

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 08/12/2025
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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (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

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility staff failed to ensure a significant change in condition for one of three sampled resident (Resident 1) was communicated to ensure prompt consult with the resident's physician when the Certified Nursing Assistant (CNA 1) noticed Resident 1 was becoming more tired and needed to be assisted with meals. This failure resulted in delay in treatment for the resident. Review of Resident 1 clinical records indicated, Resident 1 was admitted to the facility on [DATE], with diagnoses that included Alcohol cirrhosis (chronic liver failure) of liver with ascites (abnormal build up of fluid in the abdomen), hepatic encephalopathy (altered level of consciousness as a result of liver failure), pleural effusion (accumulation of excessive fluid in the space that surrounds each lung), heart failure, generalized swelling. Further review of clinical records showed, Resident 1 had a change of condition (COC) on 7/08/2025, for weakness and dysphagia (difficulty swallowing), and COC on 7/09/2025 for altered level of consciousness with abnormal vital signs (pulse 174), and was sent out to the hospital via 911. During an interview on 7/16/2025 at 2:30 p.m. with CNA 1, CNA 1 stated that on 7/9/2025, In the morning around 7-7:30 a.m., I went to wake (Resident 1) up and he noticed he was tired. I explained that I was going to change his brief and I got his breakfast tray to feed him. but didn't eat much . usually eats almost everything . (Resident 1) was a bit confused . I told the nurse, (LN 1), that he was confused and talking gibberish. I couldn't understand him. LN 1 checked and took vital signs and told me to check on him . During an interview on 7/16/2025 at 2:50 p.m. with CNA 2, CNA 2 stated that on 7/8/25 , I noticed Resident 1 was becoming more tired and needed to be assisted with meals. probably about a week or so. used to talk more, then would just answer OK when spoken to. would fall asleep eating, not eating as much, drank most of the shakes. Required a lot of encouragement. I told the nurse and LN 2 made rounds. During an interview on 7/16/2025 at 3:10 p.m. with licensed nurse (LN 2), LN 2 stated that on 7/9/25, in part, I passed meds about 11:30 a.m. -12:00 p.m. and Resident 1 was able to take meds for me. The daughter was here and the CNA called me to tell me she wanted to see me. She wanted Resident 1 sent to the hospital and said didn't look right, but Resident 1 didn't want to go. I discussed the risks and benefits of going because Resident 1's pulse was elevated at that time . Agreed to go, he was tired and wasn't speaking in full sentences, stated OK The CNA never told me Resident 1 was talking gibberish. When I passed morning meds, Resident 1 took medication with no problems. I never told anyone to :check on him. During an interview on 7/17/2025 at 12:30 p.m., with the Assistant Administrator (AA), AA explained CNA 1 and LN 1 were spoken to about the timeline discrepancy. CNA 1 told AA she had not told LN 1 after breakfast about Resident 1's change in condition as she had told this writer when interviewed. AA asked CNA 1, Why would you tell the surveyor that you did tell the nurse? AA reported that CNA 1 said didn't know why. AA then reported follow up with LN 1 confirmed that CNA 1 had not reported it. During a review of the facility's policy and procedure titled, Change of Condition, dated 11/2024, indicated in part ., Procedure: 1. If, at any time, it is recognized by any one of the team members that the condition or care needs of the resident have changed, the Licensed Nurse or Nurse Supervisor should be made aware. Examples would be the following . : Change in ability or decline in physical function . Change in mental status, . Change in ability to eat or drink .</p>		