

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055733	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OF SUPPLIER VALLE VERDE HEALTH FACILITY		STREET ADDRESS, CITY, STATE, ZIP 900 CALLE DE LOS AMIGOS SANTA BARBARA, CA 93105	
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	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure Resident 1's care plan was updated after a witnessed fall on 2/7/20. This failure had the potential for inadequate assessment of the resident's fall risk status resulting in ineffective care interventions from staff. Findings: The Centers for Medicare and Medicaid Services (CMS) skilled nursing regulations under section 483.25 Quality of care, regulation F689, interruptive guidelines indicated in part a fall is An episode where a resident lost his/her balance and would have fallen, if not for another person or if he or she had not caught him/herself, is considered a fall. Review of the clinical record for Resident 1 indicated medical conditions including a history of fall with [MEDICAL CONDITION]. The progress notes dated 2/7/20 at 13:50 (1:50 p.m.) indicated in part . registered nurse (RN 1) assisted Resident 1 to the bathroom in the morning. Resident 1's knees gave out and the resident began to fall during the attempted pivoting (turning) to the toilet . in part. Review of the record titled, Physical therapy treatment notes dated 2/7/20, at 3:47 p.m., indicated in part .one instance of right knee buckling with nursing and max assist needed for stabilization in part. Review of Resident 1's careplan titled, Resident is risk for falls, dated 1/18/20 outlined interventions including , Patient (Pt) evaluate and treat as ordered or PRN (needed). No updates /revision was noted in the careplan reflecting the 2/7/20 fall incident. No other careplan was located during the clinical record review indicating revision and updates addressing the fall incident. During an interview with the director of nursing (DON) on 2/12/20, at 12:15 p.m., the DON acknowledged Resident 1's care plan for fall interventions was not updated after Resident 1's Knees giving out while toileting event on 2/7/20. The DON further acknowledged Resident 1's care plan would have been adjusted on 2/7/20 if Resident 1 had actually fallen. During another interview with the DON on 3/2/20 at 11:45 a.m., the DON stated, The careplan was not updated on 2/7/20 as the incident was not considered as a fall. During a Review of the POS [REDACTED]. During a review of the facility's policy and procedure titled, Care Planning-Interdisciplinary Team, revised dated 9/13, indicated in part, Our facility's Care Planning/Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident</p>		
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.