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	03/20/2025

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 40560 Based on observation, interview, and record review the facility failed to maintain a restroom in good repair for one of two sampled residents (Resident 1). This failure had the potential to deny Resident 1 with a homelike environment. Findings: During a concurrent observation and interview, on 3/20/25, beginning at 11:55 a.m., with the Housekeeping Supervisor (HS 1) and Maintenance Assistant (MA 1), Resident 1's restroom was toured. Inside the restroom there was peeling paint, and inoperable ceiling fan, a toilet seat partially without its outer coating, and a loose toilet lever. The HS 1 and MA 1 verbalized and confirmed there was peeling paint, an inoperable ceiling fan, a loose toilet lever and a toilet seat the was partially without its outer coating in Resident 1's restroom. The HS 1 verbalized there were no current work orders in the facility's maintenance system for these issues to be addressed by the maintenance department and they needed to be fixed. During a review of the facility's policy titled Preventative Maintenance dated 8/14, indicated in part The Maintenance Department will maintain the facility's physical plant in accordance with the TELS schedule that will serve to provide a safe, functional, and aesthetically pleasing environment .All maintenance will be scheduled, performed and documented in accordance with the facility's department instruction as noted within the TELS.

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