F 695

PRINTED: 12/03/2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED 'AN OF CORRECTION A. BUILDING B. WING 055201 11/22/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4545 SHELLEY COURT GOLDEN LIVING CENTER - HY-PANA** STOCKTON, CA 95207 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PRÉFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 000 F 000 INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00661434. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 34273 The inspection was limited to the specific complaint investigated and does not represent

F 695

§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.

the findings of a full inspection of the facility.

Respiratory/Tracheostomy Care and Suctioning

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review, the facility failed to provide respiratory services consistent with professional standards of practice for three of three sampled residents (Resident 1, Resident 2, and Resident 3) when:

1. Oxygen was not provided according to the physician's order for Resident 2.

This failure had the potential for Resident 2 to receive too much oxygen and develop complications from high oxygen levels.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any diciency 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.

| STATEMENT OF DEFICIENCIES AF. AN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED C | | ′ | |
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| | | 055201 | B. WING | | , tomber | | 11/22/2019 |) | |
| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER - HY-PANA | | | | STREET ADDRESS, CITY, STATE, ZIP CO 4545 SHELLEY COURT STOCKTON, CA 95207 | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | x | PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | SHOULD BI | | | |
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| | | ntrator filters for Resident 1, esident 3 were dirty; | | | | | | | |
| | 2b. Oxygen concer for Resident 1 and | ntrators were not maintained Resident 2. | | | | | | | |
| | Resident 2, and Re | the potential for Resident 1, esident 3 to not receive and develop complications from levels. | | | | | | | |
| | Findings: | | <u> </u> | | | | | | |
| | was admitted to the obstructive pulmor inflammatory lung airflow from the lurthrough the body is body doesn't get the means the body caproduct, carbon dieses. | e admission record, Resident 2 e facility with chronic hary disease (COPD), a chronic disease that causes obstructed ngs). In COPD, the flow of air is impaired which means the ne oxygen it needs and also an't easily get rid of the waste oxide. Too much oxygen in the slowed breathing and lead to on dioxide. | | | | | | THE COLUMN TWO AND ADDRESS OF THE COLUMN TWO | |
| | in bed receiving ox (tubing used to del which are placed in oxygen concentrate deliver oxygen). The | p.m., Resident 2 was observed tygen via a nasal cannula iver oxygen with two prongs in the nostrils) attached to an or (medical device used to ne oxygen concentrator was set neasurement) of oxygen per | | | | | | | |
| | a physician's order to receive two liters | nt 2's clinical record indicated dated 5/23/19, for Resident 2 s of oxygen per minute to vel above 90% as needed for | | | | | | **** | |

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| | NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER - HY-PANA | | | STREET ADDRESS, CITY, STATE, ZIP CO 4545 SHELLEY COURT STOCKTON, CA 95207 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORI X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETION DATE | |
| F 695 | licensed nurse (LN 2:55 p.m., they ver three liters of oxyg meter of the oxyge down the oxygen to 2 was supposed to according to the pl The facility policy a Administration lab indicated, "The provide guidelines administrationVe order for this proce orders or facility pradministrationTu The California Nur "The practice of this chapterDirect services, including administration of magents, necessary disease preventior ordered by and wit physician" 2a. In an observation at 2 p.m., and Resident 3's | servation and interview with all 1 and LN 2 on 10/31/19, at iffied Resident 2 was receiving en as indicated on the flow on concentrator. LN 2 turned to two liters and stated Resident or receive two liters of oxygen mysician's order. and procedure titled "Oxygen heled Qtr. [quarter] 3, 2018, nurpose of this procedure is to for safe oxygen rify that there is a physician's edure. Review the physician's | F6 | 95 | | | |
| | filters out some of | trator takes in regular room air, the other gases present and ted, medical-grade oxygen. | | | | | |

| STATEMENT OF DEFICIENCIES APPLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: | l ' ' | IPLE CONSTRUCTION NG | | TE SURVEY MPLETED |
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| , | | 055201 | B. WING | | 11. | C / 22/2019 |
| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER - HY-PANA | | | STREET ADDRESS, CITY, STATE, ZIP COD 4545 SHELLEY COURT STOCKTON, CA 95207 | | 22,2010 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | IATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY) | IOULD BE | (X5) COMPLETION DATE |
| F 695 | Oxygen concentration air coming into the clean breathable of dirt, pollen, mold, the air, and it require frequent of surrounding. In a concurrent ob 1 and LN 2 on 10/inside Resident 3's concentrator filter, oxygen from the other LN 2 verified the firm was dirty, and with 2 removed the filter and replaced the vicencentrator. When use a wet filter, LN dried first. LN 2 the excess water off with the wet filter into the said licensed nurs filters and clean the were checked every shift was responsible. In a concurrent ob 1 and LN 2 on 10/inside Resident 1 and Refrom their oxygen concerfilter from Resident in the bath paper towel, and rethe oxygen concerfilter from Resident in the bath paper towel, and rethe oxygen concerfilter from Resident in the bath paper towel, and rethe oxygen concerfilter from Resident in the bath paper towel, and rethe oxygen concerfilter from Resident in the bath paper towel, and rethe oxygen concerfilter from Resident concernity fro | tors have a filter that cleans the machine and converts it into exygen. This filter captures dust, and any pollution that may be in ires cleaning. The filter may leaning depending on the servation and interview with LN 31/19, at 2:50 p.m., they went is room to check his oxygen. Resident 3 was receiving exygen concentrator. LN 1 and liter in the oxygen concentrator tout turning the machine off, LN er, rinsed it in the bathroom sink ever filter back into the oxygen en asked if it is acceptable to it 2 said the filter should be en removed the filter, patted the with a paper towel, and placed the oxygen concentrator. LN 2 es were supposed to check the em every day. LN 1 said filters ry week but was not sure which | F 69 | 96 | | |

| STATEMENT OF DEFICIENCIES A/ LAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | | 055201 | B. WING | | 1 | 1/22/2019 | |
| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER - HY-PANA | | | | STREET ADDRESS, CITY, STATE, ZIP 4645 SHELLEY COURT STOCKTON, CA 95207 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFI TAG | | N SHOULD BE E APPROPRIATE | (X5) COMPLETION DATE | |
| F 695 | in the bathroom signed replaced the concentrator. LN aware of any facilic cleaning the oxygen in an interview with nursing (ADON) osaid she was not a for cleaning oxygen. In an interview with on 10/31/19, at 3:3 not have any policoxygen concentrator. The accredited Oxygen concentrator inlethes://www.oxygenow-to-clean-an-oxindicated, " Locathat you should necentrator withouse the unit white replacement filter. water Let the filtris completely dry knachine" | oxygen concentrator, rinsed it nk, patted it with a paper towel, wet filter back into the oxygen I and LN 2 stated, they were not ty schedule or policy on an concentrator filters. In the assistant director of n 10/31/19, at 3:40 p.m., she aware of any facility schedule en concentrator filters. In the director of nursing (DON) 55 p.m., he said the facility did y and procedure for cleaning tor filters. In the word on 10/16/17, at noconcentratorstore com/blog/h ygen-concentrator-inlet-filter/, at noconcentratorstore com/blog/h ygen-concentrator-inlet-filter/, at and remove the filterNote over run the oxygen but a filter in place. If you need le cleaning the filter, insert aRun the filter under warm taper dryMake sure that the filter perfore reinserting it into your sion on 10/31/19, at 1:40 p.m., en concentrator had a service 8/12. | Fe | S95 | | | |

| STATEMENT OF DEFICIENCIES PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| F 695 | In a phone interview 1:37 p.m., when as of maintaining and concentrators in the blue ones [blue colon were maintained by But the oxygen confilters were maintain explained the facility oxygen concentrator not know of any maintain the oxygen concentrator of the accredited Oxywebsite entry titled, Serviced?", posted https://www.oxygensk-a-respiratory-theygen-concentrator-l"oxygen concentrator-l "oxygen | w with the DON on 11/12/19, at ked about who was in charge servicing oxygen a facility, the DON said, "The proof oxygen concentrators] (name of oxygen company), centrators with removable med by the nurses." The DON y used different kinds of ors. The DON added the he did anufacturer's or instructions on how to a concentrators in the facility. If you concentrator store "How Often Should a Unit Be on 2/5/15 at concentratorstore.com/blog/a grapist-how-often-should-an-ox pe-serviced/, indicated, ators are like any machine, gular maintenance and service atte and perform our user manual that came oncentrator, to see what needs on for your specific model. Not is built the same way Check we to remove and change or dinow often you should do it. to tell you how approximately did to be serviced by a also contact the retailer where you bought it if | F 6 | 95 | | | |

Plan of Correction – Respiratory Care F 689

#CA00661434

Received December 4, 2019

Today's Date: December 11, 2019

Resident 2 was assessed by LN 2. Resident 2 did not develop complications from the identified deficient practice. LN 2 verified physician's order for Resident 2 and adjusted oxygen concentrator rate immediately on 10/31/19.

The oxygen concentrator filter for Resident 1 was cleaned by LN 2 on 10/31/19.

Resident 1 and Resident 2 oxygen concentrators and filters were replaced with a clean and maintained oxygen concentrators on 10/31/19.

The DON in-serviced licensed staff on oxygen therapy and maintenance on 10/31/19.

No other residents identified to be affected by the same deficient practice.

The ADON and Unit Managers will check all residents requiring oxygen therapy during daily rounds for oxygen rate accuracy and maintenance of oxygen concentrators.

The DON and Administrator will do weekly rounds to ensure oxygen therapy is being administered according to physician's order and maintenance is being provided timely.

The DON and Administrator will address and report this at the next monthly Quality Assurance and Performance Improvement Committee.

Date of compliance: 10/31/2019

Proportion 1/31/3020