POC ACCEPTED 11/07/18 39550

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/26/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. BUILDING _____ B. WING _____	C 10/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLSPRINGS POST ACUTE CENTER	44445 NO.15TH ST. WEST LANCASTER, CA 93534

(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 an investigation of a complaint Complaint Number: CA00601389 Representing the California Department of Public Health: Health Facilities Evaluator Nurse: 39550, RN HFEN The inspection was limited to the specific complaint and does not represent the findings of a full inspection of the facility. A deficiency was written for Complaint Number: CA00601389	F 000	This Plan of Correction serves as the Facility's credible allegation of compliance F695 Respiratory/Tracheostomy Care and Suctioning 1. Upon identification of the alleged deficient practice on Sept 5, 2018 the DON and Unit Manager of Unit 5 assessed Resident #1 for respiratory complications. Resident #1 did not display respiratory distress, her O2 saturation was 97%. Attending Physician of the resident was informed about the error in flow rate of Oxygen Delivery, Primary Care Physician orders were given to discontinue the continuous O2. Initiate O2 2LPM PRN if O2 sat drops below 91%, and monitor O2 Sat every 2 hrs. This prescribed treatment is reflected now in Resident#1 Patient Centered care plan. * LVN1 was counseled by the DON as regards to oxygen therapy administration and Facility's Medication /Treatment Policy and Procedures. 2. All resident that are receiving supplemental oxygen administration and therapy as indicated in their Patient Centered care plan are affected by the same alleged deficient practice. The RN supervisor and Unit Managers visited all other residents receiving oxygen therapy, no similar alleged deficient practice was noted.	
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(l) § 483.25(l) 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:	F 695		

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 10/31/18

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 Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Residents 1) received the correct administration of oxygen as ordered by the physician. Resident 1 was on 12 liters per minute (L/min) of oxygen via nasal cannula (a device that consists of a plastic tube that fits behind the ears, and a set of two prongs that are placed in the nostrils) on September 5, 2018. However, physician order was to administer oxygen at two L/min. This deficient practice had the potential to result in Resident 1 receiving more oxygen than required and or have complications related to respiratory treatment. Findings: A review of the clinical record for Resident 1, the admission record indicated the resident was admitted to the facility on March 1, 2017 with diagnosis of, but not limited to, acute pulmonary edema (abnormal buildup of fluid in the lungs), Down's Syndrome (genetic disorder), and cough. During a review of the clinical record for Resident 1, the Minimum Data Set (MDS- a standardized assessment and screening tool) dated August 14, 2018, indicated the resident has moderate cognitive impairment, is able to make self understood sometimes, and is able to understand others sometimes. The MDS indicated the resident needs limited assistance with bed mobility and locomotion, extensive assistance with dressing and personal hygiene. On September 5, 2018, at 1:00 p.m., during an observation and a concurrent interview with	F 695	3. DON and DSD conducting an in-service to licensed nurses in regards to ensuring compliance with physician orders and Patient Centered care plan when administering supplemental oxygen therapy at accurate flow rates. In addition this in-service provided licensed nurses with the use of appropriate equipment (i.e. masks, nasal cannula, venture mask etc.) Of oxygen delivery based on prescribed flow rate Completed on or before 11/1/18. * In ensuring safety oxygen administration, Charge Nurse will utilize PCC EMAR's to ensure accuracy of oxygen delivery administration during their change of shift endorsement and routine medication pass each shift. In addition, Unit Managers and RN Supervisors will ensure the daily compliance of accurate oxygen administration flow rates during every shift managerial and supervisory rounds. 4. This Plan of correction will be implemented by licensed nurses daily during provision of care with clients receiving supplemental oxygen. The effectiveness of the POC will be monitored by the ADON and the DON during the clinical rounds. Significant finding will be submitted to the administrator and will be forwarded to the QA and a committee for trending and analysis corrective actions and for CQI.	

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F 695	Continued From page 2 Licensed Vocational Nurse 1 (LVN 1), Resident 1 was observed sitting on Resident 1's wheelchair. Resident 1 was observed with oxygen therapy via nasal cannula (device used to deliver supplemental oxygen placed directly on a resident's nostrils). Observed oxygen being delivered via nasal cannula at 12 L/min (liters per minute). LVN 1 confirmed that oxygen being delivered via nasal cannula at 12 L/min. LVN 1 continued to state that Resident 1's oxygen should be at 2 L/min. During an observation and a concurrent interview with Registered Nurse 5 (RN 5) on September 5, 2018, at 4:45 p.m., Resident 1 was observed sitting on Resident 1's bed watching TV. Resident 1 was observed with oxygen therapy via nasal cannula. Observed oxygen being delivered via nasal cannula at 2.5 L/min. RN 5 confirmed that oxygen being delivered via nasal cannula at 2.5 L/min. A review of the clinical record for Resident 1, the Order Summary Report indicated a physician's order dated to March 1, 2017 Oxygen at 2 L/min via nasal cannula, every shift related to acute pulmonary edema. During a review of the clinical record for Resident 1, the Care Plan addressing risk for SOB (shortness of breath)/respiratory distress; on O2 (oxygen) therapy, indicated an intervention initiated on March 3, 2017, to administer oxygen as ordered. A review of the facility policy and procedure titled "Oxygen," revised on January 2008, indicated oxygen administration will be ordered by the Physician (unless used in an emergency) and	F 695	5. Corrective action will be completed by 11-06-18.	

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F 695	Continued From page 3 administered to the resident by a licensed nurse. The policy further states, liter flow for oxygen cannula not greater than 6.	F 695		