

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055776	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/09/2026
NAME OF PROVIDER OR SUPPLIER  Westview Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  12225 Shale Ridge Lane Auburn, CA 95602	

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 - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, interview, and record review, the facility failed to provide oxygen therapy per physician orders for one of three sampled residents (Resident 1) when Resident 1's oxygen liter flow (the rate supplemental oxygen is delivered) was increased and the indication for the increase was not documented. This failure had the potential for Resident 1 to have adverse effects from more oxygen than needed including lung damage and hypercapnia (high levels of carbon dioxide in the blood causing decreased oxygen to the brain that can lead to drowsiness, confusion, and coma). A review of Resident 1's admission Record indicated Resident 1 was admitted to the facility in March 2026 with multiple diagnoses including respiratory failure with hypoxia (inability of the respiratory system to maintain adequate blood oxygen levels to preserve organ function), chronic obstructive pulmonary disease (lung and airway disease that restricts breathing), acute and chronic respiratory failure with hypercapnia (lungs unable to remove carbon dioxide from the blood causing a buildup in the body), diabetes (blood sugar levels are too high), heart failure (heart does not pump as efficiently as it should) and RSV (respiratory syncytial virus, a common respiratory virus that infects the lungs and respiratory tract). A review of Resident 1's Minimum Data Set (MDS- federally mandated assessment tool), Cognitive Patterns, dated 4/2/26, indicated Resident 1 had a Brief Interview for Menal Status (BIMS- tool to assess cognition) score of 15 out of 15 that indicated Resident 1 was cognitively intact. A review of Resident 1's Order Summary Report indicated order dated 3/27/26, .Oxygen- @ [at] 2 Liters/Min Via Nasal Cannula [a flexible tube used to deliver supplemental oxygen into the nose], Routine/Continuous r/t [related to] Acute &amp; Chronic Respiratory Failure and Bronchitis [inflammation of the lining of the bronchial tubes that carry air to and from the lungs] due to RSV. Goal to Maintain O2 [oxygen] Sats [percentage of oxygen in the blood, normal is 95-100%] Greater Than 90%, every shift . A review of Resident 1's Order Summary Report indicated order dated 3/27/26, .Maintain O2 Sats Above 90 % Per MD [Medical Doctor] Order. May Titrate O2 Up/Down As Indicated-during activity and/or therapy (If Greater Than 5 Liters Of Oxygen Needed Call MD), every shift . A review of Resident 1's Weights and Vitals Summary indicated Resident 1's O2 Sat was 96 % on 4/9/26 at 7 a.m. with oxygen via nasal cannula. It did not indicate the liter flow of supplemental oxygen Resident 1 was receiving. A review of Resident 1's Nursing-Daily Skilled Charting Form, dated 4/9/26, indicated .Most Recent O2 sats .96.0 (%) Date: 04/09/2026 07:00 [7:00 a.m.] Method: Oxygen via Nasal .Continuous-Liters per minute: 2 . A review of Resident 1's Care Plan, initiated 3/14/26, .Oxygen: Resident requires the use of oxygen related to Acute respiratory failure, Congestive heart failure (CHF) and Pneumonia . indicated Intervention .Administer oxygen at 2 LPM [liters per minute] via NC [nasal cannula] as ordered .During a review of Resident 1's clinical record for 4/9/26, the documentation did not reflect that Resident 1's supplemental oxygen liter flow needed to be increased from 2 LPM to 3 1/2 LPM.During a concurrent observation and interview on 4/9/26 at 12:10 p.m. with Resident 1, observed Resident 1 receiving supplemental O2 via nasal cannula. Observed O2 concentrator (machine that separates nitrogen from the air to allow up to 95% of pure oxygen to be breathed in) at bedside set to deliver 3 1/2 LPM. Resident 1 stated he uses supplemental O2 continuously. During a concurrent observation and interview on 4/9/26 at 12:55 p.m. with Licensed Nurse (LN) 1, LN 1 stated, after reviewing order in chart, Resident 1 is using O2 at 2 LPM (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 - Few</p>	<p>continuously. Observed with LN 1 Resident 1's O2 concentrator. LN 1 acknowledged that Resident 1's O2 concentrator was set at 3 1/2 LPM. LN 1 stated she was not sure why it had been increased to 3 1/2 LPM. LN 1 stated Resident 1 has remained in bed and not had any increased activity. LN 1 stated only RNs (Registered Nurses) can change the O2 liter flow. During a concurrent interview and record review on 4/9/26 at 1:51 p.m. with the Director of Nursing (DON), the DON acknowledged Resident 1 had O2 order for 2 LPM continuously and order to titrate O2 with activity or therapy. Reviewed with the DON that Resident 1's O2 concentrator was set to 3 1/2 LPM. The DON acknowledged the clinical record did not indicate why the supplemental O2 was titrated to 3 1/2 LPM. The DON stated there was nothing documented that indicated Resident 1's O2 sat had dropped. The DON stated there should be a progress note that indicated if the O2 sat had dropped and why Resident 1's O2 was increased to 3 1/2 LPM. During a concurrent interview and record review on 4/9/26 at 2:23 p.m. with the Nurse Supervisor (NS), the NS stated Resident 1's supplemental O2 should be increased if his O2 sats drop below 90 %. The NS reviewed Resident 1's progress notes and stated that she did not see any indication in the clinical record why Resident 1's O2 had been increased to 3 1/2 LPM. The NS stated it should be noted in the clinical record why the O2 was titrated up. A review of the facility's Policy and Procedure (P&amp;P) titled Oxygen Administration, revised 10/23, indicated .Verify that there is a physician order for this procedure .After completing the oxygen set up or adjustment, the following information should be recorded in the resident's medical record .The rate of oxygen flow, route . A review of the facility's P&amp;P titled Physician Orders, revised 10/23, indicated .Prescribed medication and treatment orders will be carried out in accordance with the physician/nurse practitioner order .The licensed staff shall carry out physician/ nurse practitioner's orders as prescribed .</p>