

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 08/20/2025
NAME OF PROVIDER OR SUPPLIER Buena Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 160 South Patterson Avenue 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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure pain management was provided for one of two sampled residents (Resident 2). This failure had the potential for Resident 2 and other residents to have unrelieved and/or uncontrollable pain. Findings: During the interview on 8/14/25 at 10:10 a.m. with Resident 2, Resident 2 stated she had her last dose of pain medication on 6/27/25 at noon in the hospital but did not get anything for pain from the nursing home until the next day and was told by a staff that your medication has not arrived yet. Resident 2's health record revealed the following: admission Record (Face Sheet) indicated Resident 2 was admitted on [DATE] with diagnosis of aftercare following joint replacement surgery. The Minimum Data Set (MDS- a tool for assessing the health and functional capabilities of residents in the nursing home) facilities section Cognitive (C) indicated a BIMS (Brief Interview for Mental Status- cognitive screening tool to assess memory and orientation in nursing home residents) score of 15 indicating Resident 2 is cognitively intact. Nurses' notes dated 6/27/25 at 1:20 p.m. indicated Resident 2 was alert and oriented, can understand and be understood when speaking, vocal complaints of pain in left knee described as aching, pain level #3. The physician order summary report indicated pain relieving medication orders of: a. Acetaminophen 325 mg give 2 tablets by mouth every 6 hrs. as needed for mild pain (1-3 on the pain scale) b. Roxicodone 5 mg 1 tablet orally every 4 hours as needed for moderate pain (no pain parameter) c. Roxicodone 5 mg 2 tablets every 4 hours as needed for severe pain (no pain parameter). Medication Administration Record (MAR) dated June 2025 indicated no Acetaminophen or Roxicodone was administered on 6/27/25. However, on 6/28/25 at 5:44 a.m., record indicated Resident 2 received Acetaminophen given at level 4 pain and did not have monitoring for the effectiveness of the drug. During the interview on 8/14/25 at 2:15 p.m. with the Director of Nursing (DON), DON stated that the controlled pain medication (Roxicodone) was available from the facility's secured emergency medication supply storage and confirmed that no pain medication was administered on 6/27/25. During the review of facility's policy and procedure (P&P), titled Recognition and Management of Pain, dated 8/2025, P&P indicated, It is the policy of this facility to ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. During the review of facility's policy and procedure (P&P), titled Medication Shortages/ Unavailable Medication, dated 8/2025, P&P indicated a licensed facility nurse should obtain the ordered medication from the Emergency Medication Supply.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555394
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