

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555875	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2025
NAME OF PROVIDER OR SUPPLIER Channel Islands Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to have one of three sampled residents (Resident 1) the right to retain and use personal possessions when a denture delivered to the resident was never documented nor found.</p> <p>This facility failure has the potential to create negative consequences whereby the resident feels not treated with respect.</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record (AR), dated 6/4/25, the AR indicated Resident 1 was admitted to the facility on [DATE] with including diagnosis of Anxiety disorders (a group of mental health conditions characterized by excessive and persistent worry, fear) and altered mental status (AMS - refers to a change in a person's level of consciousness, awareness, or cognitive function).</p> <p>Further review of Resident 1's Dental notes record indicated dated 11/21/22, that Resident 1 full upper and full dentures were delivered. However, review of Resident 1's Inventory of Personal Effects record dated 4/15/22 showed record of documentation regarding dentures. A review of Mail & Packages Log also showed Resident 1 has had multiple packages delivered. And no theft and loss record documented.</p> <p>During an interview on 6/4/25 at 2:10 p.m. with CNA 2, when asked about resident's inventories and record keeping, CNA 2 verbalized that when resident is new to the facility, CNA documents resident's personal belonging on the inventory list and new items brought in by family member are labelled either by the Central Supply (CS) or she marks the items with resident's name and updates the inventory list.</p> <p>During an observation on 6/4/25 at 10:45 a.m. Resident 1's face had a sunken appearance, lips were thin and closed together, chin and cheek bones structures was very pronounced.</p> <p>During an interview on 6/4/25 at 11:25 a.m. with the Activity Aide (AA), the Activity Aide verbalized, that activity personnel check the mail and packages delivery 3:00 p.m. every day at the front desk. Packages are recorded in a log with the resident's name, staffs initial, date delivered and the package tracking number. The activity personnel deliver the package to the resident. Once package is open, the item is labeled with resident's name then the Certified Nursing Assistant (CNA) updates the inventory list.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/4/25, at 11:40 a.m. with the Social Services Assistant (SSA), the SSA verbalized that on admission, resident's personal belongings are labelled with resident's name and recorded in the inventory list including resident's dentures. Any personal brought in after resident's admission are labelled and inventory list are updated.</p> <p>During a concurrent interview and record review on 6/4/25, at 12:15 p.m. with the Social Services Director (SSD) and the SSA, the theft and loss binder and the Resident 1's dental visit document was reviewed. The SSD verbalized that Resident 1 was last seen by the dentist in November 2024 and declined dental services. SSS further verbalized, dental visit notes recorded that dentures were delivered 11/21/22, dentures must be recorded in the inventory list. Both SSD and SSA was unaware of Resident 1's missing denture. SSD acknowledged that the missing dentures should have been recorded in the theft and loss log and was not.</p> <p>During an interview on 6/5/25, at with the Assistant Administrator (AADM 1), the AADM 1 acknowledged that several packages were delivered at the facility. AADM 1 further acknowledged that the list of inventory list of personal belongings was never updated since Resident 1's admission.</p> <p>During an interview on 6/11/25, at 2:05 p.m. with the Assistant Director of Nursing (ADON), the ADON acknowledged that the policy for theft and loss and personal belongings was not followed.</p> <p>During a review of the facility's P&P titled, Theft & Loss, dated 12/2024, the P&P indicated, It is the policy of this facility to provide a theft and loss program which protects and conserves residents, facility, visitor, and employee property .2. Completed Resident Property Loss Report forms will be filed in a binder which will be retained in the Social Service Department Office. Each Report must be: A. Retained at least 12 months. B. Made available to the State Department of Health Services, the County Health Department, law enforcement agencies and/or the State Long-Term Care Ombudsman I response to a specific complaint. 3. A written Resident personal property inventory must be recorded on a appropriate form upon the resident's admission and it must be: A. Retained during resident's stay. B. Provided to the resident or to the person acting upon the resident's behalf. C. Maintained current by noting all items, being added or deleted by the written request of the resident or the person acting upon the resident's behalf .</p> <p>Further review of the facility's P&P titled, Personal Effects, Inventory of Belongings, dated 11/2024, the P&P indicated, It is the policy of the facility to take reasonable steps to protect the personal property of the residents .1. On Admission. A. When a resident is admitted to the facility, an inventory of the resident's personal effects shall be done by a staff member of the facility .These personal effects shall be recorded on the Inventory of Personal Effects Form .2. During Resident's Facility Stay. A. When any personal item which may have a direct or indirect bearing on the resident's health and safety is brought into the facility for a resident after admission, the item shall be recorded, dated and signed by a staff member .</p>		