

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  04/13/2026
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on record review, interview, and facility Policy and Procedure (P/P) the facility failed to ensure care plan interventions were updated following score increase, multiple subsequent falls for one and three resident (Resident 1). This facility failure resulted with resident having repeated preventable falls. During a concurrent interview on 4/12/26 at 11:30 a.m., the Minimum Data Set (MDS) coordinator confirmed that Resident 1 experienced three previous falls (on 10/17/25, 11/27/25, and 12/11/25) prior to a fourth fall on 3/31/26. This most recent incident resulted in a left periprosthetic femoral fracture (a break in the thigh bone adjacent to a hip prosthesis).A review of Resident 1's comprehensive care plan for falls initially dated 8/20/25, revised 8/30/25, revealed there was no documentation to show an updated interventions following Resident 1's multiple subsequent falls on 10/17/25, 11/27/25, and 12/11/25. While the fall on 3/31/26 was addressed, the interventions remained identical to the original 8/20/25 plan, indicating a lack of revision in response to changing needs.A review of Resident 1's fall evaluation record titled Fall Risk Evaluation Form indicated, initial admission fall risk score (8/20/25) was 10, categorizing the resident as High Risk. A follow-up assessment on 2/25/26 showed an increased score of 17, indicating continued High Risk status. Per the Fall Risk Evaluation Form utilized indicated that a score of 10 or greater, the resident should be considered at HIGH RISK for potential falls and preventive protocols must be initiated instantly and documented.During a concurrent record review of Resident 1's fall intervention with MDS on 4/12/26 at 11:30 a.m., it revealed that despite an increased Fall Risk Assessment score of 17 and four subsequent falls, the comprehensive care plan was not updated or revised since 8/20/25.During a concurrent interview and record review on 4/12/26 at 11:30 a.m. with MDS 1, Resident 1's fall care plans were reviewed. MDS 1 was questioned regarding the lack of revisions to the initial comprehensive long-term care plan for falls since August 20, 2025, despite Resident 1's Fall Risk Assessment score increasing to 17 and experiencing multiple (4 ) falls in the facility, the interventions and tasks outlined in the care plan remained unchanged. Upon reviewing the care plan, MDS 1 was unable to provide an explanation. MDS acknowledged the care plan should have been updated following the score increase, each fall, and during quarterly reviews.During an interview with Administrator (ADM) and Assistant Director of Nursing (ADON), on 4/13/26 at 4:21 a.m., both concurred and acknowledged the policies and procedures were not followed when there no documentation to show Resident 1's care plan interventions were updated following score increase, multiple subsequent falls on 10/17/25, 11/27/25, 12/11/25, and during quarterly reviews.During a review of the facility's policy and procedure (P&amp;P) titled, Care Planning, dated /revised 01/26, the P&amp;P indicated, . Revision or updating of the care plan will occur with quarterly, annually, upon significant changes of condition.A review of the facility's P&amp;P, titled, Resident Assessment and Associated Processes, with a revised date of 1/2026, indicated the following, Comprehensive Assessment: includes the completion of the MDS (Minimum Data Set) as well as the CAA (Care Area Assessment) process, followed by development and/or review of the comprehensive care plan. Comprehensive MDS assessments include Admission, Annual, Significant Change in Status Assessment and Significant Correction to Prior Comprehensive Assessment.3. a. Significant Change: (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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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>iii. Requires IDT review and/or revision of the care plan.4. Each resident will be assessed every 3 months (at least every 92 days) between comprehensive assessments using a standardized quarterly review process.5. Assessment information will be used to develop, review, and revise the resident's comprehensive care plan.</p>		