STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055104	A. BUILDING _____ B. WING _____	C 05/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET MANOR CONV HOSP	2720 NEVADA AVENUE EL MONTE, CA 91733

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during investigation of two complaints. Complaint number: CA00841700 and CA00841721 Representing the Department: Health Facilities Evaluator Nurse (s):45064 The inspection was limited to specific Complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was identified for the complaint number: CA00841700 and CA00841721 (Refer to F695)	F 000		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to change the oxygen (O2) tubing and humidifier (devices that release water vapor or steam to increase moisture levels) water bottle for oxygen treatment once a week for	F 695		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE Admin | (X6) DATE 06/07/23

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 695	Continued From page 1	F 695		

one of one sampled resident (Residents 4) as indicated in the facility's policy titled "Oxygen Concentrator".

This deficient practice had the potential for Resident 4 to be at risk for infection and/or complication in using the same oxygen tubing and humidifier water bottle for too long.

Findings:

During a review of Resident 4 ' s Admission Record indicated the facility admitted the resident on 2/12/2023 and readmitted on 3/18/2023 with diagnoses that included chronic obstructive pulmonary disease (COPD- disease that causes obstructed airflow from the lungs), diabetes mellitus (high blood sugar), sepsis (a serious condition resulting from the presence of harmful microorganisms in the blood), dependence on supplemental oxygen, obstructive sleep apnea (intermittent airflow blockage during sleep).

During a review of Resident 4 ' s Physician ' s Telephone Order, dated 3/19/2023, indicated for Resident 4 to receive continuous Oxygen (O2) at 2 liters per minute (LPM-unit of volume metric), titrate oxygen to keep oxygen saturation (measurement of how much oxygen your blood is carrying as a percentage of the maximum it could carry) equal or greater than 92% at bedtime as needed (PRN) every shift when in bed sleeping and at bedtime for shortness of breath.

During a review of Resident 4 ' s Minimum Data Set (MDS, a standardized assessment and care-screening tool), dated 3/22/2023, the MDS indicated Resident 4 was cognitively intact (the mental action or process of acquiring knowledge

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F 695	Continued From page 2	F 695		

and understanding through thought, experience, and senses). The MDS indicated Resident 4 required total dependence (full staff performance every time) from staff for bed mobility, and toilet use. MDS indicated Resident 4 required extensive assistance (resident involved in activity, staff provided weight-bearing support) from staff for dressing, and personal hygiene. MDS indicated Resident 4 required limited assistance (resident highly involved in activity, staff provide guided) from staff for eating.

During an observation and interview on 5/30/2023, at 11:20 AM, the Licensed Vocational Nurse 1 (LVN1) stated, the oxygen tubing for Resident 4 was not dated and humidifier dated as 5/20/2023 (more than one week). LVN 1 stated, the charge nurse is responsible to make round and check on oxygen tubing and humidifier every shift to ensure oxygen tubing and humidifier are change once a week. LVN 1 stated, if oxygen tubing and humidifier stay in the resident too long, bacteria build up which can cause the resident to have an infection and can harm the resident physically and resident might require antibiotic (a substance used to kill bacteria and to treat infections) treatment.

During an interview on 5/30/2023, at 4:20 PM, Director of Nursing (DON) stated, oxygen tubing and humidifier should be changing once a week and label with date changed. DON stated, it is important to change oxygen tubing per policy and procedure for resident safety and to prevent infection. DON stated, if leaving oxygen tubing and humidifier in the resident too long then bacteria build up which can cause infection, which might lead the resident to have sepsis (a serious condition resulting from the presence of

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F 695	Continued From page 3 harmful microorganisms in the blood). A review the facility's policy and procedure titled, "Oxygen Concentrator," with a revised date of 12/19/2022, indicated, "Change oxygen tubing and mask/canula weekly and as needed if it becomes soiled or contaminated. Change humidifier bottle when empty, every week, or as recommended by the manufacturer".	F 695		

SUNSET MANOR
CONVALESCENT HOSPITAL

Provider's plan of correction

F695

Corrective Action:

1. Upon the finding resident oxygen tubing/humidifier was changed with current date.

Identification of other residents:

1. The DON/designate checked current residents using oxygen tubing with humidifier, no missing labeling was identified on 05/31/2023.

Systemic Changes:

1. DON/DSD provided in-service to Licensed staff on dating the humidifiers per facility's policy and procedures on 06/05/2023
2. Licensed staff will check on labeling for humidifier from shift to shift during walking round from shift to shift to ensure oxygen tubing humidifier was labeled with date.
3. Dept. Head will check on labeling with the date for humidifier during observation rounds. Finding will be corrected immediately and reported to DON for follow- up.

Monitoring:

1. DON will report the finding to QA committee for follow up for at least 3 months for improvement or until the problem resolved.

Completion Date: 06/17/2023

Christian Urbina,NHA
Administrator