

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 05/09/2025
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51644</p> <p>Based on observation, interview, and record review, the facility failed to follow its policy and procedure with Self-Administration of Medications for 1 of 31 sampled residents (Resident 39) found with multiple self-medications by the bedside.</p> <p>This failure has the potential to result in medication error.</p> <p>Findings:</p> <p>During a concurrent observation and interview of Resident 39's room on 05/05/25 at 09:45 a.m., supplemental medications were found by beside namely:</p> <p>Primal Harvest Hair Growth - Hair Growth Complex Supplement</p> <p>Immuneti Advanced Immune Defense.</p> <p>Primal Multivitamins (primal harvest).</p> <p>During an interview with Resident 39 when asked about the medication, Resident 39 stated I have been taking them by myself since I moved here into here into the facility.</p> <p>During a review of Resident 39's medical record (MR) indicated, resident was admitted to the facility on [DATE] with diagnoses that includes Suicidal Ideations (thinking about or being overly focused on death and dying), Alcohol abuse (craving and drinking drinks excessively) and Opioid Use (opiod - a class of drug used to reduce moderate to severe pain).</p> <p>During a concurrent interview and record review on 05/05/25 at 10:15 a.m. with the Registered Nurse (RN1) RN1 indicated, they were no self-administration assessment done for Resident 39 and could not locate a documentation for Resident 39's desire to participate in self-administration. And no interdisciplinary team (IDT - a group of healthcare professionals with diverse specialties who collaborate to provide comprehensive care to patients) notes, or a care plan referring to the resident desire to participate in self-administration of medication were found. RN1 acknowledged, there should have been one.</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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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent record review and interview on 05/07/25 at 10:05 a.m. with the Director of Nursing in Training (DONIT), the DONIT confirmed there were no IDT notes and care plans for Resident 39's desire to participate in self-administration of medications.</p> <p>During another concurrent interview and record review on 05/08/25 at 12:18 p.m. with the Director of Nursing (DON), the DON confirmed there were no IDT notes and care plans for Resident 39's desire to participate in self-administration of medications.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Self-Administration of Medications, last reviewed 11/2024 indicated, . If a resident desires to participate in self-administration, the interdisciplinary team will assess and periodically re-evaluate. Nursing will be responsible for recording self-administration doses in the resident's medication administration record. Appropriate notation of these determinations will be placed in the residents care plan.</p>		

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<p>F 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>51644</p> <p>Based on observation, interview, and record review, the facility failed to provide safe, clean and home-like environment to 2 of 31 sampled residents (Residents 73 and 127) when:</p> <ol style="list-style-type: none"> 1. Resident 127's room was found with loose floor tiles partially lifted creating a raised gap. 2. Resident 73's room was found with cobwebs in the ceiling, scratches on the wall by the headboard, and missing wall tiles in bathroom. <p>These failures have the potential to affect residents' well-being.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During an observation on 5/5/25 at 10:20 a.m. in resident 127's room, one of the tiles on the floor was found to be loose and was partially lifted, creating a raised gap. <p>During a review of the maintenance logbook for Station H2 (the section of the facility where Resident 127's room is located) reviewed dated 3/1/25 to 5/7/25 showed no requests directly added to maintenance logbook entries regarding a floor tile repairs for Resident 127's room and bathroom.</p> <p>During a concurrent observation and interview on 05/07/25 at 8:53 a.m. with the Maintenance supervisor (MS) in Resident 127's room, the MS confirmed the section of the loose floor tiles partially lifted creating a raised gap. And MS stated, I can see that there can be a problem, I will fix it right away.</p> <ol style="list-style-type: none"> 2. During an observation on 5/5/25 at 10:28 a.m. in Resident 73's room, cobwebs (spider's web) were found hanging from the ceiling above resident's bed. The wall behind the headboard of the resident's bed had visible scratches with paint coming off and exposing the brown underlayer of the wall. Some of the tiles surrounding the bathtub in resident's 73's bathroom were missing exposing the brown and black residue left on the wall. <p>During a concurrent observation and interview on 05/07/25 at 08:57 a.m. with the Maintenance Supervisor (MS) in Resident 73's room, MS confirmed the cobwebs in the ceiling, wall scratches and missing wall tiles in the bathroom and MS stated, We have been wanting to repair them, and this is one of the last rooms on the list.</p> <p>During a review of the maintenance logbook for station H2 (H2 - the section of the facility where Resident 73's room is located), the logbook dated from 3/1/25 to 5/7/25 showed no entries submitted for maintenance work for Resident 73's room.</p> <p>During an interview on 05/07/25 at 03:36 p.m. with the Laundry and Housekeeping Supervisor (LHS) and District Manager of Laundry and Housekeeping Services, (DMLS) in LHS's office, the DMLS acknowledged the Resident 73's room must have been overlooked.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Safe and Homelike Environment, revised 11/2024, section 3 of the P&P indicated, Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment. The term sanitary is defined in P&P as, .includes but is not limited to, preventing the spread of disease-causing organisms by keeping resident care equipment clean and properly stored. Resident care equipment includes, but is not limited to, equipment used in the completion of activities of daily living. In addition, section 9 (f) stated, . Staff to deliver requests/findings directly to the department or add to maintenance logbook.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Safe and Homelike Environment, revised 11/2024, section 3 indicated, Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment. In addition, section 9 (f) stated, . Staff to deliver requests/findings directly to the department or add to maintenance logbook.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44589</p> <p>Based on observations, interviews and record review, the facility failed to accurately assess the status of residents to reflect with the Minimum Data Set (MDS - an assessment tool used to assess residents in nursing homes) for 3 of 3 unsampled residents (Resident 95, Resident 119 and Resident 130) when:</p> <ol style="list-style-type: none"> 1. Resident 95 had an inaccurate assessment for injection (administering a substance using a needle and a syringe) use. 2. Resident 119 had an inaccurate assessment for anticoagulants (a medication that prevents blood clots from forming) use. 3. Resident 130 had an inaccurate assessment for tobacco use. <p>These failures have the have the potential to prevent relevant care areas about the resident's status not being met.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 95's Admission Record (AR), dated 5/5/25, the AR indicated Resident 95 had a diagnosis of Type 2 Diabetes (abnormal blood sugar). <p>During a review of the Physician's Progress Notes (PPN), dated 3/30/25, the PPN indicated, Resident 95 was taking insulin (a hormone that regulates blood sugar levels) due to diagnosis of Diabetes. Further review of Resident 95's clinical record indicated, the physician ordered an insulin injection to be administered subcutaneously (beneath the skin) four times a day and to follow the insulin sliding scale (insulin dosing) as ordered.</p> <p>During a review of Resident 95's Medication Administration Record (MAR), the MAR indicated Resident 95 received an insulin injection from 3/9/25 to 3/15/25.</p> <p>During a review of Resident 95's MDS Annual Assessment section N0300 for injection, Assessment Reference Date (ARD - the last day of the observation period for a resident's assessment), dated 3/25/25, the N0300 indicated, 0 meaning Resident 95 did not receive an injection of any type.</p> <p>During a concurrent interview and record review with the MDS coordinator (MDSC 1), on 5/7/25 at 11:15 a. m. the MDS assessment for injection and Resident 95's MAR were reviewed. And MDSC 1 acknowledged that the inaccurate assessment entered for section N0300 for Resident 95's MDS assessment.</p> <ol style="list-style-type: none"> 2. During a review of the Physician Progress Notes (PPN) dated 3/30/25, the PPN indicated, Resident 119 current medications include Apixaban (a type of anticoagulant medication). <p>During a review of the Physician's Order (PO), dated 4/3/24, the PO indicated to administer Apixaban 5 milligrams (mg - unit of measurement) by mouth two times a day to prevent DVT (Deep Vein Thrombosis - a condition where blood clot forms in deep veins).</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 119's MAR, the MAR indicated Resident 119 received an anticoagulant medication from 4/8/25 to 4/14/25.</p> <p>During a review of Resident 119's MDS Annual Assessment section N0415, ARD, dated 4/14/25, the N0415 indicated, No meaning Resident 95 did not receive an anticoagulant medication.</p> <p>During a concurrent interview and record review with the MDSC 1, dated 5/7/25, at 11:15 a.m. the MDS assessment for anticoagulant medication use and Resident 119's MAR reviewed. MDSC 1 verified the inaccurate assessment and verbalized that Resident 119 received an anticoagulant for 7 days.</p> <p>During a review of the P&P titled, RAI, dated 10/2024, the RAI coding instruction indicated, N0415: High-Risk Drug Classes (drugs that can cause significant harm to patient) .E. Anticoagulant .Check if the resident is taking any medications by pharmacological classification during the 7-day observation period (or since admission/entry/reentry if less than 7 days).</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident Assessment Instrument (RAI), dated 10/2024, the RAI coding instruction indicated, N0300: Record the number of days during the 7-day [NAME] back period(or since admission/entry or reentry if less than 7 days) that the resident received any type of medication, antigen, vaccine etc., by injection. Insulin injections are counted in this item .</p> <p>51924</p> <p>3. During a review of the P&P titled, RAI, dated 10/2024, the Resident Assessment Instrument (RAI) coding instruction indicated, Code 0 if there are no indications that the resident used any form of tobacco. Code 1, yes: if the resident or any other source indicates that the resident used tobacco in some form during the look-back period.</p> <p>During a concurrent observation and interview on 5/5/25 at 10:00 a.m. with Resident 130, a vaping device (smoking paraphernalia) was observed on top of the bedside table next to Resident 130's bed in the room. And Resident 130 acknowledged owning the vaping device.</p> <p>During an observation on 5/8/25 at 11:44 a.m. Resident 130 was observed smoking cigarettes at the designated smoking area in the facility's courtyard.</p> <p>During a review of Resident 130's Physician Progress Notes dated 3/13/25, PPN indicated, Resident 130 was a smoker and was counseled for smoking cessation.</p> <p>During a review of the document titled, Smoking Evaluation (SE), dated 4/2/25, the smoking evaluation indicated that Resident 130 smokes four times a day.</p> <p>During a concurrent interview and record review on 5/8/25 at 2:09 p.m. with MDCS 3, Resident 130's SE and the MDS evaluation for tobacco use, ARD dated 4/4/25 reviewed indicated, Resident 130 does not use any form of tobacco. SE dated 4/2/25, the smoking evaluation indicated that Resident 130 smokes four times a day. And, MDCS 3 acknowledged the assessment were incorrect for Resident 130</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Resident Assessment Instrument (RAI), dated 10/2024, the RAI coding instruction indicated, N0300: Record the number of days during the 7-day [NAME] back period(or since admission/entry or reentry if less than 7 days) that the resident received any type of medication, antigen, vaccine etc., by injection. Insulin injections are counted in this item .</p>

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51883</p> <p>Based on interview and record review, the facility failed to ensure that a PASSR Level I (preliminary assessment for individuals seeking admission to a Medicaid-certified nursing facility to determine if they might have a serious mental illness (SMI), intellectual disability (ID), or a related condition (RC)) and Level II (a comprehensive assessment conducted on individuals identified in the Level 1 screening as potentially having a mental illness or intellectual disability ID) were conducted for 2 of 31 sampled residents (Resident 10 and Resident 92).</p> <p>These failures had the potential to compromise resident care planning of the actual problems not to be addressed.</p> <p>Findings:</p> <p>During a review of the Medical Records (MR) for Resident 10 on 5/6/2025 indicated, Resident 10 was admitted to the facility dated on 03/08/2024 with diagnoses that includes Unspecified Schizophrenia' (a condition where a resident's symptoms do not meet the full diagnostic criteria for Schizophrenia or another more specific psychotic disorder), and Bipolar (a mental health condition characterized by extreme mood swings, including periods of intense emotional highs (mania or hypomania) and periods of intense sadness or depression). No PASRR Level 1 Screening from 3/8/2024 to 5/6/2025 was located for Resident 10's MR.</p> <p>During an interview on 05/06/2025 at 3:20 p.m. with Director of Nursing (DON), Residents 10's PASRR, DON confirmed there were no PASRR Level 1 Screening from 3/8/2024 to 5/6/2025 located for Resident 10's. And DON acknowledged and stated Oh, we missed this one.</p> <p>During a review of the MR for Resident 92 on 5/6/2025, indicated, Resident 92 was admitted to the facility on [DATE] with a diagnosis that includes Unspecified Psychosis (a diagnosis assigned when someone experiences psychotic symptoms (delusions or hallucinations)).</p> <p>During a further review of the MR, the pre-admission PASRR Level 1 Screening, dated 9/27/2022 revealed Resident 92 was Positive (+) for Serious Mental Illness (SMI). Further review of a letter from The Department of Health Care Services (DHCS) dated 9/29/2022, indicated, Positive Level I Screening Indicates a Level II Mental Health Evaluation is Required. And, no Level II PASRR was in the MR from 09/27/2022 to present for Resident 92 was noted.</p> <p>During an interview on 5/6/25 at 3:45 p.m. with the DON, DON confirmed that the PASRR Level II was not done for Resident 92.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Resident Assessment - PASRR, dated 11/2024, the P&P indicated in part, Level 1 Screening is required for any individual that is discharging from a hospital to a nursing facility (NF). A Level 1 Screening is also required when the individual is being admitted to a NF directly from the community, and for current NF residents, readmissions or inter-facility transfers when there is a significant change in the resident's physical or mental condition . and The hospital is required to complete a Level 1 Screening, and if needed, arrange for a Level 2 Evaluation to be performed by the state approved contractor to help ensure the individual discharging from the hospital receives services in the most integrated setting.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>50657</p> <p>Based on observation, interview, and record review, the facility failed to follow its facility policies when:</p> <ol style="list-style-type: none"> 1) Four expired drugs were available to be administered to residents 2) One medication was not administered as ordered by the physician for 1 of 31 sampled residents (Resident 43) 3) A consistent medication re-ordering process was not implemented 4) Multiple resident medications were not available timely and consistently 5) Two bags of sodium chloride (a salty solution given for dehydration) were inside the intravenous emergency kit (IV e-kit: a container with all the components needed to inject fluids, nutrients, and medications directly in the veins) but were not listed on the contents label. <p>These failures had the potential to result in negative resident outcomes, jeopardizing the quality of safety of resident care.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. a. During a concurrent observation and interview on 5/07/25 at 11:30 a.m. with Licensed Nurse (RN3) inside the medication storage room, a Med Pass 2.0 (a ready to drink calorie and protein-dense nutritional shake) with a use by date of 02/10/25 was available for residents. RN3 acknowledged it was expired. b. During a concurrent observation and interview on 5/08/25 at 10:53 a.m. with RN3, a bottle of 0.9% (percent) Sodium Chloride (a salty solution used to wash and clean body cavities, tissues or wounds) was found in the medication storage room with an expiration date of 7/2015. RN3 acknowledged the bottle was expired and stated, I can't argue with that. c. During a concurrent observation and interview on 5/08/25 from 2:37 p.m. until 2:58 p.m. with Licensed Nurse (RN6), an open single use bottle of 0.25% acetic acid (sterile solution used for urinary bladder irrigation) was available for use and an Estradiol 0.01% vaginal cream (topical low-dose medication used to treat vaginal symptoms such as vaginal dryness, burning and itching) with an expiration date of 5/05/25 were inside the treatment cart. RN6 acknowledged the bottle of acetic acid was for single use and should have been discarded once used. Additionally, RN6 acknowledged the estradiol vaginal cream was expired and should have been discarded. <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>d. During a concurrent observation and interview on 5/08/25 at 3:09 p.m. with Licensed Nurse (RN5), an Anoro Ellipta (a medication in form of a spray [inhaler] that is inhaled through the nose or mouth to treat lung symptoms) with an open date of 3/02/25 was found inside the medication cart. RN5 stated he was unaware that the inhaler was only good for 6 weeks from the date opened and acknowledged the inhaler expired on 4/16/25 and should have been discarded.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Storage of Medications, dated 11/2024, the P&P indicated M. Outdated, contaminated, or deteriorated medications .are immediately removed from stock, disposed of according to procedures for medication disposal, and reordered from the pharmacy if a current order exists.</p> <p>2. During a concurrent observation and record review on 5/06/25 at 08:04 a.m. in Resident 43's room, Licensed Nurse (LN1) administered two drops of Refresh Plus eyedrops (artificial tears used to moisturize and lubricate the eyes) in each eye. Review of Resident 43's medical record titled Order Summary (OS), dated 5/06/25, the OS indicated Refresh Tears Instill 1 drop in both eyes two times a day for dry eyes.</p> <p>During a review of the facility's P&P titled, Medication Administration, dated 11/2024, the P&P indicated Accurate and timely administration according to MD [medical doctor] order is essential .</p> <p>3. During a review of the Re-Ordered Medication Binder (RMB- a binder used by nursing staff to document re-ordered medications from the pharmacy), dated 3/01/25, 3/16/25, 3/18/25, 4/05/25, 4/17/25, 5/02/25, 5/03/25, and 5/04/25 indicated Residents 9, 10, 11, 22, 32, 66, 86, 110, 118, 126, 129, 200, 201, 202, 203, and 204 were either out of medications or only had one to three doses left.</p> <p>During an interview with RN3 on 5/08/25 at 10:30 a.m. RN3 stated nurses are supposed to order medications 5 days in advance.</p> <p>During a review of the facility's P&P titled, Ordering and Receiving Medications from the Dispensing Pharmacy, dated 11/2024, the P&P indicated, 2a. Reorder medication five days in advance of need to assure an adequate supply is on hand.</p> <p>4. a. During a concurrent observation and interview on 05/06/25 at 08:04 a.m. with LN1, in Resident 43's room, observed LN1 did not apply the Buprenorphine Transdermal patch (a patch with pain relieving medication applied on the skin) 10 mcg/hr. (microgram/hour - unit of measurement) as ordered in electronic health record (EHR). LN1 stated that the MD changed the order on 5/05/25 from 5 mcg to 10 mcg/hr. and the pharmacy had not delivered it yet.</p> <p>During a review of Resident 43's OS, dated 5/06/25, the OS indicates, Buprenorphine Transdermal Patch Weekly 10 mcg/hr (Buprenorphine) *Controlled Drug* Apply 1 patch transdermally one time a day every 7 day(s) for Chronic Pain.</p> <p>b. During a concurrent observation and interview on 5/06/25 at 08:35 a.m. with Licensed Nurse (LN1), in Resident 110's room, observed LN1, did not administer the Losartan Potassium (medication primarily used to treat high blood pressure). LN1 stated there were no more pills left to give.</p> <p>(continued on next page)</p>		

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 05/09/2025
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.			
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/06/25 at 08:45 a.m. with Licensed Nurse (LN4). LN4 stated the emergency kit (e-kit) was checked and found that there were no Losartan medications in the e-kit. Additionally, LN4 stated this happens occasionally. We should be checking it and staying on top of it.</p> <p>c. During a concurrent observation and interview on 5/06/25 at 09:14 a.m. with Licensed Nurse (LN6), inside Resident 93's room, LN6 did not administer Sildenafil Citrate Oral Tablet 20 mg (medication primarily used to treat high pulmonary blood pressure). LN6 stated it's not available.</p> <p>d. During review of Resident 81's nursing Progress Notes (PN), dated 5/05/25, the PN indicated the reason why the resident did not receive medications Donepezil (medication primarily used to treat cognitive decline) and Atorvastatin (medication used to treat high cholesterol) was due to awaiting pharmacy delivery.</p> <p>e. During review of Resident 95's nursing PN, dated 5/06/25, the PN indicated, the reason why the resident did not receive the medication Advair Diskus (an inhaler medication used to treat asthma and reduce inflammation in the lungs) was due to Awaiting pharmacy.</p> <p>f. During review of Resident 130's nursing PN, dated 5/06/25, the PN indicated the reason why the resident did not receive the medication Symbicort (an inhaler medication used to treat asthma and reduce inflammation in the lungs) was due to awaiting pharmacy.</p> <p>g. During review of Resident 143's nursing PN, dated 5/06/25, the PN indicated, the reason why the resident did not receive the medication Budesonide Formoterol Fumarate Inhalation (an inhaler used to reduce inflammation and open airways, making it easier to breathe) was due to Awaiting pharmacy.</p> <p>h. During review of Resident 103's nursing PN, dated 5/06/25, the PN indicated, the reason why the resident did not receive medications Symbicort, Fluticasone (medication used to treat allergy symptoms), and Cymbalta (medication used to treat depression) was due to Awaiting pharmacy.</p> <p>i. During a review of the Re-Ordered Medication Binder (RMB) containing faxed pharmacy refill forms, dated 4/04/25, 4/05/25, 5/02/25, and 5/03/25, the pharmacy refill forms indicated, Residents 1, 2, 10, 11, 22, 28, 32, 58, 66,75, 77, 86, 92, 109, 110, 119, 126, and 129 had missing cycle medications (routine resident medications that are taken on a consistent basis and refilled monthly).</p> <p>During an interview with the Administrator (ADM) on 05/07/25 at 10:45, the ADM stated the facility had an agreement with the pharmacy to have a pharmacy staff go to the facility on ce a month to refill the resident cycle medications. The ADM stated that the pharmacy has not gone to the facility on ce a month to refill the cycle medications as previously agreed.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Ordering and Receiving Medications from the Dispensing Pharmacy, dated 11/2024, the P&P indicated, Policy: Medications and related products are received from the dispensing pharmacy on a timely basis.</p> <p>During a review of the facility's P&P titled, Medication Administration, dated 11/2024, the P&P indicated, Accurate and timely administration according to MD [medical doctor] order is essential .</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Channel Islands Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3880 via Lucero Santa Barbara, CA 93110	
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. During a concurrent observation and interview on 5/07/25 at 11:30 a.m. inside the medication storage room, with RN3, two 100 mL (milliliters - unit of measurement) bags of 0.9 % sodium chloride were found inside the IV2 e-kit. The label outside the e-kit indicated there were zero 100 mL bags of 0.9 % sodium chloride. RN3 acknowledged the contents inside the e-kit did not match the label and they should match. Additionally, RN3 stated the pharmacy is responsible in ensuring the contents inside the e-kits accurately matches the content on the label.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Ordering and Receiving Medications from the Dispensing Pharmacy, dated 11/2024, the P&P indicated, Policy: Medications and related products are received from the dispensing pharmacy on a timely basis. The facility maintains accurate records of medication order and receipt.</p>		

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NAME OF PROVIDER OR SUPPLIER Channel Islands Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3880 via Lucero Santa Barbara, CA 93110	
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50657</p> <p>Based on observation, interview and review of the facility's policy and procedure (P&P), the facility failed to store medications in the storage refrigerator under proper temperature controls.</p> <p>This failure has the potential to result in a loss of effectiveness in medications.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 5/07/25 at 11:49 a.m. with Licensed Nurse (RN3), the thermometer inside the medication storage refrigerator, there were Tuberculin (PPD - a diagnostic reagent used in the tuberculin skin test (TST) to detect tuberculosis (TB) infection), Insulin (medications used to treat sugar in the blood), and Hepatitis vials (single-dose vials containing purified surface antigen) stored inside the refrigerator. And the refrigerator temperature read 32 F (degrees Fahrenheit - temperature scale).</p> <p>During a concurrent observation and interview on 5/07/25 at 11:49 a.m. with RN3, RN3 confirmed the storage refrigerator temperature reading of 32 F and acknowledged the medications kept in the refrigerator were outside the acceptable range for the storage of medications.</p> <p>During review of the facility's P&P titled Storage of Medications, dated 11/2024, indicated K. Medications requiring refrigeration or temperatures between 2 C (degrees Celsius - temperature scale) (36 F) and 8 C (46 F) are kept in a refrigerator with a thermometer to allow temperature monitoring. Please notify Maintenance if refrigerator temperature is out of range for immediate corrective action.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43019</p> <p>Based on observation, interview and record review, the facility failed to ensure the dietary staff labelled and dated food storage stored.</p> <p>These deficient practices placed the residents at risk for foodborne illnesses (refers to illness caused by the ingestion of contaminated food or beverages).</p> <p>Findings:</p> <p>During an observation on 5/5/2025 at 9:20 am at the facility the kitchen, the following were observed:</p> <p>Three (3) packets of traditional stuffing with a date received but no label for date opened and expiry date were found. One open bag of bread buns, undated and in the freezer section, one bag containing four hamburger patties were undated and no expiry date.</p> <p>During an interview on 5/5/2025 at 9:20 a.m with the Assistant Administrator (AADM), the AADM acknowledged these findings.</p> <p>During a review of Policies and Procedures (P&P) titled Labeling and Dating of Foods dated 2023, the Labeling and Dating of Foods indicated in part, the use by date will be the absolute date in which the food must be consumed or discarded by the facility .the individual opening or preparing a food shall be responsible for date marking at the time processing and/or storage.</p>