

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  08/22/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on observation, interview and record review, the facility failed to provide sufficient staffing to provide care for the residents. This failure has the potential to affect the resident quality of care. A review of All Facilities Letter (AFL) dated 3/17/21, the AFL summary indicated in accordance with HSC sections 1276.5 and 1276.65, and W &amp; I section 14126.022, this notice provides updated guidelines for facility requirements during state audits for compliance with the 3.5 DHPPD staffing requirements, of which a minimum of 2.4 DHPPD shall be performed by certified nurse assistants (CNAs). During a concurrent interview and record review on 8/19/25 at 4:30 p.m. with the Director of Nursing (DON) the Census and Direct Care Service Hours Per Patient Day (DHPPD - a staffing metric for skilled nursing facilities (SNFs), for the dates of 7/24/25 - 8/6/25 was reviewed. On 7/6/25 (Saturday) the actual DHPPD was 3.03 and for Certified Nursing Assistant (CNA) was 1.71. On 7/2/25 (Sunday) the actual DHPPD was 2.93 and for CNA was 1.82. On 8/1/25 (Friday) the actual DHPPD for CNA was 2.24. On 8/2/25 (Saturday) the actual DHPPD is 2.73 and for CNA was 1.65. On 8/3/25 (Sunday) the actual DHPPD is 2.58 and for CNA was 1.65. On 8/4/25 (Monday) the actual DHPPD for CNA was 2.08. On 8/5/25 (Tuesday) the actual DHPPD for CNA is 2.13. On 8/6/25 (Wednesday) the actual DHPPD for CNA is 2.02. And DON validated the findings. During an interview on 08/12/25 at 1:34 p.m. with the Director of Staff Development (DSD) DSD stated that the facility has developed and conducted Certified Nursing Assistant (CNA) classes where graduates can be hired under contract as a CNA for the facility. The DSD also stated that CNA from a sister facility help out when there is insufficient staffing. Supervisors or administrative staff who are licensed CNA also help out when there is not enough staff. Family emergencies are the common reasons when staff call in on the last minute. During a record review of facility fall logs, one (1) resident had a fall on 7/27/25, two (2) residents had a fall on 8/2/25, one (1) resident had a fall on 8/2/25. There were two (2) residents who had a fall on 8/4/25. There were two (2) hospital transfers on the dates of 7/26/25 and 8/05/25. There were no reported missed or medication errors within the alleged time frame. During a review of Policies and Procedures (P&amp;P) titled Nursing Services: Staffing: Adequate dated 03/22, the Nursing Services: Staffing, Adequate indicates in part, 2. The facility maintains adequate staff on each shift to assure that the residents needs are met.</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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