STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555875	A. BUILDING _____ B. WING _____	08/27/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CHANNEL ISLANDS POST ACUTE	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 0657 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to implement and revise the fall care plans for 3 of 8 sampled residents (Resident, 1 Resident 2, and Resident 3). This failure had the potential for all residents to have increased risk for falls with the potential for injury, including Resident 1, Resident 2, and Resident 3. Findings: During a tour of the facility on 7/26/2020, beginning at 9:45 a.m., no rooms were noted to have any signs indicating which residents were at risk for falls. Walking past the rooms for Resident 1 and Resident 2 there were also no signs noted anywhere to alert staff that the residents were a risk for falls. During an interview with a certified nursing assistant (CNA1), on 7/26/2020, at 12:15 p.m., CNA1 indicated he was the CNA assigned to care for Resident 1. He indicated he was not aware that Resident 1 was a fall risk. When asked how he gets the information about residents who are at risk for falls that he is caring for, he stated, sometimes they tell us in report. When asked if he was aware that Resident 1 was a high risk for falls, he stated, No, he (Resident 1) is alert and calls for help. A review of Resident 2's medical records done on 7/26/2020, reveled that Resident 1 had [DIAGNOSES REDACTED]. (a life-threatening illness caused by [MEDICATION NAME] deficiency, which primarily affects the peripheral and central nervous systems), [MEDICAL CONDITION] and Collapse (medical term for [MEDICAL CONDITION] or passing out usually caused by a sudden drop in blood pressure), and had signs and symptoms including the following: Weakness, Unsteadiness on Feet, and Need for assistance with Personal Care. Resident 1 was also noted to have had falls on 6/10/2020 and 7/6/2020. Per the, Fall Risk Evaluation form, dated 7/6/2020, Resident 1 also had a history of [REDACTED]. A review of the, Care Plan for falls, revealed it was initiated on 7/6/2020, and all interventions were resolved on 7/17/2020. The Care plan interventions for the care plan initiated on 6/10/2020, shows no interventions being revised or reviewed and had a target date of 6/13/2020. No long term fall care plan was able to be provided by the facility for Resident 2. During an interview with a certified nursing assistant (CNA2), on 7/26/2020, at 12:30 p.m., CNA2 did not know the names of the residents she was caring for, but was aware she was caring for residents in certain rooms. She acknowledged she was assigned to care for Resident 2's assigned room. When asked if she knew if Resident 2 was a fall risk she said, No. When asked how the fall risk information is given to her, she indicated it normally is given in report. She indicated she was unaware Resident 2 had 4 falls within the month of July. She indicated she had taken care of Resident 2 once or twice before. A review of Resident 2's medical record revealed he had been admitted to the facility with [DIAGNOSES REDACTED]. for blood and oxygen), [MEDICAL CONDITION] (longstanding disease of the kidneys leading to kidney failure) and [MEDICAL CONDITION] (a common circulatory problem in which narrowed arteries reduce blood flow to your limbs). He also had a history of [REDACTED]. The, Fall Committee IDT notes, dated, 7/2/2020 at 15:29 (3:29 p.m.) and 7/7/2020 at 09:22, both indicated in part, Resident will continue to be at risk for falls secondary [MEDICAL CONDITION](Hypertension), [MEDICAL CONDITIONS], DM type II (Diabetes Mellitus), and AFib ([MEDICAL CONDITION] Fibrillation), and right BKA ([MEDICAL CONDITION]). There were no IDT notes for the falls on 7/18/20 and 7/19/20. The, Fall Risk Assessment form last completed on 7/19/2020 at 02:00, indicated Resident 2 had a history of [REDACTED]. The care plan for falls was initiated on 7/1/2020. No revisions or updates to the care plan had been made for the fall that occurred on 7/6/2020 or the fall on 7/19/2020. 3. A review of Resident 3's medical record revealed Resident 3 had been admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 3 had falls that occurred on 3/11/20, 5/18/20, 7/3/20, and 8/7/20 per the, Fall Risk Evaluation forms submitted by the facility. There were no, Progress Notes submitted by the facility documenting the falls on 5/18/20, 7/3/20, or 8/7/20. The care plan for falls that was initiated on 12/18/2019, was last revised on 3/19/2020. An additional, Risk for falls, care plan was initiated on 11/1/2019. There were revisions done on 6/19/2020, 6/23/20, and 7/30/20. There is no fall documented for 6/19/2020, 6/23/20, or 7/30/20. There area no additional revisions made on either of the two care plans to show what the facility would do differently for the falls on 5/18/20, 7/3/20, or 8/7/20. There is no IDT note for the falls on 5/18/20, 7/3/20, or 8/7/20. In an interview on 7/26/20, at 12:45 p.m., with the Director of Nursing and the Administrator, the DON stated, We did not do IDT notes for 7/18/20 or 7/19/20, because of Covid. The DON and the Administrator both acknowledged the care plans had not been revised or updated as they should have been done for all three residents. The ADM and the DON acknowledged the communication for fall risk between staff members was not occurring as it should be. The DON stated, All of our Residents are at risk for all. Both agreed the facility's fall prevention program had room for improvement.
F 0842 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to maintain resident records when they failed to implement and revise the fall care plans, failed to hold IDT meeting's and document those meetings, and failed to have accurate nursing notes reflecting falls sustained by 3 of 8 sampled residents (Resident, 1 Resident 2, and Resident 3). This failure had the potential for all residents to have inaccurate medical records which could affect the care being provided to them. Findings: During a tour of the facility on 7/26/2020, beginning at 9:45 a.m., no rooms were noted to have any signs indicating which residents were at risk for falls. Walking past the rooms for Resident 1 and Resident 2 there were also no signs noted anywhere to alert staff that the residents were a risk for falls. A review of Resident 2's medical records done on 7/26/2020, reveled that Resident 1 had [DIAGNOSES REDACTED]. (a life-threatening illness caused by [MEDICATION NAME] deficiency, which primarily affects the peripheral and central nervous systems), [MEDICAL CONDITION] and Collapse (medical term for [MEDICAL CONDITION] or passing out usually caused by a sudden drop in blood pressure), and had signs and symptoms including the following: Weakness, Unsteadiness on Feet, and Need for assistance with Personal Care. Resident 1 was also noted to have had falls on 6/10/2020 and 7/6/2020. Per the, Fall Risk Evaluation form, dated 7/6/2020, Resident 1 also had a history of [REDACTED]. A review of the, Care Plan for falls, revealed it was initiated on 7/6/2020, and all interventions were resolved on 7/17/2020. The Care plan interventions for the care plan initiated on 6/10/2020, shows no interventions being revised or reviewed and had a target date of 6/13/2020. No long term fall care plan was able to be provided by the facility for Resident 1. 2. A review of Resident 2's medical record revealed he had been admitted to the facility with [DIAGNOSES REDACTED]. for blood and oxygen), [MEDICAL CONDITION] (longstanding disease of the kidneys leading to kidney failure) and [MEDICAL CONDITION] (a common circulatory problem in which narrowed arteries reduce blood flow to your limbs). He also had a history of [REDACTED]. The, Fall Committee IDT notes, dated, 7/2/2020 at 15:29 (3:29 p.m.) and 7/7/2020 at 09:22, both indicated in part, Resident will continue to be at risk for falls secondary

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.

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F 0842 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) [MEDICAL CONDITION](Hypertension), [MEDICAL CONDITIONS], DM type II (Diabetes Mellitus), and AFib ([MEDICAL CONDITION] Fibrillation), and right BKA ([MEDICAL CONDITION]). There were no IDT notes for the falls on 7/18/20 and 7/19/20. The, Fall Risk Assessment form last completed on 7/19/2020 at 02:00, indicated Resident 2 had a history of [REDACTED]. The care plan for falls was initiated on 7/1/2020. No revisions or updates to the care plan had been made for the fall that occurred on 7/6/2020 or the fall on 7/19/2020. 3. A review of Resident 3's medical record revealed Resident 3 had been admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 3 had falls that occurred on 3/11/20, 5/18/20, 7/3/20, and 8/7/20 per the, Fall Risk Evaluation forms submitted by the facility. There are no, Progress Notes, submitted by the facility documenting the falls on 5/18/20, 7/3/20, or 8/7/20. The care plan for falls that was initiated on 12/18/2019, was last revised on 3/19/2020. An additional, Risk for falls, care plan was initiated on 11/1/2019. There were revisions done on 6/19/2020, 6/23/20, and 7/30/20. There is no fall documented for 6/19/2020, 6/23/20, or 7/30/20. There are no additional revisions made on either of the two care plans to show what the facility would do differently for the falls on 5/18/20, 7/3/20, or 8/7/20. There is no IDT note for the falls on 5/18/20, 7/3/20, or 8/7/20. In an interview on 7/26/20, at 12:45 p.m., with the Director of Nursing and the Administrator, the DON stated, We did not do IDT notes for 7/18/20 or 7/19/20, because of Covid. The DON and the Administrator both acknowledged the care plans had not been revised or updated as they should have been done for all three residents. The DON stated, All of our Residents are at risk for all. The ADM agreed the facility's nursing documentation for falls, fall care plan update's and IDT meeting documentation needed to reflect the actual concerns and issues, and updates to the resident's condition and care planning changes. The DON agreed the documentation did not accurately reflect the resident's changes of condition in the nursing notes, any changes to the fall care plans, or accurate IDT meeting notes.