

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555830	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Lompoc Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1428 W North Ave Lompoc, CA 93436	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>49376</p> <p>Based on interview, and record review, the facility failed to ensure 1 of three sampled residents (Resident 1), urine outputs via Foley catheter (thin, flexible tube that drains urine from the bladder into a bag outside the body) were not accurately documented.</p> <p>This failure may have contributed to the hospital transfer to the emergency room for Resident 1.</p> <p>Findings</p> <p>During an interview on 11/19/24 at 11:41 a.m. with Resident 1 (RS1), stated, I was having some pain regarding the catheter, and then I went to the ER [emergency room] and the ER pulled the catheter, and then a bunch of urine came out and the pain was relieved. The day I went to the ER there seemed to be a disconnect with the staff, one staff was telling me to drink more water, and another was telling me to stop playing with the catheter.</p> <p>During an interview on 11/21/24 at 12:36 p.m. with Director of Staff Development (DSD), DSD wrote via email, it looks like the task for the catheter output was not initiated until 11/7/24. That has to be done for it to trigger on PCC [Point Click Care, electronic charting system] for the Nurses/CNA's to document the output.</p> <p>During an interview on 12/05/2024 at 11:21 a.m. with Director of Staff Development (DSD), DSD wrote via email, he was one of the ones that did not have the task for output in PCC. His Intake is listed, no output as there was no task.</p> <p>During a review of Resident 1's Physician Orders (PO), dated 11/2/24, the PO indicated, send to ER for eval r/t [related to] excess hematuria [the presence of blood in the urine].</p> <p>During a review of Resident 1's Intake and Output (I&O), dated 10/29-11/6/24, the I&O indicated, no urine outputs were documented until 11/7/24.</p> <p>During a review of Resident 1's Catheter Care Plan (CCP), dated November 7th 2024, the CCP indicated, Empty catheter bag and record amount of urine at end of shift.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Catheter Care, Urinary, dated August 2022, the P&P indicated, Follow the facility procedure for measuring and documenting input and output.</p>