STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555875	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Channel Islands Post Acute	3880 via Lucero Santa Barbara, CA 93110

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 0624 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prepare residents for a safe transfer or discharge from the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and records review, the facility failed to provide sufficient discharge planning for one of three sampled residents (Resident 1) when the facility did not ensure needed home health services were in place prior to Resident 1's discharge. This failure resulted in Resident 1 not being provided needed home services. Findings: During a review of Resident 1, admission Record (AR), dated 04/09/25, the AR indicated, Resident 1 is a [AGE] year old male, admitted on [DATE] with diagnoses that included, fracture of right acetabulum and right pubis (a break in the socket of the hip joint), fall-subsequent encounter, Type 2 Diabetes Mellitus (the body cannot use insulin correctly and sugar builds up in the blood), and long-term use of insulin. Resident 1 was discharged to home on [DATE] at 11:14 a.m. with home health agency (HHA) services. During an interview on 4/09/25 at 12:24 p.m. with the Social Services Director (SSD), the SSD stated that social services staff coordinates continuity of care when discharging residents. The SSD said, they had coordinated home health services for physical therapy (PT), occupational therapy (OT), and nursing services when Resident 1 was discharged . The SSD provided copies of the documents that were faxed to the HHA but was unable to provide evidence of confirmation the HHA received the referral for Resident 1. SSD acknowledged Resident 1 contacted the facility post discharge regarding caregiver services which he was expecting to receive and had not received yet. During a review of Resident 1's Social Services Notes (SSN), dated 3/24/25, the SSN indicated, Resident 1, had called the facility asking for assistance to follow up on private caregiving. The social services staff called the Veterans Administration (VA) and were informed they had not followed up with the authorization since the March 11th request and that they would re-submit another request. During a telephone interview on 4/10/25 at 11:27 a.m. with Resident 1, Resident 1 stated he was discharged several weeks ago with the understanding he would be receiving home health care services however he had not received any assistance yet. Resident 1 said he had already fallen since he was discharged . (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0624 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/10/25 at 11:58 a.m. with the Assistant Director of Nursing (ADON), the ADON said she followed up with the home health agency (HHA) on 4/09/25 and was informed Resident 1 had not been seen for home health care services. The HHA representative stated they could not get a hold of the resident and were still awaiting VA approval. During a telephone interview on 4/10/25 at 12:06 p.m. with the SSD, the SSD stated the facility does not typically follow up with HHA's or discharged residents unless the HHA notifies the facility that they cannot provide services to the resident or if they are unable to get a hold of the resident. The SSD stated the HHA that was supposed to provide home health care services for Resident 1 did not contact the facility to inform them they were not able to get in contact with the resident or that they were still awaiting VA approval to provide services. During a review of an email correspondence from the social services staff to the HHA, dated 4/09/25, the email indicated, the HHA had not seen Resident 1 because they still did not have authorization from the VA and had been unable to get in contact with Resident 1. The email indicated, the HHA contacted the VA to request authorization and obtain more demographic information but never heard back. During a review of the facility's policy and procedure (P&P) titled, Discharge or Transfer, dated 11/2023, the P&P indicated, It is the policy of this facility to provide the Resident with a safe organized structured transfer and or discharge from the Facility to include but not limited to hospital, another healthcare facility or home that will meet their highest practical level of medical, physical and psychosocial well-being .D. Social Services (or other designated individual) will initiate contact with a home health agency to ensure continuity of care as deemed appropriate.