| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055014 | A. Building<br>B. Wing | 06/25/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Fairfield Post Acute Rehabilitation | 1255 Travis Blvd<br>Fairfield, CA 94533 |

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 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>Based on interview, and record review the facility failed to ensure one of three sampled residents, Resident 1 received care in accordance with professional standards of practice when facility staff did not follow physician orders and inaccurately documented medical notes during an emergent change of condition.These failures decreased the facility's potential to safely and effectively provide care to a resident with worsening health conditions.Findings:1a. Licensed Nurse 1 (LN 1) did not follow a physician's order to regulate Resident 1's oxygen flow rate to 3 LPM (LPM, liters per minute, it's a measurement of how much oxygen Resident 1 received) via nasal cannula (NC-nasal cannula, oxygen tubing).A review of Resident 1's Clinical Record indicated Resident 1 was admitted to the facility in May 2026 with diagnoses that included COPD (Chronic Obstructive Pulmonary Disease- a progressive, long-term lung disease that blocks airflow and makes it difficult to breathe), and Acute Respiratory Failure with Hypoxia (a condition where the body's tissues do not receive enough oxygen and considered a medical emergency).During a review of Resident 1's Minimum Data Set (MDS; an assessment tool used to guide care), dated 5/14/26, Cognitive Patterns Section C, indicated a score of 13 out of 15 which indicated the resident was cognitively intact.A review of Resident 1's Order Summary Report (OSR) dated 5/11/26, indicated, Oxygen via NC at 3 LPM continuously every shift.A review of Resident 1's Care Plan dated 5/14/26, indicated, Give oxygen therapy as ordered by the physician.A review of Resident 1's Progress Notes, (PN), as documented by LN 1, dated 5/19/26, at 11:30 a.m., indicated, .O2 2 liters via nasal cannula Saturations [O2 sat, amount of oxygen in the blood] 70-80% .A review of Resident 1's eINTERACT Change in Condition Evaluation (a communication tool used by healthcare workers when there is a change of condition among the residents) dated 5/19/26, at 3:58 p.m., as documented by LN 1, (no time documented as to when event occurred), indicated, .4. Summarize your observations, evaluation and recommendations: Resident having low saturation on 2-liters oxygen via NC. Resident now having SOB [shortness of breath] and chest pain. Resident now getting worse, became nonresponsive with agonal [gasping respiration] breathing.During an interview with LN 1 on 6/23/26 at 12:29 p.m., LN 1 stated Resident 1 was sitting on her bed, at 11:30 a.m., oxygen via NC at 2 LPM, and had O2 sats of 70-80%. LN 1 agreed that an O2 sat of 70-80% was a critical level, (95-100%- normal; 92-94%- mildly low; below 90%- dangerous; 88% or lower- emergency) and typically required immediate 911 activation. LN 1 acknowledged, it was not activated until approximately 1:30 p.m. LN 1 stated she increased Resident 1's O2 level to 4 LMP with no improvement. LN 1 further stated Resident 1 was transported to the acute care hospital and passed away.1b. LN 1 did not follow a physician's order for Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (a prescription quick-relief rescue medication used to prevent and treat breathing difficulties) ordered as needed, was not given when SOB was first identified.A review of Resident 1's OSR, dated 5/8/26, indicated, Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (Albuterol Sulfate) 2 puff inhale orally every 4 hours as needed for COUGH / SOB /WHEEZING.A review of Resident 1's Medication Administration Record, (MAR) on 5/19/26, Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (Albuterol Sulfate) 2 puff inhale orally every 4 hours as needed for COUGH / SOB/WHEEZING. indicated there was no documentation that this had been administered to Resident 1 from May 1, 2026 through May 19, 2026.1c. LN 1 did not<br>(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 |
|---|---|---|

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | follow a physician's order for Torsemide Oral Tablet 20 MG (Torsemide-used to relieve dyspnea by reducing excess fluid buildup in the lungs which makes it significantly easier to breathe) Give 1 tablet by mouth every 12 hours as needed for SHORTNESS OF BREATH. was not administered to Resident 1 when Resident 1 had documented SOB.A review of Resident 1's MAR on 5/19/26, indicated, Torsemide Oral Tablet 20 MG (Torsemide) Give 1 tablet by mouth every 12 hours as needed for SHORTNESS OF BREATH. was also not administered to Resident 1.2. Documentation regarding Resident 1's change of condition was contradictory and inaccurate.A review of Resident 1's eMAR-Medication Administration Note, as documented by LN 1, dated 5/19/26, at 11:30 a.m., indicated .Resident saturation 70's SOB on exertion.A review of Nursing Progress Notes dated 5/19/26 at 11:30 a.m., LN 1 documented O2 2 liters via nasal cannula Saturations 70-80% Resident breathing even and unlabored. Which is contradictory to the Medication Administration Note written by LN 1 at the same time.A review of Resident 1's PN, as documented by LN 1, dated 5/19/26, at 12:57 p.m., indicated .Respiratory: No signs of difficulty breathing. Shortness of breath noted. Resident reported Shortness of breath (while sitting) Nurse observed Shortness of breath (while sitting) . This PN contains contradictory statements from LN 1.During an interview with LN 1 on 6/23/26 at 12:29 p.m., LN 1 acknowledged her documentation was not chronologically documented and inaccurate, yes, I should improve how I write my documentation.During an interview with the Director of Nursing, (DON) on 7/1/26 at 9:13 a.m., the DON agreed that LN 1 should have followed the physician's order to regulate Resident 1's oxygen at 3 LPM and further stated that an O2 sat of 70-80% is critically low. The DON acknowledged that there was a physician's standing order (pre-authorized) for Albuterol inhalation and Torsemide tablet to be given to Resident 1 as needed for SOB, and LN 1 should have administered the medications to Resident 1 at the first sign of respiratory distress or SOB. The DON further stated LN 1's documentation should be chronologically documented and accurate. The DON stated her expectations from the nursing staff were to promote quality of care and patient safety.A review of the facility's policy and procedures, titled Physician Orders, revised 2/26, indicated, It is the policy of this facility that drugs or biological shall be administered only upon the written order of a person duly licensed and authorized to prescribe such drugs.1. No drugs or biologicals shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illnesses.A review of the facility's policy and procedures, titled Oxygen Therapy, revised 2/26, indicated, It is the policy of this facility to administer oxygen in a safe manner. The rate of flow, route, and rationale.A review of the facility's policy and procedures, titled Change of Condition Reporting, revised 2/26, indicated, .Any sudden or serious change in a resident's condition manifested by a marked change in physical or mental behavior will be communicated to the physician with a request for physician's order(s), physician's visit promptly and/or acute care evaluation.A review of the facility's policy and procedures, titled Documentation and Charting, revised 2/26, indicated, .1. A complete account of the resident's care, treatment, response to the care, signs, symptoms, etc., as well as the progress of the resident's care in an accurate and chronological manner. |