy of Nutrition and Dietetics (AND) Nutrition Care Manual (NCM), dated 2025, the NCM indicated, High-risk groups should be aware of how long foods will keep in the refrigerator: Raw fish and seafood: 1 to 2 days, Raw chicken and turkey: 2 to 3 days.A review of FoodSafety.Gov (FSG), dated 9/19/2023, the FSG indicated, .for storing food in the refrigerator.short time limits.will help keep them from spoiling or becoming dangerous to eat.fresh [raw] poultry: chicken whole or chicken pieces 1 to 2 days, fish: 1 to 3 days (https://www.foodsafety.gov/food-safety-charts/cold-food-storage-charts). A review of the U.S. Food and Drug Administration Food Code (FDAFC), dated 2022, the FDAFC indicated, Highly susceptible population means persons who are more likely than other people in the general population to experience foodborne disease because they are: (1) Immunocompromised; preschool age children, or older adults; and (2) Obtaining food at a facility that provides services such.health care, or assisted living, such as a.nursing home.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and record review the facility failed to ensure food were prepared by methods that conserve nutritive value, flavor, and appearance for five of twelve sampled residents (Resident 1,16, 23,25, and 34) when meals were not consistently served at an appetizing, palatable and preferable temperature as determined by the residents.This failure had the potential to cause weightloss.During a concurrent observation and interview on 3/3/26 at 12:20 p.m., with Nutrition Services Manager (NSM). NSM was observed using a calibrated thermometer to check the internal temperature of waffle fries from a test tray after the last lunch meal tray was served to residents and was noted to be 115 degrees Fahrenheit (F). NSM stated, the waffle fries were not at an acceptable temperature for service and acknowledged, facility has received complaints from residents regarding meals being served cold.During a concurrent observation, interview, and record review on 3/3/26 at 12:49 p.m. in the dining room during lunch. Resident 25 stated, The food has no flavor, and I cannot taste what I am eating and consumed less than 50% of the meal.During an interview on 3/3/26 at 12:55 p.m. in Resident 16's room, resident stated the food is not good and complained that the meals served often arrived cold.During an interview on 3/3/26 at 1:02 p.m. in Resident 1's room, resident stated lunch, and dinner are not good.During a review of the Resident Council Meeting (RCM) minutes dated 12/19/25, 1/19/26, and 2/13/26, residents documented concerns regarding food quality. The 12/19/25 minutes reflected a report that tray line food needed improvement and that the steak served was tough and tasteless. The 1/19/26 minutes reflected a report that the meat quality was poor and difficult to cut. The 2/13/26 minutes reflected a report that food continued to be served cold during various meals.During the confidential RCM on 3/4/26 at 11:10 a.m., Resident 34 indicated that the meat quality has not improved and that the food remains below the level expected at the facility. Resident 23 stated that the food seems institutional, the meat is too tough to chew, and a regular knife won't cut the meat.During an interview on 3/5/26 at 11:20 a.m. with Director of Dining Services (DDS), DDS acknowledged that cold food has been an ongoing issue in the facility. DDS further stated, We are aware that this has been brought up before and we are trying to improve the process.During a record review of the facility's policy and procedures (P&P) titled, Timely Meal Service, revised date 10/4/24, the P&P indicated Food will be delivered promptly to assure safe, palatable, and high-quality food served at the proper temperature. Procedure.6. Food will be served at preferred temperatures (hot food hot and cold foods cold) as discerned by the patients/residents and customary practice.A record review of the facility's policy and procedures (P&P) titled, Food Temperature Policy 1. Internal Temperature Standards All food must be measured with a calibrated thermometer before being loaded for delivery and upon arrival. Hot Foods: Must be maintained at 135F or higher. For optimal quality during transport . 4. Corrective Actions and Rejection Criteria Immediate Rejection: Any delivery arriving in the Danger Zone (between 41 F and 135 F) must be refused if the time out of control is unknown or exceeds safe limits.

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	555023	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Dorinda	300 Hot Springs Road Santa Barbara, CA 93108

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview and record review, the facility failed to run reports 1700D (employee report), 1702D (individual daily staffing report) and 1702S (staffing summary report) to ensure payroll-based journal (PBJ) data (a system for facilities to submit staffing information on a regular and frequent basis, ensuring accuracy) was received by the Center for Medicare and Medicaid (CMS).This failure resulted in CMS not receiving registered nurse (RN) hours and licensed nursing coverage data for the month of September 2025.Findings:During a review of PBJ Staffing Data Report [NAME] (Certification and Survey Provider Enhanced Reports) Report 1705D, Quarter 4 2025 (September 1-September 30) run on 2/26/26 indicated, One Star Staffing Rating, No RN hours and failed to have Licensed Nursing Coverage 24 hours/day.During an interview on 3/3/26 at 11:08 a.m. with the Director of Nursing (DON), Administrator (ADM) and Assistant Director of Nursing. DON stated, she forgot to send the PBJ Report for September. During a review of the facilities Policy and Procedure (P&P) titled, The DON checks the data for accuracy and submits the data through the CMS portal.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to ensure infection control practices were implemented when: Enhanced barrier precautions (EBP - Infection control measures the involves wearing personal protective equipment [PPE - protective gear such as gloves, gowns, masks, and eye protection] for specific high-contact tasks such as bathing, transfers, and wound care for at-risk residents to stop germ spread) were not implemented for three of three residents (Resident 3, Resident 4, Resident 40) with indwelling medical devices (instruments placed inside the body to assist with diagnostic, monitoring, or therapeutic functions) A nebulizer mask (a medical device worn over the nose and mouth to deliver liquid medication directly into the airways as a fine mist) used for breathing treatments for Resident 40 was not stored in a manner to maintain hygiene and prevent contaminationSoiled linen bags were found on the floor on two of two soiled linen rooms (SLR). 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.1. During concurrent interviews and observations on 3/4/26, between 8:00 a.m. and 3:31 p.m., it was noted that Enhanced Barrier Precaution (EBP) signage was not posted and personal protective equipment (PPE) was not available at the point of care for the following residents: Resident 3, who was noted to have a peripherally inserted central catheter (PICC line) in the right arm Resident 4, who stated had a suprapubic catheter (a tube placed through the lower abdomen into the bladder for urine drainage) Resident 40, who reported having a feeding tube During a review of Resident 3's History and Physical (H&P) dated 1/31/26 indicates in part, .the patient is currently being treated for infectious endocarditis (a rare, life-threatening infection of the heart's inner lining or valves, usually caused by bacteria entering the bloodstream) with prolonged IV (intravenous – administered into a vein) antibiotics.has a PICC line. The Physician Order Report (POR), dated 1/16/26 indicates in part, Ceftriaxone (antibiotic used to treat severe bacterial infections) 2 grams IV. During a review of Resident 4's POR dated 11/13/25 indicates in part, Suprapubic catheter site care. Cleanse with NS (normal saline), pat dry, cover with 4x4 split sponge and secure with tape once a day. During a review or Resident 40's POR dated 11/4/25 indicates in part, Enteral feeding: tube site care: gently cleanse with NS around the stoma, apply a thin film of Boudreaux's paste (protective barrier ointment to treat and prevent skin irritation), around the stoma (a surgical connection between an internal organ and the skin) under the external bumper, apply split gauze on top of the past. During an observation on 3/4/26 at 9:10 a.m., a Licensed Nurse (LN 5) was observed changing Resident 40's bed linens without any PPE. During an interview on 3/4/2026 at 10:34 a.m. with Infection Prevention Nurse (IPN), IPN stated the facility did not implement EBP because it was a recommendation and not a requirement from the Centers for Medicare & Medicaid Services (CMS). IPN further stated the facility employs (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	transmission-based precautions (TBP) for airborne, contact and droplet precautions and at the time of the interview there were no residents on TBP. During an interview on 03/04/2026 at 2:49 p.m., Licensed Nurse 4 (LN 4) confirmed that no residents were currently on transmission-based precautions (TBP). LN 4 explained that gloves were the only personal protective equipment (PPE) used when emptying urinary catheters. When asked again about PPE usage during care for residents with indwelling medical devices, LN 4 clarified that masks, face shields, or gowns are only used if a resident is on contact precautions. LN 4 added that gloves are not typically worn while changing bed linens unless the linens are contaminated or the resident is on contact precautions. LN 4 stated the training received at the facility was for universal and transmission-based precautions but was unfamiliar with enhanced barrier precautions (EBP). During an interview on 3/4/2026 at 2:56 p.m. with Licensed Nurse (LN 5), LN 5 reported unfamiliarity with Enhanced Barrier Precautions (EBP) and confirmed that training at the facility focused solely on Transmission-Based Precautions (TBP). LN 5 explained that when a resident is placed on TBP, nursing staff set up a cart outside the resident's room containing gowns, gloves, masks, a stethoscope, manual blood pressure cuff, thermometer, alcohol wipes, and disinfectant wipes. LN 5 clarified that the absence of carts outside resident rooms was due to no current residents being on TBP. LN 5 confirmed to changing Resident 40's bed linens without using any personal protective equipment (PPE), explaining that gloves are only required if linens are contaminated. Additionally, LN 5 stated that Resident 40 had no precautions in place. During an interview on 3/5/26 at 9:32 a.m. with Licensed Nurse (LN 2), LN 2 stated there were no residents on TBP. LN 2 acknowledged not knowing what enhanced barrier precautions are and explained that staff are trained to use universal precautions for all residents and TBP precautions are implemented for residents with airborne, droplet or contact precautions. LN 2 acknowledged only wearing gloves when providing foley catheter care or when administering tube feedings. During a follow-up interview on 3/5/26 at 9:57 a.m. with IPN, IPN acknowledged staff were not trained on EBP, only TBP to include airborne, droplet and contact precautions. During a concurrent interview and review on 3/5/26 at 2:50 p.m. with the Director of Nursing (DON) and the Administrator (ADM), guidance from the Centers for Medicare & Medicaid Services (CMS) reference number QSO-24-08-NH, dated March 20, 2024, was reviewed. This guidance indicates in part, CMS is issuing new guidance for State Survey Agencies and long-term care (LTC) facilities on the use of enhanced barrier precautions (EBP) to align with nationally accepted standards. EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status. Following the review of QSO-24-08-NH, both the DON and ADM stated that enhanced barrier precautions had not been implemented at the facility. They acknowledged, however, that EBP should have been in place for residents known to be colonized or infected with multi-drug-resistant organisms, as well as for those with indwelling medical devices who are at higher risk of acquiring such infections. 2. During review of Resident 40's admission Record (AR), dated February 21, 2026, the AR indicated Resident 40 was admitted to the facility with diagnoses of pneumonitis (inflammation of the lungs) and gastrostomy status (the presence of a surgically created, often permanent, opening in the (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stomach (stoma) used for long-term feeding or medication delivery). During an observation on 3/3/2026 at 12:37 p.m., Resident 40's nebulizer canula mask and tubing were observed on the nightstand, uncovered. During a subsequent observation on 3/4/26 at 8:00 a.m. the resident's nebulizer canula mask and tubing were observed on the nightstand and uncovered. During a review of Resident 40's POR dated March 1, 2026, the POR indicated ipratropium-albuterol (inhaled medication used to relaxing muscles in the airways to improve breathing) solution for nebulization (a process that converts liquid medication into a fine mist (aerosol) for direct inhalation into the lungs and respiratory tract using a machine called a nebulizer) 0.5 mg (milligrams – a unit of mass or weight) – 3 mg (2.5 mg base)/ 3 mL (milliliters – a measure of volume), amount 1 vial inhalation every eight hours PRN (as needed). During a concurrent observation and interview on 3/4/2026 at 10:25 a.m. inside Resident 40's room with the Assistant Director of Nursing (ADON), ADON acknowledged the nebulizer equipment (tubing and nasal canula) were on the dresser and not properly stored per the facility's policy. During a review of the facility's policy and procedure (P&P) titled Use of Nebulizer, last revised on 2/28/26, the P&P indicates Equipment Care – Store clean/dry in labeled bag at bedside (name, room #). During an observation on 3/4/2026 at 8:51 a.m. on the first floor SLR1, soiled linen inside a blue striped bag was found on the floor beside the soiled linen bin. During a concurrent observation and interview on 3/4/26 at 9:00 a.m. with the Assistant Director of Nursing (ADON) at the 2nd floor (SLR2), another blue striped bag was found on the floor beside the soiled linen bin. ADON stated the bag shouldn't be on the floor. During a concurrent observation and interview on 3/6/26 at 9:39 a.m.with Housekeeping (HK 1) on the first floor SLR1, HK1 noted the blue striped bag on the floor next to the bin. HK 1 stated, the bag should not be on the floor and picked it up and put it in the bin. HK1 indicated not knowing who placed the blue striped bag on the floor. During an interview on 3/6/26 at 9:45 a.m. with LN 4, LN 4 stated, the bags are supposed to be placed in the bins and that is how it is supposed to be, but some staff don't do it. During an interview on 3/4/26 at 3:29 p.m. with ADON in the facilities conference room, ADON stated, she called the linen company to inquire about the sign which requests the blue stiped bags to be outside of the bin. The company responded that the request may have come from the person who picks up and sorts the linen, but that is not a company policy. The company directed ADON to put blue striped bags in the bin with the other dirty bags. During a review of Medical Center Infection Control Program, undated, the assessment points indicated Soiled linens are not on the floor or furniture. During a review of the facility's policy and procedure titled, Bagging Soiled Linen, dated 12/20/24, indicated, Bag all soiled linen in yellow bags. Place bags in the green cart in the soiled linen room. During a review of the facility's Relias online education titled Common Infectious Conditions in LTC (continued on next page)

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