

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555236	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Marian Regional Medical Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 East Cypress Way Santa Maria, CA 93454	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement scheduled toileting interventions for one of three sampled residents (Resident 1), as indicated in the resident's care plan.</p> <p>This failure had the potential to result in negative outcomes such as incontinence, skin breakdown, and decreased quality of care.</p> <p>Finding:</p> <p>During a review of Resident 1's Clinical Record (Record), the Record indicated, Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnoses included, chronic kidney disease, hypertension (elevated blood pressure), post-surgical pain, impaired mobility, and post lumbar spinal decompression.</p> <p>During a review of Resident 1's Physician Orders (Orders), dated 9/28/24, the Orders indicated, Lasix (medication used to increase urine production in the body) 20 milligram (mg) daily and Hydrodiuril (medication used to help remove excess fluid in the body) 25 mg daily.</p> <p>During a review of Resident 1's Care Plan (CP), dated 9/27/24, the CP under the genitourinary interventions section indicated in part, Offer toileting every two hours.</p> <p>During a review of Resident 1's Bowel and Bladder Flow Sheet (FS), dated 9/27/24 through 10/1/24, the Flow Sheet indicated, incontinence with no documentation of offering toileting every two hours.</p> <p>During an interview on 6/05/25 at 2:20 p.m. with Director of Nursing (DON), the DON confirmed and acknowledged that there was no documentation indicating the care plan was followed. Additionally, the DON confirmed and acknowledged that there is no way to know if the care plan was followed because the Certified Nursing Assistants (CNAs) only chart by exception.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Care of Patient / Resident, revised 1/19 indicated . Resident care needs will be identified based upon an initial assessment of the person's needs . Initial assessments will commence at the time of admission of the person . Measures will be implemented to prevent and reduce incontinence for each person .</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's P&P titled, Bladder Program, revised 1/17 indicated, Resident at [facility name] can expect to be assessed on admission and quarterly for the ability to manage urinary incontinence . Offer toileting every two hours .</p>

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>Based on interview and record review, the facility failed to administer pain medications per physician orders for one resident (Resident 1).</p> <p>This failure had the potential to result in negative resident outcomes, jeopardizing the quality and safety of resident care.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 6/5/25 at 2:20 p.m. with the director of nursing (DON), Resident 1's Medication Administration Record (MAR), was reviewed. The MAR indicated, an order dated 9/27/24 for Norco (pain medication for moderate to severe pain) 1 tab 7.5 mg - 325 mg for pain scale of 4-10 (pain scale of 1-10 with 1 being the least pain and 10 being the worst pain) q4h (every four hours) prn (as needed). There was also an order for acetaminophen 650 mg PO 1 tab q4h prn for mild pain (1-3). On 9/28/24 the order for Norco was changed to Norco 2 tabs 7.5 mg - 325 mg for pain scale of 7-10 q4h prn. Resident 1 received Norco on 9/28/24 at 12:43 p.m. for a documented pain level of 1. On 9/30/24 at 8:41 a. m. Resident 1 was administered Norco for a documented pain level of 2. There was no documentation Resident 1 ever received acetaminophen. The DON acknowledged and confirmed staff did not follow physician orders.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Pain Management, revised date 10/19, the P&P indicated, Staff will evaluate the severity of pain using the 10 point pain assessment scale with [0] meaning no pain and [10] meaning the most excruciating pain they have ever experienced .</p> <p>During a review of the facility's P&P titled, Medication/Treatment Administration, revised date 12/20, the P&P indicated, No drugs shall be administered except upon the order of the physician .</p>		