

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER LOMPOC VALLEY MEDICAL CTR COMP CARE CTR D/P SNF		STREET ADDRESS, CITY, STATE, ZIP 216 N THIRD STREET LOMPOC, CA 93436	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview and record review, the facility failed to implement fall prevention precautions as ordered by the physician. This facility failure resulted in one of two sampled residents (Resident 1) sustaining a fall with injury. Findings: The facility policy and procedure titled, Fall Prevention, dated 05/19, indicated in part, All residents will have a care plan identifying risk for falls and have individualized interventions to prevent falls. During a review of Resident 1's clinical record, the care plan initiated on 01/18/20, and updated on 03/02/20, noted a pressure alarm for the bed as an intervention to prevent falls. (The pressure alarm is a sensor device that sounds when a resident attempts to leave the bed or chair). A review of the Interdisciplinary Team (IDT) note, dated 3/2/20, at 2:19 p.m., indicated the team agreed to change the bed tab alarm (an alarming device that clips to clothing) to a pressure alarm. During a review of the progress notes in Resident 1's clinical record, dated 3/5/20, an entry documented, Resident was found lying on right side, on floor in bedroom. Bed alarm was not sounding due to not being turned on once resident was placed in bed by staff. During an interview on 3/18/20, at 10:00 a.m., a nurse manager (NM 1) acknowledged that the pressure alarm was not connected correctly, and therefore the alarm did not sound as Resident 1 was getting out of bed.		
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.