

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/15/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Buena Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 160 S Patterson Ave Santa Barbara, CA 93111	
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	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48668</p> <p>Based on interview and record review, the facility failed to notify the responsible party (RP) after a fall incident for one of two sampled residents (Resident 1).</p> <p>This failure had the potential to eliminate RP's participation in the development and implementation of Resident 1's person-centered plan of care.</p> <p>Findings:</p> <p>During a review of Resident 1's medical records, Resident 1's medical records indicated, Resident 1 was admitted to the facility on [DATE] with primary diagnosis of general muscle weakness on the right side of the body following a cerebral infarction (condition where the blood flow to some part of the brain is blocked causing brain tissue to die).Resident 1's BIMS (Brief Interview for Mental Status- a tool used to screen and identify cognitive condition of residents upon admission into a long-term care facility) score of 14, indicated Resident 1 has intact cognition. Per Resident 1's history and physical, the physician determined Resident 1 had the mental capacity to make healthcare decisions. The admission record, indicated Resident 1's niece was designated as the decision maker or RP.</p> <p>During a concurrent observation and interview on 8/7/24 at 2:00 p.m., with Resident 1, Resident 1 was observed in room (108 C) sitting on a wheelchair, alert and oriented, pleasant, and cooperative; and stated that a doctor's order to go out on pass (OOP) from the facility is in place. Resident 1 further stated that there was no accident in the past while OOP but remembered falling from wheelchair to the bed from a wrong turn in July and had minor scratch on right arm and right knee.</p> <p>During a concurrent interview and record review on 8/7/24 at 2:30 p.m., with Licensed Nurse 1 (LN 1), Resident 1's fall incident report, dated 7/28/24 was reviewed. The incident report indicated that Resident 1 had unwitnessed fall on 7/28/24 at 5:10 p.m. when missing a turn and lost balance during her self-transfer from wheelchair to bed. It also indicated Resident 1 had skin tear on the right elbow when found by a staff on the floor. The physician was notified but there was no notification made to the RP. LN 1 confirmed there was no notification made to the RP listed in Resident 1's record.</p> <p>During the interview on 8/7/24 at 2:45 p.m. with the administrator (ADM), the ADM stated there was probably verbal information relayed to the RP, but it was not in the documentation.</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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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During a review of Resident 1's Power of Attorney (POA), dated April 2, 2024, the POA indicated, My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to .have access to my healthcare and medical records and statements regarding billing, insurance, and payments.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Promoting the Right of Self-Determination for Healthcare Decisions and Advanced Healthcare Directives, dated Nov. 2016, the P&P indicated in the definition that resident representative was, (1) An individual chosen by the resident to act on behalf of the resident in order to support the resident indecision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications; (2) A person authorized by State or Federal law (including but not limited to agents under power of attorney, representative payees, and other fiduciaries) to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications.</p>		