

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Buena Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 160 S Patterson Ave Santa Barbara, CA 93111	

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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48668</p> <p>Based on observation, interview, and record review the facility failed to maintain a system for a full and complete accounting and management of personal funds entrusted to the facility, for one of three sampled residents (Resident 1).</p> <p>This failure had the potential for misappropriation of Resident 1's personal funds.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE] with primary diagnosis of multiple fractures in right ribs related to fall per the the facility's Face Sheet . Resident 1's medical record titled, Order Summary dated 11/10/23 indicated, Resident 1 as having the capacity to make own healthcare decisions. In addition, Resident 1's Minimum Data Set (MDS, an assessment tool) dated 2/17/24, indicated a Brief Interview of Mental Status (BIMS, an assessment of the resident's ability to remember and reason) score of 15 (13-15 cognitively intact) indicated Resident 1 as having intact cognition.</p> <p>During a concurrent observation and interview on 3/27/24 at 11:45 a.m., in the dining room, Resident 1 was observed to be alert and oriented to time, place, person, and orientation, pleasant and cooperative, and agreed for an interview. Resident 1 stated she left money amounting to \$300 to the facility's Social Services Assistant (SSA) to assist in purchasing items from the facility or from the outside store. Resident 1 stated there was no signed agreement regarding her personal funds left in the care of the facility and denies getting any accounting statement.</p> <p>During a concurrent observation and interview on 3/27/24 at 12:00 p.m., at the social services office, the SSA was observed getting from a locked safety deposit a transparent plastic bag with money and receipts inside. SSA stated that was Resident 1's money, and there was no accounting and statement related to Resident 1's funds.</p> <p>During the interview on 3/27/24 at 12:10 p.m., with Director of Social Services (DSS), DSS stated that there was no system to account for the cash that Resident 1 had left in their care.</p> <p>During the interview on 3/27/24 at 12:15 p.m., with the Administrator (ADM), ADM stated they only have accounting on trust funds by some residents but not on cash left by residents in the facility.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of facility policy and procedure (P&P), titled Resident Trust California, dated 9/24/19, indicated, .resident may request that the facility manage some or all their personal funds, signed receipts for all personal funds received from the residents, and full accounting of all disbursements made to or on behalf of the resident.</p>		