STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555394	A. BUILDING _____ B. WING _____	**04/10/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BUENA VISTA CARE CENTER	**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 0658 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure services provided by the nursing facility meet professional standards of quality.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure: 1. Physician orders to hold medication were followed for Resident 1. This facility failure had the potential to result in continued diarrhea or loose stools. 2 .Physician was notified when Resident 1 had significant weight loss. This facility failure had the potential to result in weakness, continued weight loss, and malnutrition. 3. Shower schedule was maintained or alternative time was offered to Resident 1. This facility failure had the potential to result in impaired skin integrity and poor hygiene. Findings: 1. Review of Potter and Perry, 7th Edition, Mosby's Fundamentals of Nursing, page 419 in the section titled, Legal Implications in Nursing Practice indicates, Nurses are obligated to follow physician order unless they believe the orders are in error or would harm clients. During an interview and concurrent record review for Resident 1 on 4/8/20, at 11:14 am, with the Director of Nursing (DON), a physician order dated 11/12/19, indicated an order of Polyethylene [MEDICATION NAME] (laxative used to treat constipation and hold for diarrhea or loose stool. The facility document titled, Bowel and Bladder Report (BBR) dated 12/2019, indicated from 12/1/19 to 12/31/19 Resident 1 had seven episodes of loose stools/diarrhea for three days to four days while the BBR for 1/2020 indicated from 1/1/20 to 1/19/20 the resident had 19 episodes of diarrhea in a day to two days. The facility Medication Administration Record [REDACTED]. The DON confirmed as documented on the BBR and MAR, Resident 1 had episodes of diarrhea and the ordered laxative was not withheld as ordered 11/12/19. 2. According to Nursing Fundamentals by Daniels, Grendell and Wilkins, second edition, 2010 p. 322, Documentation is the professional responsibility of all health care practitioners. It provides written evidence of the practitioner's accountability to the client, the institution, the profession, and society. Review of the facility policy titled, Weight Management Standard dated 10/2011, indicated in part . Licensed nurse to review electronic weight reports and schedule re-weights within 24 hours for significant weight variance: A 5% weight variance in one month. Physician and responsible party will be notified of significant weight variances. During an interview and concurrent record review on [DATE], at 8:34 am, with the DON, the DON confirmed the facility document titled, Weights and vitals summary indicated, Resident 1's weight was 182.6 pounds (lb)on 1/13/20 and 170.3 pounds on [DATE], a 12.3 lbs decrease in four days. DON indicated the resident should have been reweighed. No re-weigh documentation was located during record review DON was unable to locate documentation of any re-weight or notification. 3. According to Nursing Fundamentals by Daniels, Grendell and Wilkins, second edition, 2010 p. 322, Documentation is the professional responsibility of all health care practitioners. It provides written evidence of the practitioner's accountability to the client, the institution, the profession, and society. During a review of the Interventions and Tasks document (ITD) on 4/8/20, the ITD dated 12/2019, indicated Resident 1 had a shower on 12/22/19 and 12/29/19 seven days later. The ITD had documentation on 12/26/19 the resident refused shower. During an interview and concurrent record review on 4/8/20, at 11:14 am, with the DON, the DON stated when a resident refuses a shower they should be offered additional times and days to take a shower. No other documentation was located whether other showers were offered between 12/22/19 to 12/29/19. The DON confirmed no documentation can be located if Resident 1 was offered additional times and days to take a shower.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE