

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 03/09/2020
NAME OF PROVIDER OF SUPPLIER CHANNEL ISLANDS POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review the facility failed to create a care plan that addressed: 1. Resident One's wound care and bed mobility requirements. 2. Resident Two's subjected unwanted encounters from another resident's display of aggressive behavior. This failure had the potential for care plans to inaccurately reflect the care needed, being provided, resident care needs to go unmet the conditions to worsen, or failure for the residents to attain the highest practicable level of well-being. Findings: The facility policy and procedure titled, Care Planning, revised date of 11/19, indicated in part .It is the policy of this facility that the interdisciplinary (IDT) team shall develop a comprehensive care plan for each resident .Revision or updating of the care plan will occur with quarterly, annually, upon significant changes of condition. During a concurrent medical record review of Resident One's care plans dated 3/3/20, and interview with the director of nursing (DON), the nursing supervisor (Sup), and the administer (Adm) on 3/4/20, starting at 10 a.m., Resident One's care plan did not include skin impairment for right and left shins open wounds. The care plan also did not include bed mobility and the need for staff participation to reposition and turning in bed. The DON confirmed Resident One still had open wounds on his shins and required physician ordered treatments, and based on Resident One's clinical needs would require continued staff assistance for mobility by way of active turning. The DON acknowledged Resident One's current care plan did not include shin wound care and mobility repositioning. The DON stated, This should have been in the care plans, from day of admission, I don't understand why it was resolved (in the electronic medical record) this is a nursing standard. During a interview with Resident Two on 3/3/20, starting at 10:15 a.m., Resident Two gave a history of feeling, upset, due to several incidents since her admission, where another unsampled resident had made hostile and negative comments towards Resident Two and had entered her room without her permission. Resident Two became tearful stating, This carried on since the day I got here I did everything to avoid him. During a concurrent interview with Resident Two, and the admission director (Adm 2), on 3/3/20, starting at 11a.m., Adm 2 acknowledged that Resident Two had reported to Adm 2 on [DATE], that an unsampled resident had called Resident Two a derogatory hostile term. Adm 2 stated, At the time I reported it to social services. During a concurrent interview with Resident Two, and the social service director (SSD) on 3/3/20, starting at 11:20 a.m., the SSD acknowledged a certified nursing assistant had notified her on 3/21/20, that an unsampled resident was in Resident Two's room without permission. The SSD further revealed that Resident Two had reported to another social services member that unsampled resident was making negative comments to Resident Two under his breath. Resident Two stated, I was told to avoid him and walk around the building to avoid him. Why did I have to be on eggshells dealing with this guy. During a review of Resident Two's care plan, from 2/14/20 until 3/3/20, the care plan did not reveal any psychosocial well-being problem identification prior to the unsampled resident's unplanned discharge on 3/1/20.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.