

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/23/2024
NAME OF PROVIDER OR SUPPLIER  Camino Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 13922 Cerise Avenue Hawthorne, CA 90250	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778</b></p> <p>Based on observation, interview, and record review, the facility failed to provide respiratory care and services for one out of four residents (Resident 3) by failing to:</p> <ol style="list-style-type: none"> <li>Administer continuous oxygen (O2) 2 liters per minute (L/min) to Resident 3 via nasal cannula ([NC] a small plastic tube, which fits into the person ' s nostrils for providing supplemental O2) according to the physician ' s orders.</li> <li>Ensure Resident 3 ' s O2 equipment was labelled and dated according to its Policy and Procedure (P&amp;P).</li> </ol> <p>These failures had the potential to lead to respiratory distress and infection for Resident 3.</p> <p>Findings:</p> <p>During a review of Resident 3 ' s Admission Record, the Admission record indicated Resident 3 was originally admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Resident 3 ' s diagnoses included pneumonitis (swelling and irritation of lung tissue) due to inhalation (breathing in) of food and vomit and chronic pulmonary obstructive disease ([COPD], a chronic lung disease causing difficulty in breathing).</p> <p>During a review of Resident 3 ' s History and Physical (H&amp;P), dated 8/27/2024, the H&amp;P indicated Resident 3 had the capacity to understand and make decisions.</p> <p>During a review of Resident 3 ' s Minimum Data Set ([MDS] a federally mandated resident assessment tool), dated 9/7/2024, the MDS indicated Resident 3 was dependent (staff does all the effort) for Activities of Daily Living (ADLs) such as lower body dressing and toileting hygiene.</p> <p>During a review of Resident 3 ' s Physician ' s Order dated 9/13/2024, the Order indicated to administer continuous O2 at 2L/min via NC to keep the O2 saturation above 90% every shift. Resident 3 had an order to receive continuous oxygen at 2 L/min via N/C to keep O2 saturation ([O2 sat], a measurement of how much O2 the blood is carrying as a percentage. above 90%. The Order also indicated to change O2 tubing every Monday on the night shift.</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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(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>During an observation on 10/23/2024 at 9:51 a.m., in Resident 3 ' s room. Resident 3 was observed asleep in bed without the O2 N/C on and the O2 off. Resident 3 ' s N/C tubing was observed unlabeled and placed on top of the O2 concentrator (device that that provides supplemental O2).</p> <p>During a concurrent observation and interview on 10/23/2024 at 1:02 p.m., with Licensed Vocational Nurse (LVN) 2, in Resident 3 ' s room, LVN 2 stated that Resident 3 ' s N/C was off and not labeled. LVN 2 stated, the resident ' s O2 was given as as needed (PRN) and he did not need it for now.</p> <p>During a concurrent interview and record review on 10/23/2024 at 1:08 p.m., with LVN 2, Resident 3 ' s Physician ' s Orders dated 9/2024 were reviewed. LVN 2 stated Resident 3 should have been receiving continuous O2.</p> <p>During a concurrent interview and record review on 10/23/2024 at 3:05 p.m., with Registered Nurse (RN) 1, Resident 3 ' s orders and care plans dated 9/2024 were reviewed. RN 1 stated Resident 3 had a physician ' s Order for continuous O2 and not PRN. RN 1 stated, Resident 3 ' s care plan indicated Resident 3 had altered cardiovascular (relating to the heart) status and nursing interventions for this problem was to give O2 as ordered by the physician.</p> <p>During a concurrent interview and record review on 10/23/2024 at 3:05 p.m., with RN 1, a picture of Resident 3 ' s O2 equipment was reviewed. RN 1 stated O2 equipment should have been labeled to know when it needed to be replaced and to indicate the equipment was for the resident.</p> <p>During a concurrent interview and record review on 10/23/2024 at 3:58 p.m., with the Director of Nursing (DON), Resident 3 ' s O2 orders dated 9/2024 were reviewed. The DON stated Resident 3 should have been administered continuous O2 order however the order was not followed. The DON stated it was important to follow the physician ' s orders.</p> <p>During a review of the facility ' s P&amp;P titled, Infection Control Policy/Procedure: Oxygen, Use Of, dated 5/2021, P&amp;P indicated, It is the policy of this facility to promote resident safety in administering oxygen. The P&amp;P indicated, the O2 cannula or mask will be changed at least every 7 days, as well as the disposable humidifier. Tubing, masks, humidifiers, and other disposables used for oxygen administration will be dated in an identifiable fashion. The P&amp;P also indicated, labeled, and dated bags should be provided for cannulas and masks to be placed in when not in use.</p>		