

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056053	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/22/2026
NAME OF PROVIDER OR SUPPLIER Haven Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1311 E Date St San Bernardino, CA 92404	
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 Note: The nursing home is disputing this citation.	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure safe oxygen administration in accordance with its policy for one of three sampled residents (Resident 2) when Resident 2 was connected to an oxygen concentrator (a machine which delivers oxygen) labeled, broken, on June 2, 2026. This failure had the potential to cause a decline in Resident 2's respiratory status, including decreased oxygen saturation (a measurement of how much oxygen the red blood cells are carrying in the blood), shortness of breath (difficulty breathing) and lung injury, placing Resident 2's health and safety at risk. During a review of Resident 2's admission RECORD (contains medical and demographic information), the admission RECORD indicated Resident 2 was admitted to the facility on [DATE], with diagnoses which included heart failure (a when the muscle of the heart is too weak to pump blood well), hypertension (a condition with high blood pressure), diabetes (a condition with a high sugar in the blood), chronic respiratory failure (when the lungs cannot properly push fresh oxygen into your blood) and obesity (a condition with too much body fat). During a review of Resident 2's History and Physical, (H&P), dated, May 8, 2026, the H&P indicated, . MEDICAL PROBLEMS: . Chronic respiratory failure on O2 [oxygen] . During a review of Resident 2's physicians' orders, dated June 2026, the physician's orders indicated, Resident 2 had an order for OXYGEN: At 4 (four) liters per minute via [through] nasal cannula[a tube with two small prongs that rest inside the nostrils, delivers oxygen when connected to an oxygen machine]/mask [worn over the nose and mouth, delivers oxygen delivers oxygen directly to the lungs when connected to an oxygen machine] every seven day(s). OXYGEN: Monitor oxygen every shift. Goal to maintain oxygen saturation greater than 90 percent every shift. During an interview on June 22, 2026, at 11:45 AM, with Resident 2, Resident 2 stated her son visited her at the facility on June 2, 2026, and noticed the oxygen concentrator that she was connected to was labeled, broken therefore her son reported to the nursing staff about her oxygen machine. Resident 2 further stated she was recently transferred to an acute hospital because of low oxygen saturation levels. During an interview on June 22, 2026, at 12:10 PM, with the Infection Preventionist (IP), the IP stated, It is the licensed nurses' responsibility to check residents' oxygen and concentrators at the beginning of each shift and throughout the shift for proper functioning including, the nasal cannula and oxygen mask. The IP further stated, A broken oxygen concentrator is usually labeled as broken and kept in the storage or a designated area for repairs. During an interview on June 22, 2026, at 12:15 PM, with the Director of Nursing (DON), the DON stated, Oxygen care is done throughout the shift, and licensed nurses are responsible for checking to make sure the oxygen concentrators are well connected and oxygen machines are working properly. The DON further stated, Oxygen concentrator with a broken label should not be at the bed side of any resident. During an interview on June 30, 2026, at 5:54 PM, with Licensed Vocational Nurse (LVN 2), LVN 2 stated, on June 2, 2026, at the beginning of his shift (3PM to 11PM shift), he received information from another nurse from the previous shift to change Resident 2's oxygen concentrator. LVN 2 stated he brought a new oxygen concentrator from the storage room into the room and connected to Resident 2, because the old oxygen concentrator was labeled broken on it. During a review of Resident 2's care plan (a (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056053
		If continuation sheet Page 1 of 2

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	daily guide to someone's health) dated, May 11, 2026, the care plan indicated, Focus. Alteration in Respiratory status due to: DX (diagnoses) CHRONIC RESPIRATORY FAILURE Goal: Minimize resident's discomfort. Promote adequate/effective respiration. Interventions/Tasks: Give medication as MD order. Oxygen at 4 liters/minutes (liters per minute) via nasal cannula/mask every shift, keep head of bed elevated as per order. Oxygen: monitor oxygen saturation every shift. Goal to maintain oxygen saturation greater than 90 percent. A review of the facility's policy and procedure titled, Oxygen Administration dated, October 2010, indicated, Purpose. The purpose of this procedure is to provide guidelines for safe oxygen administration. Steps in the Procedure. 12. Check the mask, tank, humidifying jar, etc., to be sure they are in good working order and are securely fastened. Discard used supplies into designated containers.		