STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555394	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buena Vista Care Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40861 Based on record review and interview the facility failed to implement care plan interventions for 1. Feeding assistance needs for one of three sampled residents (Resident 1). 2. Pressure injury care and prevention for one of three sampled residents (Resident 1). This failure had the potential for Resident 1 to experience weight loss and progression of pressure ulcers. Findings: During a review of the admission record (AR) for Resident 1, dated 2/25/25, the AR indicated Resident 1 was admitted on [DATE] with diagnosis including but not limited to hemiplegia and hemiparesis following cerebral infarction affecting left side (weakness or paralysis following blood flow being blocked in brain causing tissue death), dysphagia (difficulty swallowing), unspecified glaucoma (eye disease causing vision loss). During a review of the facility's policy and procedure titled Care Plan, Comprehensive dated 2008, the policy indicated in part .The care plan is directed toward achieving and maintaining optimal status of health, functional ability, and quality of life and .The individualized care plan is accessible to all caregivers to assure resident specific care information is exchanged and the consistent delivery of care and approaches. During a review of the facility's policy and procedure titled Documentation in Medical Record dated 1/20/2024, the policy indicated in part .Each residents medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation and .1. Licensed staff and interdisciplinary team members shall document all assessments, observations, and services provided in the resident's medical record in accordance with state law and facility policy. 2. Documentation shall be completed at the time of service, but no later than the shift in which the assessment, observation, l or care service occurred. (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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. During a review of the Nutritional Risk Assessment (NRA) for Resident 1, dated 10/3/24, the NRA indicated in part .biting/chewing difficulties, requires full feeding assistance, goal to consume 70-80% meal intake. During a review of the Care Plan Report (CP) for Resident 1, dated 9/29/24, the CP indicated in part .Focus: Self-care deficit as evidenced by: Needs assistance with ADLs (activities of daily living) related to CVA (cardiovascular accident), weakness. Intervention/Tasks: Eating dependent. During a review of the CP for Resident 1, dated 10/3/24, the CP indicated in part .Focus: Altered nutrition . Goal: Encourage 70-80% meal intake. During a concurrent interview and record review on 3/7/25 at 1:24 pm with the director of nursing (DON), the Documentation Survey Report (DSR) dated December 2024, for Resident 1 was reviewed. The DSR indicated Meal intake percentages for three meals daily for Resident 1. The DSR has no meal intake amount and no signature of staff on 12/5/24 and 12/19/24 at 1:00pm. There is no meal intake amount and no staff signature on 12/18/24 at 6;00 pm. The DON agreed that the DSR is missing this information and should be documented if done. 2. During a review of the Wound Assessment Report (WAR) for Resident 1, dated 12/4/24, the WAR indicated in part . Location: Heel, Length 5.00cm, Width 4.00cm, Depth 0.10cm, etiology: Pressure Injury. During a review of the Wound Assessment Report (WAR) for Resident 1, dated 12/4/24, the WAR indicated in part . Location Sacro coccyx, Length 1.00cm, Width: 050cm, Depth 0.30cm, etiology: Pressure Injury. During a review of the CP for Resident 1, dated 9/29/24, the CP indicated in part .Focus: Potential for impaired skin integrity related to fragile skin . Interventions/Tasks: Pressure redistribution mattress to bed, Pressure redistribution cushion-wheelchair. During a concurrent interview and record review on 3/7/25 at 1:24 pm with the director of nursing (DON), the Documentation Survey Report (DSR) dated December 2024 and January 2025, for Resident 1 was reviewed. The DSR indicated Pressure Redistribution Device presence for day, evening, and overnight shifts daily for Resident 1. The DSR for December 2024 has no indicator of presence or staff signature on day shift 12/19/24, evening shift 12/18/24, and overnight shift 12/1/24, 12/4/24, and 12/6/24. The DSR for January 2025 has no indicator of presence or staff signature on the overnight shift on 1/8/25, 1/11/25, 1/15/25, 1/17/25, 1/20/25, and 1/24/25. The DON agreed that the DSR is missing this information and should be documented if done.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 40861 Based on observation, interview, and record review the facility failed to position a wound vacuum pump in accordance with manufacturer guidance for 1 sampled Resident (Resident 1). This failure had the potential to cause a tripping hazard to residents, staff, or visitors as well as a risk of disconnecting the device upon tripping. Findings: During a review of the Order Summary Report (OSR) dated 3/7/25, the OSR indicated an order for Resident 1 dated 3/6/25 for Dressing 1- Apply to wound location: sacrum clean with normal saline pat dry primary dressing; apply the following to the wound bed, NPWT (Negative Pressure Wound Therapy) green sponge, secondary dressing: NPWT drape tertiary dressing 125mm Hg continuous/intermittent therapy every day shift every Thursday, Sunday for pressure ulcer. During an observation on 3/7/25 at 11:29 am in Resident 1's room, the NPWT device's pump which is connected to a power adapter, extension cord and a tube that connects to the wound dressing on Resident 1 is observed sitting on the floor next to Resident 1's bed. There are multiple cables and a tube that come in direct contact with my feet as I stand at bedside. During a review of the Manufacturers Guidance titled (Brand Name) Negative Pressure Wound Therapy System, revised 10/6/21, indicated in part .Position the (Brand Name) Negative Pressure Wound Therapy System and tubing appropriately to avoid the risks of causing a trip hazard. Whenever possible, the device and system tubing should be positioned level with or below the wound. During an interview on 3/7/25 at 12:11 pm with the director of nursing (DON), DON agreed the wound vacuum located on the floor could cause a risk of tripping and or disconnection.