STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035189	A. Building B. Wing	02/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Canada Care Center	7970 North LA Canada Drive Tucson, AZ 85704

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47911 Based on observation, clinical record review, staff interviews, facility documentation and policy review, the facility failed to ensure that oxygen was administered per physician orders for one resident (#12). The sample size was 20. Findings include: The resident was admitted on [DATE] with diagnosis including anxiety disorder, unspecified dementia, psychotic disturbance, mood disturbance , anxiety, depression, schizophrenia, acute respiratory failure with hypoxia, pleural effusion, other non specific findings of the lung field, pneumonia, chronic obstructive pulmonary disease and a wedge compression fracture. A review of the MDS (minimum data set) dated December 07, 2023 revealed that the resident had a BIMS (brief interview of mental status) score of 14, indicating that the resident was cognitively intact. The MDS further noted that the resident was on oxygen therapy. A review of the of the physician's orders dated January 2, 2024 for resident #12 revealed an order for 4 liters of oxygen per minute via nasal cannula. An update to the orders was made on January 30, 2024 at 2:00 PM noting oxygen via nasal cannula for chronic obstructive pulmonary disease and may citrate to keep oxygen saturation (SP02) levels at or above 90% A review of the resident's care plan initiated on December 29, 2019 revealed a focus that resident #12 has emphysema, and chronic obstructive pulmonary disease and the included intervention that oxygen therapy is to be given as ordered by the physician. Furthermore, the care plan revealed that the resident has oxygen therapy and that the oxygen settings were noted to be at 5 liters per minute continuously via nasal cannula; however, oxygen was observed to be above the ordered liters per minute and above the documented care plan rate for resident #12. An observation on January 30, 2024 at 9:52 AM revealed that resident #12 was observed to be on 6 liters of oxygen as observed on the oxygen concentrator setting. An observation on January 30, 2024 at 12:26 PM revealed that resident #12 was still on 6 liters of oxygen. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/02/2024

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on January 30, 2024 at 12:26 P.M. with staff #70 LPN (Licensed Practical Nurse). Staff #70 stated that oxygen settings were as ordered by the physician. She further stated that oxygen settings are checked during rounding every 2 hours. She stated that oxygen setting for resident #12 should be at 4 liters per minute. She stated that the risk for settings outside of the parameters that the physician had established could impact the gas exchange and could impede the resident's breathing. An interview was conducted with staff #13, DON (Director of Nursing) on January 30, 2024 at 12:40 PM Staff #13 stated that some patients, depending on the physician's order, may have settings designated on a range to maintain oxygen at a certain level. She stated that the nurse assigned to the resident, is required to sign off on the oxygen order every shift. Staff #13 reviewed the medical record for resident #12 and stated that the orders for this resident are at 4 liters per minute. She stated that the expectation is to ensure that the oxygen orders established by the physician are followed. Staff #13 stated that the risk could be that the resident may not get enough oxygen and that the resident's oxygenation could be impeded. A review of the oxygen administration policy with a review date of May 2023 revealed that oxygen therapy is administered by a licensed nurse as ordered by the physician; however, the oxygen therapy settings observed on 2 separate occasions were not as ordered by the physician and noted to be 2 liters above the ordered setting. It was however observed that the facility did have the order changed on the same day the concern was brought to their attention.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. 42319 Based on review of facility documentation and staff interview, the facility failed to ensure that nurse staffing information was posted on a daily basis that included the actual hours worked by licensed and unlicensed nursing staff and the resident census. Findings include: An interview was conducted on 2/2/2024 at 12:36 PM with the Staffing Coordinator (staff #18) who said daily staff postings should be accurate. She said that that she gets the numbers from the daily staff tracking form so staff must have left early or late that day. She reviewed the posting for 12/30/2023 and said that it was not accurate. An interview was conducted on 2/2/2024 at 12:56 PM with the Director of Nursing (DON/staff#13) who said that daily staff postings should be accurate. She said that she'd have to assume that their numbers are accurate but she would have to double check. An interview was conducted on 2/2/2024 at 1:31 PM with the Administrator (staff #115) who said that he did not know if there was a policy regarding the accuracy of staff postings and that he would check with the Director of Nursing. A follow up interview conducted on 2/2/2024 at 1:56 PM with the DON included that the facility does not have a policy regarding the accuracy of staff postings.