

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 01/17/2025
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>51749</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to assess 1 (Resident #129) of 24 sampled residents for the ability to self-administer their medication(s).</p> <p>Findings included:</p> <p>A facility policy titled, Self-Administration of Medication, dated 2008, indicated, It is the policy of this facility to allow residents who request self-administration of medication to do so if the facility Interdisciplinary Team has determined that resident is capable of doing so in a safe manner that does not present a risk to other residents of the facility. Per the policy, 2. If the resident expresses a desire to self-administer their medications, or a physician orders self-administration, the facility will not allow the resident to self-administer meds until the following procedures are done: a. A Licensed Nurse will complete the Self-Administration Assessment Review which includes the resident's physical and cognitive ability to safely administer and store their medication(s). b. The assessment will then be routed to the Director of Nursing/designee to review with the Interdisciplinary Team (IDT) for approval. c. The IDT will re-assess the resident to verify they are still able to self-administrate medications quarterly. The resident will do a returned demonstration to the IDT to show they are able to perform this task.</p> <p>An Admission Record revealed the facility admitted Resident #129 on 12/31/2024. According to the Admission Record, the resident had a medical history that included diagnoses of Parkinson's disease and type 2 diabetes mellitus.</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/05/2025, revealed Resident #129 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident had intact cognition.</p> <p>Resident #129's Order Summary Report, revealed an order dated 12/31/2024, for a multivitamin oral tablet, give one tablet by mouth one time day for a supplement.</p> <p>Resident #129's medical record revealed no evidence to indicate the resident was able to self-administer their medication(s).</p> <p>During an observation on 01/14/2025 at 10:03 AM and 01/15/2025 at 12:19 PM, the surveyor noted a bottle of multivitamins on Resident #129's bedside table.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 01/14/2025 at 10:03 AM, the surveyor noted a bottle of multivitamins on Resident #129's bedside table. Resident #129 stated they took the multivitamin because they were all natural and organic. Resident #129 stated the facility had not assessed them to be able to self-administer their own medications. Resident #129 stated the facility prescribed and administered vitamins in addition to their own once-a-day multivitamin. Resident #129 stated they did want to continue to self-administer their personal multivitamin.</p> <p>During a concurrent observation and interview on 01/16/2025 at 9:37 AM, Licensed Vocational Nurse (LVN) #3 stated that Resident #129 had not been assessed to self-administer medications and that she administered the resident their medications. LVN #3 observed the bottle of multivitamins on the resident's bedside table, picked up the bottle, and verbally verified the label was for a multivitamin. LVN #3 stated the resident was not permitted to have the multivitamin in their room.</p> <p>In an interview on 01/16/2025 at 9:49 AM, the Director of Nursing (DON) stated Resident #129 had not been assessed to self-administer medications. The DON stated that the resident did have an order for a multivitamin. Per the DON, Resident #129 needed a self-administration assessment and a physician's order, if they wanted to keep the medication to be kept at their bedside.</p> <p>In an interview on 01/16/2025 at 2:37 PM, the Administrator stated her expectations for nursing staff were to get an order for self-administration for the resident and then the resident needed to keep the medications secure in a bedside drawer.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>45555</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure the accuracy of the Minimum Data Set (MDS) for 1 (Resident #16) of 24 sampled residents.</p> <p>Findings included:</p> <p>A facility policy titled, MDS Standard of Practice, dated 01/2024, specified, It is the practice of this facility to conduct accurate coding and delivery of services provided to capture accurate assessment of each resident's functional capacity and health status as per CMS [Centers for Medicare & Medicaid] RAI [Resident Assessment Instrument] MDS 3.0 Manual guidelines.</p> <p>An Admission Record indicated the facility admitted Resident #16 on 11/25/2024. According to the Admission Record, the resident had a medical history that included diagnoses of neurofibromatosis (a condition that caused tumors to form in the brain, spinal cord, and nerves) and encounter for palliative care.</p> <p>A significant change in status MDS, with an Assessment Reference Date (ARD) of 12/31/2024, revealed Resident #16 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident had moderate cognitive impairment. The MDS revealed the resident did not receive hospice care.</p> <p>Resident #16's care plan included a focus area initiated 12/17/2024 that indicated the resident received hospice services related to the diagnosis of neurofibromatosis.</p> <p>Resident #16's Order Recap Report for the time frame 11/01/2024 to 01/31/2024, revealed an order dated 12/20/2024, to admit to hospice.</p> <p>During an interview on 01/16/2025 at 12:22 PM, the MDS Coordinator stated the accuracy of the MDS was important because it reflected the resident's status and drove the care plan. She stated the significant change in status MDS was done for Resident #16 due to the resident being placed on hospice services. The MDS Coordinator reviewed the MDS and confirmed that hospice was not coded on the MDS but stated it should have been. Per the MDS Coordinator, she would have to do a modification of the assessment to accurately reflect the resident being on hospice services. The MDS Coordinator stated it was an oversight.</p> <p>During an interview on 01/17/2025 at 10:36 AM, the Director of Nursing (DON) stated it was important for the MDS to be accurate for reimbursement and it made sure the facility identified and met the resident's needs. The DON stated the MDS Coordinator was responsible for the accuracy of the MDS.</p> <p>During an interview on 01/17/2025 at 10:50 AM, the Administrator stated the MDS needed to be accurate because it triggered the quality measures that initiated the care plan. The Administrator stated the person who completed the specific section of the MDS was responsible to ensure it was accurate, and the MDS Coordinator should do a second check.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>35314</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure resubmit a new Level I screening when 1 (Resident #22) of 2 sampled residents reviewed for preadmission screening and resident review (PASARR) remained in the facility on the 31st day.</p> <p>Findings included:</p> <p>A facility policy titled, Resident Assessment-Coordination with PASARR Program, revised 05/2024, revealed, This facility coordinates assessments with the preadmission screening and Resident review program under Medicaid to ensure that individuals with a mental disorder [MD], intellectual disability [ID], or a related condition receives care and services in the most integrated setting appropriate to their needs. The policy specified, 5. If a resident who was not screened due to an exception above and the Resident remains in the facility longer than 30 days: a. The facility should screen the individual using the State's Level I screening process and refer any Resident who has or may have MD, ID or a related condition to the appropriate state-designated authority for Level II PASARR evaluation and determination.</p> <p>An Admission Record revealed the facility admitted Resident #22 on 09/20/2022. According to the Admission Record, the resident had a medical history including diagnoses of depression and anxiety disorder.</p> <p>An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/20/2024, revealed Resident #22 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident had intact cognition.</p> <p>A letter from the State of California - Health and Human Services Agency Department of Health Care Services, dated 09/20/2022, revealed if Resident #22 remained in the facility longer than 30 days, the facility should resubmit a new Level I screening as a resident review of the 31st day.</p> <p>Resident #22's medical record revealed no evidence a new Level I screening was completed when the resident remained in the facility 30 days after 09/20/2022.</p> <p>During an interview on 01/16/2025 at 10:53 AM, the Assistant Director of Nursing stated was not aware Resident #22 required a new Level I screening.</p> <p>During an interview on 01/17/2025 at 9:07 AM, the Director of Nursing stated that after Resident #22 remained in the facility after 30 days, the facility should have resubmitted a Level I screening.</p> <p>During an interview on 01/17/2025 at 10:24 AM, the Administrator stated a Level I Screening should have been completed after the resident's 31st day in the facility.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>51749</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were stored properly for 1 (Resident #129) of 24 sampled residents.</p> <p>Findings included:</p> <p>An Admission Record revealed the facility admitted Resident #129 on 12/31/2024. According to the Admission Record, the resident had a medical history that included diagnoses of Parkinson's disease and type 2 diabetes mellitus.</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/05/2025, revealed Resident #129 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident had intact cognition.</p> <p>Resident #129's Order Summary Report, revealed an order dated 12/31/2024, for a multivitamin oral tablet, give one tablet by mouth one time day for a supplement.</p> <p>During an observation on 01/14/2025 at 10:03 AM and 01/15/2025 at 12:19 PM, the surveyor noted a bottle of multivitamins on Resident #129's bedside table.</p> <p>During a concurrent observation and interview on 01/14/2025 at 10:03 AM, the surveyor noted a bottle of multivitamins on Resident #129's bedside table. Resident #129 stated they took the multivitamin because they were all natural and organic.</p> <p>During a concurrent observation and interview on 01/16/2025 at 9:37 AM, Licensed Vocational Nurse (LVN) #3 observed the bottle of multivitamins on the resident's bedside table, picked up the bottle, and verbally verified the label was for a multivitamin. LVN #3 stated the resident was not permitted to have the multivitamin in their room.</p> <p>In an interview on 01/16/2025 at 2:37 PM, the Administrator stated she expected the nursing staff to secure medication storage. Per the Administrator, after the resident has been assessed to self-administer their medication, she expected the medications to be secured in their bedside drawer.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35314</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure hair restraints were worn for dietary staff during meal service. This deficient practice had the potential to affect all residents who received food from the kitchen.</p> <p>Findings included:</p> <p>A facility policy titled, Personnel Sanitation Standards, effective 02/2024, revealed, 1. In addition to employee personnel policies, food and dining personnel will be required to adhere to the following sanitary standards: a. hair must be restrained or covered (via hat or hair net).</p> <p>During an observation on 01/15/2025 at 11:11 AM, [NAME] #5 prepared sandwiches and did not wear facial restraint.</p> <p>During an observation on 01/15/2025 at 12:00 PM, [NAME] #4 and [NAME] #5 both had facial hair and were not wearing a facial restraint when they were observed plating the lunch meal for residents.</p> <p>During an interview on 01/15/2025 at 1:23 PM, [NAME] #5 stated the facility did not require him to wear facial restraints because he did not believe his facial hair was long.</p> <p>During an interview on 01/15/2025 at 1:30 PM, [NAME] #4 stated he did have facial hair; however, the facility did not require him to wear a facial restraint.</p> <p>During an interview on 01/15/2025 at 1:38 PM, the Registered Dietician stated [NAME] #4 and [NAME] #5 should have worn facial restraints.</p> <p>During an interview on 01/16/2025 at 1:21 PM, the Dietary Manager (DM) stated the facility policy and procedures were not very clear about the use of hair restraints. The DM stated [NAME] #4 and [NAME] #5 did not require facial restraints as facial restraints were only required if the staff members' facial hair was over a half inch in length. The DM stated he did not know how long [NAME] #4's and [NAME] #5's facial hair was.</p> <p>During an interview on 01/17/2025 at 10:15 AM, the Administrator stated facial restraints should be worn in the kitchen.</p>		