

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026
NAME OF PROVIDER OR SUPPLIER Springs Road Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1527 Springs Road Vallejo, CA 94591	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of three sampled residents' (Resident 1) Physician Orders for Life-Sustaining Treatment (POLST- a medical order that tells healthcare providers what treatments a patient wants or does not want, especially in serious illness or end-of-life care) was not implemented following the resident's return from the emergency room. This failure has resulted in Resident 1's POLST not implemented and reduced the facility's potential to provide necessary care and services to attain or maintain the resident's highest practicable wellbeing. Findings: During a review of Resident 1's admission record (AR- Front page of the chart that contains a summary of basic information about the resident), the AR indicated, Resident 1 was initially admitted to the facility 10/2018 with diagnoses including Acute Respiratory failure (a life threatening emergency where the lungs suddenly cannot get enough oxygen into the blood or remove carbon dioxide, often causing severe shortness of breath, confusion, and blue-tinted skin) with hypoxia (the body tissues- such as the brain, heart, and muscles- do not receive enough oxygen to function properly), and dysphagia (difficulty swallowing). The AR indicated he was his own self responsible party. During a review of Resident 1's POLST dated 10/16/2018 indicated, .Do Not Attempt Resuscitation. Medical Interventions: Comfort-Focused Treatment (relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction.) During a review of Resident 1's Speech and Language Pathology Discharge summary, dated [DATE], indicated, .Discharge Recommendations and Status. Oral Intake = Soft and Bite Sized texture, mildly thick liquids consistency, small portions. Strategies: .to facilitate safety and efficiency. It is recommended the patient use following strategies during oral intake: general swallow precautions. upright posture during meals. During a review of Resident 1's Care plan for acute respiratory failure with hypoxia initiated 10/13/24, indicated, .maintain a clear airway. if secretions cannot be cleared, suction as needed. During a review of a Resident 1's SBAR (Situation, Background, Assessment, Recommendation) Communication form (a structured communication tool used in healthcare to share critical patient information clearly and quickly) dated 12/22/25, indicated, .Resident 1 had shortness of breath, respiratory rate of 30 breaths per minute, Oxygen saturation (O2 sat- measures percentage of oxygen in the red blood cells are carrying, indicating how well the heart and lungs are functioning) was at 62 %. Nurse Practitioner 1 notified and recommended to send patient to emergency room. During a review of Resident 1's hospitalization emergency room (ER) notes, dated 12/22/25, indicated, Resident 1 arrived at the emergency room at 3 a.m. Resident 1 was evaluated, and indicated his vital signs as follows: pulse 108 beats/minute, respiration 34 breaths/minute, blood pressure 59/46, O2 sat (O2 sat- measures percentage of oxygen in the red blood cells are carrying, indicating how well the heart and lungs are functioning) 95% on non -rebreather mask (a high-concentration oxygen delivery device designed for acute respiratory emergencies.) Resident 1's ER Physical examination (PE) dated, 12/22/25, indicated, . he is ill-appearing, unresponsive to tactile (sense of touch) stimulation, eyes closed. tachycardia (medical term for resting heart rate that is too fast), .murmur (unusual swishing sound heard during a heartbeat). tachypnea (abnormally fast and shallow breathing), rhonchi (snoring-like lung sound heard through a stethoscope [stethoscope- a (continued on next page)</p>

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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>medical tool used to listen to sounds in the body] when large airways are blocked by mucus or fluid) present. Resident 1's ER notes dated, 12/22/25, indicated, .No further treatment at this time given his DO NOT Resuscitate and comfort care status. Patient [Resident] appear comfortable at this time and okay for return to the nursing home . Resident 1 was discharged from ER [DATE] at 5:19 a.m. back to the facility.No documented evidence of completed nursing evaluation upon return of Resident 1 to the facility from the ER, vital signs, evaluation of respiratory status and comfort measures including suctioning, evaluation of level of consciousness.During a concurrent interview and record review on 3/20/26 at 2:23 p.m. with Director of Nursing (DON), Resident 1's progress notes were reviewed. The DON confirmed there was no documented evidence that assessments, and implementation of comfort measures were provided per Resident 1's POLST upon his return from the ER to the facility. The DON stated her expectations were: for the Licensed nurse to perform vital signs, assess, treat the symptoms, and follow the physician orders and document timely.During a review of the facility's policy and procedure titled, Physician Orders for Life-sustaining Treatment (OR POLST), updated 2/2026, indicated, .Whenever a resident exhibits a sudden and/ or marked adverse change in signs, symptoms and/or behavior LN (Licensed Nurse) staff will.iii Update plan of care of the resident to include continuing reassessment of the resident's needs to ensure that all appropriate and desired care is being provided to the extent possible.</p>		