

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 04/10/2026
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility staff failed to follow physician orders related to the monitoring of blood glucose levels for one of 24 sampled residents (Resident 11) when there were no documentation to indicate if blood sugar testing was done as ordered on days missed. This failure has the potential to lead to medication error that can lead to severe hypoglycemia (low blood sugar). During a review of the facility's Face Sheet (admission record), Resident 11 was admitted to the facility on [DATE] with diagnoses that included type 2 diabetes mellitus([DM] abnormal blood sugar). During a review of Resident 11's Physician Orders (PO), dated 10/6/25, the PO indicated to administer Insulin Glargine solostar pen-injection 100 unit/ml (milliliter). Inject 22 units at bedtime for DM. During a review of Resident 11's Medication Administration Record (MAR), dated 4/26, there was no documentation to show the blood sugar was taken to obtain blood sugar levels for the 9 p.m., evening dose on 4/1/26, 4/3/26, 4/4/26, 4/5/26 and 4/8/26 prior to resident medication refusals. And there were no documentation related to the omission and that the physician was notified that Resident 11 had refused blood sugar checks on these dates. During a review of Resident 11's Care Plan (CP) dated 10/16/25, indicated, Resident 11 had DM potential for hypo/hyperglycemia. The CP Interventions included, Identify areas of non-compliance or other difficulties in resident diabetic management, modify the problem area so that it may be more manageable to the resident/family. Provide documentation teaching to resident/family, address identified roadblocks to compliance. During a concurrent interview and record review on 4/9/26 at 1:59 p.m. with the Director of Nursing (DON), Resident 11's MAR and progress notes were reviewed. DON confirmed it was the facility's standard of practice to obtain blood sugar reading prior to insulin administration. DON further stated that when a resident refuses blood sugar checks and or insulin, nursing staff are expected to educate the resident, attempt compliance, notify physician, and document all interventions. DON acknowledged there was no documentation in Resident 11's record to reflect blood sugar monitoring, education, attempts to obtain compliance, or physician notification. During a review of the facility's policy and procedure (P&P) titled, Blood Sugar Monitoring, dated 8/25, the P&P indicated, Documentation will be reflected in the EMAR, progress notes, care plan, etc. as it may apply and it may include: Date, time, blood glucose level. Review of [NAME] and [NAME], Tenth Edition, Fundamentals of Nursing, page 365 in the section titled, Informatics and Documentation, indicated, Documentation is a key communication strategy that produces a written account of pertinent data, clinical decisions and interventions, and patient responses in a health record. Documentation in a patient's health record is a vital aspect of nursing practice.</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 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>Based on observation, interview, and record review, the facility failed to follow established policies regarding the storage of pharmaceutical products when a medication storage room was equipped with a single-door refrigerator/freezer unit, rather than a pharmacy-grade, two door unit with separate freezer compartment and door, when combine. This failure has the potential to lead to inconsistent temperatures and compromise the potency of stored medications when in use. During an observation of the medication storage room in Station A on 4/8/26 at 9:14 a.m., a refrigerator used for medication storage had a single door for both freezer and refrigerator. The freezer was observed to have ice buildup. During the interview on 4/9/26 at 2:38 p.m. with the administrator (ADM), ADM stated that the facility does not store medication in the freezer. The ADM also stated that the facility's policy was to provide a pharmacy grade refrigerator specifically for medications to preserve their efficacy. The ADM acknowledged that there should have been separate doors for the freezer and the refrigerator. During a review of facility's policy and procedure (P&P), titled Monitoring for Monitoring of Temperature in Refrigerator/ Freezer Containing Pharmaceutical Products, dated 2018, the P&P indicated Refrigerators and freezers used to store pharmaceutical products ideally shall be of pharmacy grade, be a two door unit with separate freezer compartment and door, when combined and the monthly log should be kept on the outside of the refrigerator/ freezer door.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to meet the dietary prescription of 1 unsampled resident (Resident 129). This failure had the potential for Resident 129 to have health complications. During a review of the facility's Face Sheet (admission record), Resident 129 was admitted to the facility on [DATE] with diagnoses that included Acute Kidney Failure, unspecified (a sudden loss of kidney function). During a concurrent observation and interview on 4/8/26 at 6:18 a.m., with the Dietary Manager (DM) during tray line, the meal ticket for Resident 129 indicated in part Regular, Fluid Restriction 1500 ml Thin Liquids and Renal Diet. The tray was observed with a salt packet, this observation was validated by the DM and stated will double check the dietary prescription. During a concurrent interview and record review on 4/08/26 at 2:15 p.m., with the Dietician (DIT), the dietary order for Resident 129, was reviewed. The Dietary order indicated in part, No added Salt. During a review of Renal Diet 40-60-80 Gram Protein Low Potassium, Low Salt Menu dated 2025, the Renal Diet indicates in part, The diet should also include other restrictions such as potassium, sodium and fluid, low potassium and low salt diet recommended.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview and record review, the facility failed to ensure food safety is maintained when an outdated bottle of juice was left in the refrigerator and spoiled produce were left for use and not discarded. This failure had the potential to expose residents to foodborne illnesses (diseases that are caused by eating contaminated food). During a concurrent observation and interview in the facility kitchen on 4/8/26 at 6:07 a.m. with the Dietary Manager (DM), a bottle of juice was observed in the refrigerator that had a best by date of 4/1/26. During a concurrent observation and interview on 4/8/26 at 6:11 a.m. at the facility kitchen with the DM, cucumbers were noted to have had mold and to be mushy (an unpleasant, stale, or damp smell caused by mold or mildew). DM verbalized that the person responsible for receiving the produce should inspect the foods before storage or use. During a review of Policies and Procedures titled Storing Produce dated 2003, the Storing Produce indicated in part 1. Check boxes of fruit and vegetables for rotten, spoiled items. Throw away spoiled items upon delivery. During a review of policies and procedures titled Labelling and Dating of Foods dated 2022, the Labelling and Dating of Foods indicate in part, The use by date signifies the date in which food must be consumed or discarded.</p>