

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/05/2024
NAME OF PROVIDER OR SUPPLIER Mountain View Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 Solace Place Mountain View, CA 94040	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>36623</p> <p>Based on interview and record review, the facility failed to provide respiratory care consistent with professional standards of practice for three of four residents (Resident 1, 2, and 3) on oxygen therapy when:</p> <ol style="list-style-type: none"> 1. There was no documentation that Resident 1 was educated on the risks and benefits of refusal to use the BiPAP (bilevel positive airway pressure, a device that pushes air into the airway and provides airflow at two different pressures: one when inhaling and a lower one when exhaling), Resident 1's BiPAP orders were not complete, Resident 1 was provided oxygen without documentation that indicated how many liters per minute (L/min) was administered, an as needed (PRN) breathing treatment was not administered as ordered, Resident 1's respiratory care plan was not individualized, and there was no documentation that indicated Resident 1's BiPAP was cleaned weekly per manufacturer's instructions. 2. Resident 2 was provided oxygen without documentation that indicated how many liters per minute (L/min) was administered. 3. Resident 3's BiPAP orders did not match the hospital discharge orders and there was no documentation that indicated Resident 3's BiPAP was cleaned weekly per manufacturer's instructions. <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of Resident 1's clinical record indicated she was admitted to the facility with diagnoses including hemiplegia and hemiparesis (complete paralysis, partial paralysis or muscle weakness on one side of the body) and obstructive sleep apnea (sleep disorder that can lead to brief pauses in breathing during sleep). <p>Review of Resident 1's SNF (Skilled Nursing Facility) Orders (discharge orders from the hospital), dated 3/3/24 indicated, Use bipap qhs [every night at bedtime] for sleep apnea Bipap settings 12/6 [EPAP (exhalation positive airway pressure)/IPAP (inhalation positive airway pressure) cmH2O (centimeter of water, unit of pressure)]; back up rate of 12 and 30% Fio2 [fraction of inspired oxygen, the concentration of oxygen in the gas mixture].</p> <p>(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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 1's Order Summary Report, dated 6/28/24 indicated she had an order for BiPAP: during hours of sleep per discharge orders: back up rate of 12 and 30% Fio2 (fraction of inspired oxygen, the concentration of oxygen in the gas mixture), dated 3/3/24. The order did not include the two airway pressures (EPAP/IPAP).</p> <p>Review of Resident 1's Treatment Administration Record (TAR, record of treatments given), dated April 2024 indicated the following for the BiPAP: during hours of sleep order:</p> <ul style="list-style-type: none"> - Nurses documented that Resident 1 refused the BiPAP on 4/1/24 night shift, 4/3/24 night shift, 4/4/24 night shift, 4/5/24 night shift, 4/5/24 evening shift, 4/6/24 evening shift, 4/15/24 night shift, 4/19/24 evening shift, 4/20/24 evening shift, 4/21/24 evening shift and night shift, 4/25/24 evening shift, 4/26/24 evening shift, 4/27/24 evening and night shift, 4/28/24 evening and night shift, and 4/29/24 evening and night shift. - Nurses documented NA on 4/2/24 night shift, 4/6/24 night shift, 4/9/24 night shift, 4/13/24 night shift, 4/14/24 night shift, 4/15/24 evening shift, 4/16/24 evening shift, 4/17/24 evening shift, 4/18/24 evening shift and night shift, 4/20/24 night shift, 4/24/24 night shift, 4/25/24 night shift, 4/26/24 night shift, 4/27/24 night shift, and 4/28/24 night shift. - Nurses documented the BiPAP was Off on 4/2/24 evening shift, 4/8/24 evening shift, 4/9/24 evening shift, 4/10/24 evening shift, 4/13/24 evening shift, 4/21/24 night shift, 4/22/24 evening and night shift, 4/23/24 evening and night shift, and 4/24/24 evening shift. - There was no nurse signature for 4/1/24 evening shift, 4/11/24 night shift, and 4/17/24 evening shift. <p>On the above dates, there was no documentation that indicated Resident 1 was educated on the risks and benefits of using the BiPAP, except on 4/25/24 evening shift and 4/29/24 night shift.</p> <p>Review of Resident 1's Order Summary Report, dated 6/28/24 indicated Resident 1 had an order, May administer O2 (oxygen) at 2L/min via nasal cannula (a device used to deliver supplemental oxygen or airflow) for diagnoses SOB (shortness of breath), chest pain, oxygen saturation less than 90% and notify MD. May titrate as needed to maintain O2 sat (oxygen saturation, SpO2, measurement of oxygen in the blood) above 90%, dated 3/3/24.</p> <p>Review of Resident 1's Weights and Vitals Summary for April 2024 indicated the resident received oxygen via nasal cannula on 4/11/24, 4/15/24, 4/26/24, 4/27/24, 4/28/24, 4/29/24, and 4/30/24. There was no documentation on 4/11/24, 4/15/24, 4/26/24, 4/27/24, and 4/28/24 that indicated the amount of oxygen in liters per minute Resident 1 received.</p> <p>Review of Resident 1's MAR for April 2024, PRN oxygen was not signed as administered to Resident 1.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 1's IDT (interdisciplinary team, a group of health care professionals from diverse fields who work toward a common goal for residents) Note, dated 4/29/24 at 3:24 p.m. indicated, On 4/29/24 [Resident 1] noted to have a new productive cough. [Resident 1] also noted to have episode of de-saturation [low blood oxygen concentration] . NP [nurse practitioner] notified of [Resident 1's] change in condition. NP Orders STAT CXR [chest X-ray] to r/o [rule out] pna [pneumonia, an infection that affects one or both lungs], Duoneb (combination of two medications, albuterol and ipratropium, which open up the airways to help with breathing) Q6H [every six hours] prn d/t [due to] wheezing [high-pitched whistling sound heard when breathing] and crackles .</p> <p>Review of Resident 1's Order Summary Report, dated 6/28/24 indicated Resident 1 had an order Ipratropium-Albuterol Solution 0.5-2.5 (3) mg (milligram, unit of measurement)/3ml (milliliters, unit of measurement) 3 ml inhale orally every 6 hours as needed for SOB (shortness of breath) or wheezing via nebulizer, dated 4/29/24.</p> <p>Review of Resident 1's MAR for April 2024, PRN Duoneb was not signed as administered to Resident 1.</p> <p>Review of Resident 1's altered respiratory status care plan indicated the interventions were BIPAP/CPAP (continuous positive airway pressure, a machine that uses air pressure to keep breathing airways open during sleep)/VPAP (variable positive airway pressure) SETTINGS: Titrated pressure: (SPECIFY)cmH2O via (SPECIFY: nasal pillow, nose mask or full-face mask) (SPECIFY FREQ) . OXYGEN Settings: O2 via (SPECIFY: nasal prongs/mask) @ (SPECIFY)L (SPECIFY FREQ) Humidified (SPECIFY). Resident 1's respiratory care plan interventions were not resident specific.</p> <p>Review of Resident 1's medical record indicated there was no documented evidence Resident 1's BiPAP was cleaned.</p> <p>During an interview on 6/28/24 at 11:59 a.m., registered nurse A (RN A) confirmed Resident 1's respiratory care plan interventions did not include the BiPAP settings or the oxygen settings.</p> <p>During an interview on 6/28/24 at 3:33 p.m., RN A confirmed that there was missing documentation in Resident 1's MAR. He stated nurses should be signing the PRN oxygen order when they gave Resident 1 PRN oxygen. RN A also stated the nurses should be documenting how many liters of oxygen per minute Resident 1 was given.</p> <p>During an interview on 7/2/24 at 8:34 a.m., registered nurse B (RN B) stated that toward the end of Resident 1's stay in the facility,</p> <p>Resident 1 was on oxygen at 5 L/min. RN B stated he was unsure where he could document the number of L/min.</p> <p>During an interview on 7/2/24 at 9:45 a.m., RN A confirmed the facility BiPAP orders for Resident 1 did not match the orders from the hospital. RN A confirmed the two BiPAP pressures were missing.</p> <p>During an interview on 7/2/24 at 1:20 p.m. the ADON stated the nurses should be cleaning the BiPAP machine but there is no standing order for cleaning.</p> <p>During an interview on 7/2/24 1:45 p.m., the Quality Assurance Director (QAD) stated there is no documentation that indicated Resident 1's BiPAP machine was cleaned.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/5/24 at 10:05 a.m., registered nurse C (RN C) stated she was not sure and did not remember whether there was a PRN order for Duoneb and whether she gave Duoneb to Resident 1.</p> <p>Review of the facility's policy, Noninvasive Ventilation (CPAP, BiPAP .) dated 5/1/23 indicated, 2. The facility will obtain an order for the use of a BiPAP device and settings from the practitioner . 5. The facility will follow the manufacturer's instruction for use of the machine . 8. Follow manufacturer's instruction for the frequency of cleaning/replacing filters and servicing the machine.</p> <p>Review of the facility's policy, Oxygen Administration, dated 5/1/23 indicated, Oxygen is administered under orders of a physician.</p> <p>Review of the facility's policy, Promoting/Maintaining Resident Self-Determination, dated 6/1/23 indicated, Each resident and/responsible party has the right to refuse treatment and care. Education should be provided on risks of such refusal and benefits of compliance.</p> <p>Review of the facility's policy, Comprehensive Care Plans, dated 3/1/23 indicated, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident . The comprehensive care plan will describe, at a minimum . Resident specific interventions that reflect the resident's needs and preferences.</p> <p>Review of the undated AirCurve 10 User Guide, provided by the facility indicated, Regularly clean your tubing assembly, water tub and mask to receive optimal therapy and to prevent the growth of germs that can adversely affect your health . You should clean the device weekly as described.</p> <p>2. Review of Resident 2's clinical record indicated she was admitted to the facility with diagnoses including traumatic subarachnoid hemorrhage (bleeding in the fluid-filled space between layers that protect the brain.</p> <p>Review of Resident 2's Weights and Vitals Summary for May 2024 indicated the resident received oxygen via nasal cannula on 5/1/24, 5/2/24, and 5/3/24. There was no documentation on 5/1/24, 5/2/24, and 5/3/24 that indicated the amount of oxygen in liters per minute Resident 2 received.</p> <p>Review of Resident 2's MAR for May 2024, the PRN oxygen was not signed as administered to Resident 2.</p> <p>Review of Resident 2's Weights and Vitals Summary for June 2024 indicated the resident received oxygen via nasal cannula on 6/23/24 and 6/25/24. It also indicated Resident 2 received oxygen via mask on 6/24/24. There was no documentation on 6/23/24, 6/24/24, and 6/25/24 that indicated the amount of oxygen in liters per minute Resident 2 received.</p> <p>Review of Resident 2's MAR for June 2024, there was no nurse signature that indicated a nurse administered oxygen for Resident 2.</p> <p>During an interview on 7/2/24 at 1:20 p.m., the assistant director of nursing (ADON) confirmed Resident 2 was given PRN oxygen in May 2024 and June 2024. The ADON confirmed Resident 2's PRN oxygen order was not signed in the MAR for May 2024 and June 2024. She stated she expected nurses sign the PRN oxygen order when they gave Resident 2 PRN oxygen. She also stated the amount of oxygen in L/min should be included in progress notes.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Review of Resident 3's clinical record indicated he was admitted to the facility with diagnoses including osteoarthritis (a disease affecting the joints that can cause pain and stiffness) and obstructive sleep apnea.</p> <p>Review of Resident 3's SNF Orders (discharge orders from the hospital), dated 6/5/24 indicated the following:</p> <p>Mode Auto Bilevel</p> <p>EPAP minimum (cm H2O) 5</p> <p>IPAP Maximum (cm H2O) 25 .</p> <p>Maintain SpO2 of at least: 92%</p> <p>Review of Resident 3's Order Summary Report, dated 6/28/24 indicated he had an order BiPAP: Oxygen 2 L/min Pressure settings: IPAP: 5 cmH2O EPAP: 25 cmH2O Maintain SPO2 of at least 92%, dated 6/5/24. The pressure during exhalation (EPAP) should be lower than the pressure during inhalation (IPAP).</p> <p>There was no documentation that indicated Resident 3's BiPAP was cleaned.</p> <p>During an observation on 7/2/24 at 9:09 a.m. in Resident 3's room with RN A, Resident 3's BiPAP machine was observed. The machine was labeled DreamStation.</p> <p>During an interview on 7/2/24 at 9:45 a.m., RN A confirmed the facility BiPAP orders for Resident 3 did not match the orders from the hospital. RN A confirmed the numbers of EPAP and IPAP were switched.</p> <p>During an interview on 7/2/24 at 1:20 p.m. the ADON stated the nurses should be cleaning the BiPAP machine but there is no standing order for cleaning.</p> <p>During an interview on 7/2/24 1:45 p.m., the QAD (Quality Assurance Director) stated there is no documentation that indicated Resident 3's BiPAP machine was cleaned.</p> <p>Review of the facility's policy, Noninvasive Ventilation (CPAP, BiPAP .) dated 5/1/23 indicated, 2. The facility will obtain an order for the use of a BiPAP device and settings from the practitioner . 5. The facility will follow the manufacturer's instruction for use of the machine . 8. Follow manufacturer's instruction for the frequency of cleaning/replacing filters and servicing the machine.</p> <p>Review of the undated DreamStation BiPAP Pro Auto BiPAP User Manual indicated the device's exterior surface weekly. It also indicated the non-heated flexible tubing should be cleaned weekly by fully immersing the tube in the detergent solution.</p> <p>Based on interview and record review, the facility failed to provide respiratory care consistent with professional standards of practice for three of four residents (Resident 1, 2, and 3) on oxygen therapy when:</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. There was no documentation that Resident 1 was educated on the risks and benefits of refusal to use the BiPAP (bilevel positive airway pressure, a device that pushes air into the airway and provides airflow at two different pressures: one when inhaling and a lower one when exhaling), Resident 1's BiPAP orders were not complete, Resident 1 was provided oxygen without documentation that indicated how many liters per minute (L/min) was administered, an as needed (PRN) breathing treatment was not administered as ordered, Resident 1's respiratory care plan was not individualized, and there was no documentation that indicated Resident 1's BiPAP was cleaned weekly per manufacturer's instructions.</p> <p>2. Resident 2 was provided oxygen without documentation that indicated how many liters per minute (L/min) was administered.</p> <p>3. Resident 3's BiPAP orders did not match the hospital discharge orders and there was no documentation that indicated Resident 3's BiPAP was cleaned weekly per manufacturer's instructions.</p> <p>Findings:</p> <p>1. Review of Resident 1's clinical record indicated she was admitted to the facility with diagnoses including hemiplegia and hemiparesis (complete paralysis, partial paralysis or muscle weakness on one side of the body) and obstructive sleep apnea (sleep disorder that can lead to brief pauses in breathing during sleep).</p> <p>Review of Resident 1's SNF (Skilled Nursing Facility) Orders (discharge orders from the hospital), dated 3/3/24 indicated, Use bipap qhs [every night at bedtime] for sleep apnea Bipap settings 12/6 [EPAP (exhalation positive airway pressure)/IPAP (inhalation positive airway pressure) cmH2O (centimeter of water, unit of pressure)]: back up rate of 12 and 30% Fio2 [fraction of inspired oxygen, the concentration of oxygen in the gas mixture].</p> <p>Review of Resident 1's Order Summary Report, dated 6/28/24 indicated she had an order for BiPAP: during hours of sleep per discharge orders: back up rate of 12 and 30% Fio2 (fraction of inspired oxygen, the concentration of oxygen in the gas mixture), dated 3/3/24. The order did not include the two airway pressures (EPAP/IPAP).</p> <p>Review of Resident 1's Treatment Administration Record (TAR, record of treatments given), dated April 2024 indicated the following for the BiPAP: during hours of sleep order:</p> <p>- Nurses documented that Resident 1 refused the BiPAP on 4/1/24 night shift, 4/3/24 night shift, 4/4/24 night shift, 4/5/24 night shift, 4/5/24 evening shift, 4/6/24 evening shift, 4/15/24 night shift, 4/19/24 evening shift, 4/20/24 evening shift, 4/21/24 evening shift and night shift, 4/25/24 evening shift, 4/26/24 evening shift, 4/27/24 evening and night shift, 4/28/24 evening and night shift, and 4/29/24 evening and night shift.</p> <p>- Nurses documented NA on 4/2/24 night shift, 4/6/24 night shift, 4/9/24 night shift, 4/13/24 night shift, 4/14/24 night shift, 4/15/24 evening shift, 4/16/24 evening shift, 4/17/24 evening shift, 4/18/24 evening shift and night shift, 4/20/24 night shift, 4/24/24 night shift, 4/25/24 night shift, 4/26/24 night shift, 4/27/24 night shift, and 4/28/24 night shift.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Nurses documented the BiPAP was Off on 4/2/24 evening shift, 4/8/24 evening shift, 4/9/24 evening shift, 4/10/24 evening shift, 4/13/24 evening shift, 4/21/24 night shift, 4/22/24 evening and night shift, 4/23/24 evening and night shift, and 4/24/24 evening shift.</p> <p>- There was no nurse signature for 4/1/24 evening shift, 4/11/24 night shift, and 4/17/24 evening shift.</p> <p>On the above dates, there was no documentation that indicated Resident 1 was educated on the risks and benefits of using the BiPAP, except on 4/25/24 evening shift and 4/29/24 night shift.</p> <p>Review of Resident 1's Order Summary Report, dated 6/28/24 indicated Resident 1 had an order, May administer O2 (oxygen) at 2L/min via nasal cannula (a device used to deliver supplemental oxygen or airflow) for diagnoses SOB (shortness of breath), chest pain, oxygen saturation less than 90% and notify MD. May titrate as needed to maintain O2 sat (oxygen saturation, SpO2, measurement of oxygen in the blood) above 90%, dated 3/3/24.</p> <p>Review of Resident 1's Weights and Vitals Summary for April 2024 indicated the resident received oxygen via nasal cannula on 4/11/24, 4/15/24, 4/26/24, 4/27/24, 4/28/24, 4/29/24, and 4/30/24. There was no documentation on 4/11/24, 4/15/24, 4/26/24, 4/27/24, and 4/28/24 that indicated the amount of oxygen in liters per minute Resident 1 received.</p> <p>Review of Resident 1's MAR for April 2024, PRN oxygen was not signed as administered to Resident 1.</p> <p>Review of Resident 1's IDT (interdisciplinary team, a group of health care professionals from diverse fields who work toward a common goal for residents) Note, dated 4/29/24 at 3:24 p.m. indicated, On 4/29/24 [Resident 1] noted to have a new productive cough. [Resident 1] also noted to have episode of de-saturation [low blood oxygen concentration] . NP [nurse practitioner] notified of [Resident 1's] change in condition. NP Orders STAT CXR [chest X-ray] to r/o [rule out] pna [pneumonia, an infection that affects one or both lungs], Duoneb (combination of two medications, albuterol and ipratropium, which open up the airways to help with breathing) Q6H [every six hours] prn d/t [due to] wheezing [high-pitched whistling sound heard when breathing] and crackles .</p> <p>Review of Resident 1's Order Summary Report, dated 6/28/24 indicated Resident 1 had an order Ipratropium-Albuterol Solution 0.5-2.5 (3) mg (milligram, unit of measurement)/3ml (milliliters, unit of measurement) 3 ml inhale orally every 6 hours as needed for SOB (shortness of breath) or wheezing via nebulizer, dated 4/29/24.</p> <p>Review of Resident 1's MAR for April 2024, PRN Duoneb was not signed as administered to Resident 1.</p> <p>Review of Resident 1's altered respiratory status care plan indicated the interventions were BIPAP/CPAP (continuous positive airway pressure, a machine that uses air pressure to keep breathing airways open during sleep)/VPAP (variable positive airway pressure) SETTINGS: Titrated pressure: (SPECIFY)cmH2O via (SPECIFY: nasal pillow, nose mask or full-face mask) (SPECIFY FREQ) . OXYGEN Settings: O2 via (SPECIFY: nasal prongs/mask) @ (SPECIFY)L (SPECIFY FREQ) Humidified (SPECIFY). Resident 1's respiratory care plan interventions were not resident specific.</p> <p>Review of Resident 1's medical record indicated there was no documented evidence Resident 1's BiPAP was cleaned.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/28/24 at 11:59 a.m., registered nurse A (RN A) confirmed Resident 1's respiratory care plan interventions did not include the BiPAP settings or the oxygen settings.</p> <p>During an interview on 6/28/24 at 3:33 p.m., RN A confirmed that there was missing documentation in Resident 1's MAR. He stated nurses should be signing the PRN oxygen order when they gave Resident 1 PRN oxygen. RN A also stated the nurses should be documenting how many liters of oxygen per minute Resident 1 was given.</p> <p>During an interview on 7/2/24 at 8:34 a.m., registered nurse B (RN B) stated that toward the end of Resident 1's stay in the facility, Resident 1 was on oxygen at 5 L/min. RN B stated he was unsure where he could document the number of L/min.</p> <p>During an interview on 7/2/24 at 9:45 a.m., RN A confirmed the facility BiPAP orders for Resident 1 did not match the orders from the hospital. RN A confirmed the two BiPAP pressures were missing.</p> <p>During an interview on 7/2/24 at 1:20 p.m. the ADON stated the nurses should be cleaning the BiPAP machine but there is no standing order for cleaning.</p> <p>During an interview on 7/2/24 1:45 p.m., the Quality Assurance Director (QAD) stated there is no documentation that indicated Resident 1's BiPAP machine was cleaned.</p> <p>During an interview on 7/5/24 at 10:05 a.m., registered nurse C (RN C) stated she was not sure and did not remember whether there was a PRN order for Duoneb and whether she gave Duoneb to Resident 1.</p> <p>Review of the facility's policy, Noninvasive Ventilation (CPAP, BiPAP .) dated 5/1/23 indicated, 2. The facility will obtain an order for the use of a BiPAP device and settings from the practitioner . 5. The facility will follow the manufacturer's instruction for use of the machine . 8. Follow manufacturer's instruction for the frequency of cleaning/replacing filters and servicing the machine.</p> <p>Review of the facility's policy, Oxygen Administration, dated 5/1/23 indicated, Oxygen is administered under orders of a physician.</p> <p>Review of the facility's policy, Promoting/Maintaining Resident Self-Determination, dated 6/1/23 indicated, Each resident and/responsible party has the right to refuse treatment and care. Education should be provided on risks of such refusal and benefits of compliance.</p> <p>Review of the facility's policy, Comprehensive Care Plans, dated 3/1/23 indicated, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident . The comprehensive care plan will describe, at a minimum . Resident specific interventions that reflect the resident's needs and preferences.</p> <p>Review of the undated AirCurve 10 User Guide, provided by the facility indicated, Regularly clean your tubing assembly, water tub and mask to receive optimal therapy and to prevent the growth of germs that can adversely affect your health . You should clean the device weekly as described.</p> <p>2. Review of Resident 2's clinical record indicated she was admitted to the facility with diagnoses including traumatic subarachnoid hemorrhage (bleeding in the fluid-filled space between layers that protect the brain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/05/2024
NAME OF PROVIDER OR SUPPLIER Mountain View Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 Solace Place Mountain View, CA 94040	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 2's Weights and Vitals Summary for May 2024 indicated the resident received oxygen via nasal cannula on 5/1/24, 5/2/24, and 5/3/24. There was no documentation on 5/1/24, 5/2/24, and 5/3/24 that indicated the amount of oxygen in liters per minute Resident 2 received.</p> <p>Review of Resident 2's MAR for May 2024, the PRN oxygen was not signed as administered to Resident 2.</p> <p>Review of Resident 2's Weights and Vitals Summary for June 2024 indicated the resident received oxygen via nasal cannula on 6/23/24 and 6/25/24. It also indicated Resident 2 received oxygen via mask on 6/24/24. There was no documentation on 6/23/24, 6/24/24, and 6/25/24 that indicated the amount of oxygen in liters per minute Resident 2 received.</p> <p>Review of Resident 2's MAR for June 2024, there was no nurse signature that indicated a nurse administered oxygen for Resident 2.</p> <p>During an interview on 7/2/24 at 1:20 p.m., the assistant director of nursing (ADON) confirmed Resident 2 was given PRN oxygen in May 2024 and June 2024. The ADON confirmed Resident 2's PRN oxygen order was not signed in the MAR for May 2024 and June 2024. She stated she expected nurses sign the PRN oxygen order when they gave Resident 2 PRN oxygen. She also stated the amount of oxygen in L/min should be included in progress notes.</p> <p>3. Review of Resident 3's clinical record indicated he was admitted to the facility with diagnoses including osteoarthritis (a disease affecting the joints that can cause pain and stiffness) and obstructive sleep apnea.</p> <p>Review of Resident 3's SNF Orders (discharge orders from the hospital), dated 6/5/24 indicated the following:</p> <p>Mode Auto Bilevel</p> <p>EPAP minimum (cm H2O) 5</p> <p>IPAP Maximum (cm H2O) 25 .</p> <p>Maintain SpO2 of at least: 92%</p> <p>Review of Resident 3's Order Summary Report, dated 6/28/24 indicated he had an order BiPAP: Oxygen 2 L/min Pressure settings: IPAP: 5 cmH2O EPAP: 25 cmH2O Maintain SPO2 of at least 92%, dated 6/5/24. The pressure during exhalation (EPAP) should be lower than the pressure during inhalation (IPAP).</p> <p>There was no documentation that indicated Resident 3's BiPAP was cleaned.</p> <p>During an observation on 7/2/24 at 9:09 a.m. in Resident 3's room with RN A, Resident 3's BiPAP machine was observed. The machine was labeled DreamStation.</p> <p>During an interview on 7/2/24 at 9:45 a.m., RN A confirmed the facility BiPAP orders for Resident 3 did not match the orders from the hospital. RN A confirmed the numbers of EPAP and IPAP were switched.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Mountain View Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 Solace Place Mountain View, CA 94040	
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/2/24 at 1:20 p.m. the ADON stated the nurses should be cleaning the BiPAP machine but there is no standing order for cleaning.</p> <p>During an interview on 7/2/24 1:45 p.m., the QAD (Quality Assurance Director) stated there is no documentation that indicated Resident 3's BiPAP machine was cleaned.</p> <p>Review of the facility's policy, Noninvasive Ventilation (CPAP, BiPAP .) dated 5/1/23 indicated, 2. The facility will obtain an order for the use of a BiPAP device and settings from the practitioner . 5. The facility will follow the manufacturer's instruction for use of the machine . 8. Follow manufacturer's instruction for the frequency of cleaning/replacing filters and servicing the machine.</p> <p>Review of the undated DreamStation BiPAP Pro Auto BiPAP User Manual indicated the device's exterior surface weekly. It also indicated the non-heated flexible tubing should be cleaned weekly by fully immersing the tube in the detergent solution.</p>		

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<p>F 0776</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, approved x-ray services, or have an agreement with an approved provider to obtain them.</p> <p>36623</p> <p>Based on interview and record review, the facility failed to provide radiological services were provided in a timely manner for one of three residents (Resident 1) when a stat (a common medical abbreviation for urgent or rush, from the Latin word statim, meaning immediately) chest X-ray (procedure that uses electromagnetic energy to create pictures of the inside of the body) was not done for Resident 1. This failure had the potential to delay treatment for the resident.</p> <p>Findings:</p> <p>Review of Resident 1 ' s clinical record indicated she was admitted to the facility with diagnoses including hemiplegia and hemiparesis (complete paralysis, partial paralysis or muscle weakness on one side of the body) and obstructive sleep apnea (sleep disorder that can lead to brief pauses in breathing during sleep).</p> <p>Review of Resident 1 ' s IDT (interdisciplinary team, a group of health care professionals from diverse fields who work toward a common goal for residents) Note, dated 4/29/24 at 3:24 p.m. indicated, On 4/29/24 [Resident 1] noted to have a new productive cough. [Resident 1] also noted to have episode of de-saturation [low blood oxygen concentration] . NP [nurse practitioner] notified of [Resident 1 ' s] change in condition. NP Orders STAT CXR [chest X-ray] to r/o [rule out] pna [pneumonia, an infection that affects one or both lungs] .</p> <p>Review of Resident 1 ' s Order Summary Report, dated 6/28/24 indicated she had an order for a STAT CXR d/t (due to) cough and wheezing, dated 4/29/24 at 12:27 p.m.</p> <p>Review of Resident 1 ' s radiology results indicated Resident 1 had no results for a chest X-ray.</p> <p>Review of Resident 1 ' s Change in Condition Evaluation, dated 4/30/24 indicated Resident 1 was being transferred to the hospital due to increased oxygen needs. It indicated Resident 1 left the facility and was taken to the hospital on 4/30/24 at around 8:17 a.m.</p> <p>During an interview on 6/28/24 at 3:33 p.m., the Quality Assurance Director (QAD) stated Resident 1 was sent to the hospital before getting a chest X-ray done. The QAD confirmed that Resident 1 ' s chest X-ray order was a stat order placed on 4/29/24. She stated stat orders are typically done within four hours, so Resident 1 ' s X-ray should have been done on 4/29/24.</p> <p>Review of the facility ' s policy, Radiology and other Diagnostic Services Policy, dated 6/1/23 indicated, The facility must provide or obtain radiology and other diagnostic services when ordered by a physician . Orders for STAT diagnostics will be completed as soon as possible.</p> <p>Based on interview and record review, the facility failed to provide radiological services were provided in a timely manner for one of three residents (Resident 1) when a stat (a common medical abbreviation for urgent or rush, from the Latin word statim, meaning immediately) chest X-ray (procedure that uses electromagnetic energy to create pictures of the inside of the body) was not done for Resident 1. This failure had the potential to delay treatment for the resident.</p> <p>(continued on next page)</p>		

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<p>F 0776</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Findings:</p> <p>Review of Resident 1's clinical record indicated she was admitted to the facility with diagnoses including hemiplegia and hemiparesis (complete paralysis, partial paralysis or muscle weakness on one side of the body) and obstructive sleep apnea (sleep disorder that can lead to brief pauses in breathing during sleep).</p> <p>Review of Resident 1's IDT (interdisciplinary team, a group of health care professionals from diverse fields who work toward a common goal for residents) Note, dated 4/29/24 at 3:24 p.m. indicated, On 4/29/24 [Resident 1] noted to have a new productive cough. [Resident 1] also noted to have episode of de-saturation [low blood oxygen concentration] . NP [nurse practitioner] notified of [Resident 1's] change in condition. NP Orders STAT CXR [chest X-ray] to r/o [rule out] pna [pneumonia, an infection that affects one or both lungs] .</p> <p>Review of Resident 1's Order Summary Report, dated 6/28/24 indicated she had an order for a STAT CXR d/t (due to) cough and wheezing, dated 4/29/24 at 12:27 p.m.</p> <p>Review of Resident 1's radiology results indicated Resident 1 had no results for a chest X-ray.</p> <p>Review of Resident 1's Change in Condition Evaluation, dated 4/30/24 indicated Resident 1 was being transferred to the hospital due to increased oxygen needs. It indicated Resident 1 left the facility and was taken to the hospital on 4/30/24 at around 8:17 a.m.</p> <p>During an interview on 6/28/24 at 3:33 p.m., the Quality Assurance Director (QAD) stated Resident 1 was sent to the hospital before getting a chest X-ray done. The QAD confirmed that Resident 1's chest X-ray order was a stat order placed on 4/29/24. She stated stat orders are typically done within four hours, so Resident 1's X-ray should have been done on 4/29/24.</p> <p>Review of the facility's policy, Radiology and other Diagnostic Services Policy, dated 6/1/23 indicated, The facility must provide or obtain radiology and other diagnostic services when ordered by a physician . Orders for STAT diagnostics will be completed as soon as possible.</p>