STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056084	A. Building B. Wing	01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Astoria Nursing and Rehab Center	14040 Astoria Street Sylmar, CA 91342

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. 43878 Based on observation, interview and record review, facility failed to maintain privacy of confidential information when Licensed Vocational Nurse 2 (LVN 2) left electronic health record (EHR- a digital version of a patient's paper chart) opened, unattended and out of view for one of three sampled residents (Resident 1). This deficient practice violated Resident 1 ' s right to privacy and confidentiality of their medical records. Findings: During a review of Resident 1 ' s Face Sheet (a document that summarizes a patient's personal information and health status) indicated the facility admitted Resident 1 on 10/12/2024 and readmitted the resident on 1/13/2025 with diagnoses including liver cell carcinoma (a type of cancer that develops when liver cells grow into a tumor [an abnormal mass of tissue that grows when cells divide too much or do not die when they should]), type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), peripheral angiopathy (a term that may refer to peripheral artery disease (PAD), which is a blood circulation disorder that occurs when blood vessels narrow or become blocked). During a review of Resident 1 ' s Minimum Data Set (MDS - a resident assessment tool), dated 12/20/2024, indicated Resident 1 had the ability to understand and be understood. The MDS indicated Resident 1 was dependent (helper does all the effort) with toileting, showering, upper body dressing, lower body dressing, and putting on and taking off footwear, and required partial (helper does less than half the effort) assistance with oral hygiene. During a concurrent observation and interview on 1/27/2025 at 11:21 a.m., outside of Resident 1 ' s room observed EHR opened to Resident 1's chart and LVN 2 in Resident 1 ' s room with curtain closed and computer out of sight. LVN 2 stated left the computer and out of sight while administering Resident 1 ' s medications. LVN 2 stated leaving the computer opened and out of sight can be a risk for someone who should not have access to the residents ' records to access the residents ' records, it is a risk for Health Insurance Portability and Accountability Act (HIPPA- establishes federal standards protecting sensitive health information from disclosure without patient's consent). (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056084	A. Building B. Wing	01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Astoria Nursing and Rehab Center	14040 Astoria Street Sylmar, CA 91342

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/27/2025 at 4:41 p.m. with the Assistant Director of Nursing (ADON) stated for LVN 2 should make sure computer is off if she steps away or is out of sight of the computer. The ADON stated someone else can see resident information, which should not be publicly displaced, it is a risk for a HIPPA violation. During a review of the facility ' s Policy and Procedures (P&P) titled, HIPPA Training Program, last reviewed on 1/16/2025, the P&P indicated to ensure the confidentiality of our resident ' s protected health information (PHI) and facility information, a HIPPA and date security training program will be provided for all employees and business associates who have access to protected health and facility information. Based on observation, interview and record review, facility failed to maintain privacy of confidential information when Licensed Vocational Nurse 2 (LVN 2) left electronic health record (EHR- a digital version of a patient's paper chart) opened, unattended and out of view for one of three sampled residents (Resident 1). This deficient practice violated Resident 1's right to privacy and confidentiality of their medical records. Findings: During a review of Resident 1's Face Sheet (a document that summarizes a patient's personal information and health status) indicated the facility admitted Resident 1 on 10/12/2024 and readmitted the resident on 1/13/2025 with diagnoses including liver cell carcinoma (a type of cancer that develops when liver cells grow into a tumor [an abnormal mass of tissue that grows when cells divide too much or do not die when they should]), type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), peripheral angiopathy (a term that may refer to peripheral artery disease (PAD), which is a blood circulation disorder that occurs when blood vessels narrow or become blocked). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 12/20/2024, indicated Resident 1 had the ability to understand and be understood. The MDS indicated Resident 1 was dependent (helper does all the effort) with toileting, showering, upper body dressing, lower body dressing, and putting on and taking off footwear, and required partial (helper does less than half the effort) assistance with oral hygiene. During a concurrent observation and interview on 1/27/2025 at 11:21 a.m., outside of Resident 1's room observed EHR opened to Resident 1's chart and LVN 2 in Resident 1's room with curtain closed and computer out of sight. LVN 2 stated left the computer and out of sight while administering Resident 1's medications. LVN 2 stated leaving the computer opened and out of sight can be a risk for someone who should not have access to the residents' records to access the residents' records, it is a risk for Health Insurance Portability and Accountability Act (HIPPA- establishes federal standards protecting sensitive health information from disclosure without patient's consent). During an interview on 1/27/2025 at 4:41 p.m. with the Assistant Director of Nursing (ADON) stated for LVN 2 should make sure computer is off if she steps away or is out of sight of the computer. The ADON stated someone else can see resident information, which should not be publicly displaced, it is a risk for a HIPPA violation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056084	A. Building B. Wing	01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Astoria Nursing and Rehab Center	14040 Astoria Street Sylmar, CA 91342

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's Policy and Procedures (P&P) titled, HIPPA Training Program, last reviewed on 1/16/2025, the P&P indicated to ensure the confidentiality of our resident's protected health information (PHI) and facility information, a HIPPA and date security training program will be provided for all employees and business associates who have access to protected health and facility information.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056084	A. Building B. Wing	01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Astoria Nursing and Rehab Center	14040 Astoria Street Sylmar, CA 91342

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 43878 Based on observation, interview, and record review, the facility failed to provide the necessary treatment and services for one of three residents (Resident 2) at risk for developing pressure ulcer (a localized injury to the skin and/or underlying tissue usually over a bony prominence as a result of pressure, or pressure in combination with shear) received the necessary care and services to prevent pressure ulcers from developing, by failing to follow the manufacturer's guideline for low air loss mattress (LAL- a mattress that uses air to help prevent and treat pressure wounds and maintain a comfortable temperature and moisture level for the patient). This deficient practice had the potential for Resident 2's wounds to worsen. Findings: During a review of Resident 2's Face Sheet (Admission Record) indicated the facility admitted Resident 2 on 12/5/2024 with diagnoses including bilateral (having or involving two sides) stage unspecified, contusion (a bruise) of right hip, and acute respiratory failure (ARF- occurs when your lungs can't remove carbon dioxide or release enough oxygen into your blood). During a review of Resident 2's Physician Order Sheet January 2025, dated 12/6/2024 indicated LAL mattress, low air loss mattress monitor setting, placement and functioning per shift daily. During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool), dated 12/11/2024 indicated Resident 2 ability to understand and be understood. The MDS indicated Resident 2 was dependent (helper does all the effort) with toileting, showering, lower body dressing, putting on and taking off footwear, and personal hygiene, and required substantial (helper does more than half the effort) with upper body dressing. During a review of the facilities Monthly and Weekly vitals indicated on 1/20/2025 Resident 2 weighed 138 pounds (lbs.- a unit of measurement). During a review of Resident 2s Situational, Background, Assessment, and Recommendation (SBAR) Communication tool, dated 1/21/2025, indicated coccyx area with wound. Notes indicated coccyx area 2 centimeters (cm- unit of measurement) by 2 cm in size. During a review of Resident 2's Weekly Progress Report, dated 1/21/2025, indicated coccyx area wound 2 cm by 2 cm. During a review of Resident 2's Physician Order Sheet January 2025, dated 1/24/2025 indicated: - Coccyx (small bone at the bottom of the spine) area with pressure injury: cleanse with normal saline (NS- a sterile, non-toxic solution of salt and water that's used to clean wounds) pat dry apply medihoney (is a medical-grade honey dressing that helps wounds heal by reducing inflammation, removing dead tissue, and keeping the wound moist), gel cover with foam dressing daily for 30 days then re-evaluate. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056084	A. Building B. Wing	01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Astoria Nursing and Rehab Center	14040 Astoria Street Sylmar, CA 91342

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Right buttocks with boil (painful, pus-filled bump under your skin) cleanse with NS pat dry apply triple antibiotic ointment cover with foam dressing daily for 30 days then re-evaluate. - Right knee with boil, cleanse with NS pat dry apply triple antibiotic ointment cover with dry dressing daily for 30 days then re-evaluate. - Left upper anterior thigh (groin) cleanse with NS pat dry apply triple antibiotic ointment cover with dry dressing daily for 30 days then re-evaluate. During a review of Resident 2's Care Plan, created on 1/24/2025, for Resident 2's coccyx area unstageable with interventions that included administer treatment per doctor's orders, keep physician aware of progress and response to treatment plan and to provide pressure relieving devices as appropriate for size and stage, LAL. During an observation on 1/27/2025 at 10:33 a.m. observed Resident 2 sitting up in bed with a LAL mattress. The LAL mattress has a label indicating 120-150 and LAL mattress set at 190. During a concurrent observation and interview on 1/27/2025 at 10:58 a.m. with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated Resident 2's LAL mattress is set at 190, but signage indicates it needs to be set between 120 to 150, should be set at 120 to 150. LVN 1 stated LAL mattresses are set according to weight, if it is set incorrectly can be too firm, if it is too firm will not be compatible can result in wounds getting worse. During an interview on 1/27/2025 at 4:41 p.m. with the Assistant Director of Nursing (ADON), the ADON stated LAL set at 190 for Resident 2 was set incorrectly and should be set according to weight. The ADON stated can be a risk for LAL mattress to be too firm, LAL mattress is set for pressure ulcers and if set too firm it defeats the purpose of the LAL, and will not be working the way it was intended. The ADON stated it can affect the healing and be a risk for the resident to have pain and risk for wounds to get worse. During a review of the facility's Policy and Procedures (P&P) titled, Use of Support Surface or Mattress for Pressure Injury Management and Treatment, last reviewed on 1/16/2025, indicated it is the policy to manage, treat, and minimize risks of pressure injuries through the use of proper support surface or specialized mattress. 3. High-risk patients and those existing stage 3 or 4 pressure injuries, unstageable pressure injury or a deep tissue pressure injury will be provided with a mattress that periodically inflate and deflate with air in alternating areas (low air loss mattress). During a review of the facility's Policy and Procedures (P&P) titled, Pressure Ulcers/Skin Breakdown-Clinical Protocol, last reviewed on 1/16/2025, indicated the physician will order pertinent wound treatments, including pressure reduction surface, wound cleansing and debridement approaches, dressing, and application of topical agents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056084	A. Building B. Wing	01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Astoria Nursing and Rehab Center	14040 Astoria Street Sylmar, CA 91342

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the Med-Aire Melody Alternating Pressure Low Air Loss Mattress Replacement System Manual, with no date, indicated for the prevention and treatment of any and all stage pressure ulcers when used in conjunction with a comprehensive pressure ulcer management program. Pressure-adjust know is determined by the patient's weight and set the control knob to that weight setting on the control unit. Based on observation, interview, and record review, the facility failed to provide the necessary treatment and services for one of three residents (Resident 2) at risk for developing pressure ulcer (a localized injury to the skin and/or underlying tissue usually over a bony prominence as a result of pressure, or pressure in combination with shear) received the necessary care and services to prevent pressure ulcers from developing, by failing to follow the manufacturer's guideline for low air loss mattress (LAL- a mattress that uses air to help prevent and treat pressure wounds and maintain a comfortable temperature and moisture level for the patient). This deficient practice had the potential for Resident 2's wounds to worsen. Findings: During a review of Resident 2's Face Sheet (Admission Record) indicated the facility admitted Resident 2 on 12/5/2024 with diagnoses including bilateral (having or involving two sides) stage unspecified, contusion (a bruise) of right hip, and acute respiratory failure (ARF- occurs when your lungs can't remove carbon dioxide or release enough oxygen into your blood). During a review of Resident 2's Physician Order Sheet January 2025, dated 12/6/2024 indicated LAL mattress, low air loss mattress monitor setting, placement and functioning per shift daily. During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool), dated 12/11/2024 indicated Resident 2 ability to understand and be understood. The MDS indicated Resident 2 was dependent (helper does all the effort) with toileting, showering, lower body dressing, putting on and taking off footwear, and personal hygiene, and required substantial (helper does more than half the effort) with upper body dressing. During a review of the facilities Monthly and Weekly vitals indicated on 1/20/2025 Resident 2 weighed 138 pounds (lbs.- a unit of measurement). During a review of Resident 2s Situational, Background, Assessment, and Recommendation (SBAR) Communication tool, dated 1/21/2025, indicated coccyx area with wound. Notes indicated coccyx area 2 centimeters (cm- unit of measurement) by 2 cm in size. During a review of Resident 2's Weekly Progress Report, dated 1/21/2025, indicated coccyx area wound 2 cm by 2 cm. During a review of Resident 2's Physician Order Sheet January 2025, dated 1/24/2025 indicated: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056084	A. Building B. Wing	01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Astoria Nursing and Rehab Center	14040 Astoria Street Sylmar, CA 91342

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Coccyx (small bone at the bottom of the spine) area with pressure injury: cleanse with normal saline (NS- a sterile, non-toxic solution of salt and water that's used to clean wounds) pat dry apply medihoney (is a medical-grade honey dressing that helps wounds heal by reducing inflammation, removing dead tissue, and keeping the wound moist), gel cover with foam dressing daily for 30 days then re-evaluate. - Right buttocks with boil (painful, pus-filled bump under your skin) cleanse with NS pat dry apply triple antibiotic ointment cover with foam dressing daily for 30 days then re-evaluate. - Right knee with boil, cleanse with NS pat dry apply triple antibiotic ointment cover with dry dressing daily for 30 days then re-evaluate. - Left upper anterior thigh (groin) cleanse with NS pat dry apply triple antibiotic ointment cover with dry dressing daily for 30 days then re-evaluate. During a review of Resident 2's Care Plan, created on 1/24/2025, for Resident 2's coccyx area unstageable with interventions that included administer treatment per doctor's orders, keep physician aware of progress and response to treatment plan and to provide pressure relieving devices as appropriate for size and stage, LAL. During an observation on 1/27/2025 at 10:33 a.m. observed Resident 2 sitting up in bed with a LAL mattress. The LAL mattress has a label indicating 120-150 and LAL mattress set at 190. During a concurrent observation and interview on 1/27/2025 at 10:58 a.m. with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated Resident 2's LAL mattress is set at 190, but signage indicates it needs to be set between 120 to 150, should be set at 120 to 150. LVN 1 stated LAL mattresses are set according to weight, if it is set incorrectly can be too firm, if it is too firm will not be compatible can result in wounds getting worse. During an interview on 1/27/2025 at 4:41 p.m. with the Assistant Director of Nursing (ADON), the ADON stated LAL set at 190 for Resident 2 was set incorrectly and should be set according to weight. The ADON stated can be a risk for LAL mattress to be too firm, LAL mattress is set for pressure ulcers and if set too firm it defeats the purpose of the LAL, and will not be working the way it was intended. The ADON stated it can affect the healing and be a risk for the resident to have pain and risk for wounds to get worse. During a review of the facility's Policy and Procedures (P&P) titled, Use of Support Surface or Mattress for Pressure Injury Management and Treatment, last reviewed on 1/16/2025, indicated it is the policy to manage, treat, and minimize risks of pressure injuries through the use of proper support surface or specialized mattress. 3. High-risk patients and those existing stage 3 or 4 pressure injuries, unstageable pressure injury or a deep tissue pressure injury will be provided with a mattress that periodically inflate and deflate with air in alternating areas (low air loss mattress). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056084	A. Building B. Wing	01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Astoria Nursing and Rehab Center	14040 Astoria Street Sylmar, CA 91342

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's Policy and Procedures (P&P) titled, Pressure Ulcers/Skin Breakdown-Clinical Protocol, last reviewed on 1/16/2025, indicated the physician will order pertinent wound treatments, including pressure reduction surface, wound cleansing and debridement approaches, dressing, and application of topical agents. During a review of the Med-Aire Melody Alternating Pressure Low Air Loss Mattress Replacement System Manual, with no date, indicated for the prevention and treatment of any and all stage pressure ulcers when used in conjunction with a comprehensive pressure ulcer management program. Pressure-adjust know is determined by the patient's weight and set the control knob to that weight setting on the control unit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056084	A. Building B. Wing	01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Astoria Nursing and Rehab Center	14040 Astoria Street Sylmar, CA 91342

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	Provide safe and appropriate respiratory care for a resident when needed. 43878 Based on observation, interview, and record review, the facility failed to provide care that was consistent with professional standards of care for one of three residents (Resident 2) when humidifier bottle (a medical device used to humidify oxygen which in turn increases the moisture) was observed with no water. This deficient practice had the potential for Resident 2 to be uncomfortable and a risk for bleeding due to the nasal passage and throat becoming dried out due to the use of pure oxygen. Findings: During a review of Resident 2 ' s Face Sheet (a document that summarizes a patient's personal information and health status) indicated the facility admitted Resident 2 on 12/5/2024 with diagnoses including bilateral (having or involving two sides) stage unspecified, contusion (a bruise) of right hip, and acute respiratory failure (ARF- occurs when your lungs can't remove carbon dioxide or release enough oxygen into your blood). During a review of Resident 2 ' s Physician Order Sheet January 2025, dated 12/5/2024 indicated oxygen (O2) at 2 liters per minute (L/min- a unit of measurement) per nasal cannula (a small plastic tube, which fits into the person ' s nostrils for providing supplemental oxygen). During a review of Resident 2 ' s Minimum Data Set (MDS - a resident assessment tool), dated 12/11/2024 indicated Resident 2 had the ability to understand and be understood. The MDS indicated Resident 2 was dependent (helper does all the effort) with toileting, showering, lower body dressing, putting on and taking off footwear, and personal hygiene, and required substantial (helper does more than half the effort) with upper body dressing. During a review of Resident 2 ' s Care Plan, created on 12/20/2024, for cardiovascular system with interventions that included administer medications as ordered and supplemental oxygen (O2) as ordered. During an observation on 1/27/2025 at 10:33 a.m. of Resident 2 ' s oxygen concentrator observed humidifier bottle with a date of 1/20/2025, the humidifier bottle was empty. During a concurrent observation and interview on 1/27/2025 at 10:58 a.m. with Licensed Vocational Nurse 1 (LVN 1) stated humidifier is empty. LVN 1 stated a humidifier is used to prevent dryness. The LVN 1 stated humidifier should have water because it can cause Resident 2 ' s nasal passageway to become dry and cause Resident 2 to be uncomfortable. During an interview on 1/27/2025 at 4:41 p.m. with the Assistant Director of Nursing (ADON), the ADON stated humidifier should have water in them. The ADON stated oxygen will not function well without the humidifier. The ADON stated the humidifier humidifies the nasal passageway of the resident if there is no water nasal passageway it can become dry, the oxygen distribution will not be effective, and can be a risk for bleeding due to dryness. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056084	A. Building B. Wing	01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Astoria Nursing and Rehab Center	14040 Astoria Street Sylmar, CA 91342

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	During a review of the facility ' s Policy and Procedures (P&P) titled, Oxygen Administration, last reviewed on 1/16/2025, the P&P indicated equipment and supplies will be necessary when performing this procedure. 3. humidifier bottle; Based on observation, interview, and record review, the facility failed to provide care that was consistent with professional standards of care for one of three residents (Resident 2) when humidifier bottle (a medical device used to humidify oxygen which in turn increases the moisture) was observed with no water. This deficient practice had the potential for Resident 2 to be uncomfortable and a risk for bleeding due to the nasal passage and throat becoming dried out due to the use of pure oxygen. Findings: During a review of Resident 2's Face Sheet (a document that summarizes a patient's personal information and health status) indicated the facility admitted Resident 2 on 12/5/2024 with diagnoses including bilateral (having or involving two sides) stage unspecified, contusion (a bruise) of right hip, and acute respiratory failure (ARF- occurs when your lungs can't remove carbon dioxide or release enough oxygen into your blood). During a review of Resident 2's Physician Order Sheet January 2025, dated 12/5/2024 indicated oxygen (O2) at 2 liters per minute (L/min- a unit of measurement) per nasal cannula (a small plastic tube, which fits into the person's nostrils for providing supplemental oxygen). During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool), dated 12/11/2024 indicated Resident 2 had the ability to understand and be understood. The MDS indicated Resident 2 was dependent (helper does all the effort) with toileting, showering, lower body dressing, putting on and taking off footwear, and personal hygiene, and required substantial (helper does more than half the effort) with upper body dressing. During a review of Resident 2's Care Plan, created on 12/20/2024, for cardiovascular system with interventions that included administer medications as ordered and supplemental oxygen (O2) as ordered. During an observation on 1/27/2025 at 10:33 a.m. of Resident 2's oxygen concentrator observed humidifier bottle with a date of 1/20/2025, the humidifier bottle was empty. During a concurrent observation and interview on 1/27/2025 at 10:58 a.m. with Licensed Vocational Nurse 1 (LVN 1) stated humidifier is empty. LVN 1 stated a humidifier is used to prevent dryness. The LVN 1 stated humidifier should have water because it can cause Resident 2's nasal passageway to become dry and cause Resident 2 to be uncomfortable. During an interview on 1/27/2025 at 4:41 p.m. with the Assistant Director of Nursing (ADON), the ADON stated humidifier should have water in them. The ADON stated oxygen will not function well without the humidifier. The ADON stated the humidifier humidifies the nasal passageway of the resident if there is no water nasal passageway it can become dry, the oxygen distribution will not be effective, and can be a risk for bleeding due to dryness. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056084	A. Building B. Wing	01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Astoria Nursing and Rehab Center	14040 Astoria Street Sylmar, CA 91342

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	During a review of the facility's Policy and Procedures (P&P) titled, Oxygen Administration, last reviewed on 1/16/2025, the P&P indicated equipment and supplies will be necessary when performing this procedure. 3. humidifier bottle;