

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/03/2026
NAME OF PROVIDER OR SUPPLIER Lompoc Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1428 West North Avenue 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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, interview, and record review, the facility failed to ensure expired medications, biologicals or supplies were properly disposed of and not readily available for use and unlabeled prepared medications were not stored in the medication cart. These failures may pose a significant risk to residents' health and safety by potentially exposing them to ineffective treatments or therapies and medication errors. Findings: During an inspection of the facility's Station A treatment cart on 7/1/26 at 8:38 a.m., the following expired items were found: Puracol Ultra Powder Collagen Dressing (a dressing sprinkled directly to the wound which maintains a moist environment and promotes natural tissue growth) (expired 5/31/26), and Skintegrity ECO Paraben-Free Hydrogel (a water-based gel applied to the wound which creates an optimal moist environment for healing) (expired 10/19/25). During a concurrent observation and interview on 7/1/26 at 8:45 a.m., with licensed nurse (LN) 1, LN 1 confirmed the expiration dates of the items found in the treatment cart and acknowledged that these expired items should have been discarded. During a concurrent inspection and interview in the main medication room at Station C and D nurse stations on 7/2/26 at 9 a.m. with licensed nurse (LN) 2, an opened box of Copan Influenza Swabs (devices used to collect respiratory specimens for flu virus testing) was found in one of the storage cabinets. The box indicated an expiration date of 6/9/26. Upon further examination of the individually packaged swabs with LN 2, LN 2 confirmed the expiration date and acknowledged that the expired swabs should have been disposed of. During a concurrent inspection of medication cart C-1 at Station C and interview with LN 1 and LN 2 on 7/2/26 at 9:04 a.m., an unlabeled and uncovered 30 cc medicine cup containing various pills was discovered in the cart's top drawer. LN 1, who was responsible for medication cart C-1, explained that the pills had originally been declined by unsampled resident (Resident 57) but were retained with the intention of re-offering them to the resident later. Both LN 1 and LN 2 acknowledged that storing unlabeled medications presents a risk for significant medication errors and agreed that such medications should not be saved or kept for subsequent use. During a review of the facility's policy and procedures (P&P) titled, Medication Labeling and Storage, revised February 2023, the P&P indicated in part, Medication Storage . 3) If the facility has discontinued, outdated, or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items. During a review of the facility's P&P titled Administering Medications, revised April 2019, the P&P indicated in part, . 12) The expiration/beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date opened is recorded on the container		

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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