

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  05/02/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>48668</p> <p>Based on interview and record review, the facility failed to ensure staff verified the accuracy of a physician's order in one of 2 residents' medical record (Resident 1). Resident 1 had an order of NPO (nothing by mouth) and another order was to give medication by mouth.</p> <p>This failure had the potential to place Resident 1 at risk for medication related adverse events and complications.</p> <p>Findings:</p> <p>During Resident 1's review of health records:</p> <p>a. Admission record, indicated an initial admission on 9/27/24, readmission on 3/5/25 with diagnosis of dysphagia (difficulty swallowing) following cerebral infarction (a blockage of blood supply to the brain).</p> <p>b. An MDS (comprehensive assessment) on swallowing and nutrition dated 3/12/25 indicated Resident 1 had a feeding tube (a way of providing nutritional needs by way of a tube that is connected straight to resident's stomach).</p> <p>c. Physician's order dated 4/4/25 indicated diet order as NPO.</p> <p>d. Medication Administration Record (MAR) dated April 2025 indicated an order of:</p> <p>* Amoxicillin/ Clavulanate 500/125 mg (antibiotic-medication to neutralize bacterial infection in the body) 1 tablet by mouth every 12 hours for 10 days, initialed by licensed nurses from 4/7/25 to 4/17/25.</p> <p>* Cephalexin (antibiotic) tablet 500 mg, give 10 ml by mouth three times a day for two days, initialed by licensed nurses from 4/30/25 to 5/2/25.</p> <p>During the interview on 5/2/25 at 11:45 a.m. with the Assistant Director of Nursing (ADON), ADON stated Resident 1 had an order not to take anything by mouth (NPO).</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During the interview on 5/2/25 at 12:00 p.m. with Licensed Nurse (LN 1), LN 1 stated that she was administering Resident 1's medications via gastric tube and not as per the written order by mouth but did not clarify the order with the physician.</p> <p>During the interview on 5/2/25 at 12:15 p.m. with the Director of Nursing (DON), DON acknowledged the antibiotic orders were written in error and was not verified in a timely manner.</p>		