

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056365	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2026
NAME OF PROVIDER OR SUPPLIER Yucaipa Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13542 2nd St. Yucaipa, CA 92399	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to assess the use of a respiratory equipment for one of three sampled residents (Resident 1) when an incentive spirometer (a handled device used to encourage deep breathing and to keep the lung expand) remained at Resident 1's bedside without a physician's order for continued use, documented assessment or documented resident and family education. This failure had the potential for Resident 1 to use the device incorrectly, placing her at risk for atelectasis (collapse of small air sacs in the lungs) retained respiratory secretions, and pneumonia (an infection that makes it harder to breathe). Findings: During a review of Resident 1's admission Record (contains demographic and clinical information), it indicated Resident 1 was admitted to the facility on [DATE] with diagnoses which included chronic respiratory failure with hypoxia (long - term condition in which the lungs cannot provide enough oxygen to the body, requiring supplemental oxygen), chronic obstructive pulmonary disease (COPD- a chronic lung disease that makes it difficult to move air in and out of the lungs causing shortness of breath and increasing the risk of lung infections) and obstructive sleep apnea (a condition in which breathing stops and starts during sleep because the airway becomes blocked) During an observation on July 15, 2026, at 10:55 a.m., in Resident 1's room, Resident 1 was lying in bed with the head of the bed slightly elevated. Resident 1's eyes were closed and appeared to be sleeping. Resident 1 was receiving oxygen at 4 Liters (the prescribed amount of oxygen delivered through the nasal cannula each minute to help the resident breathe and maintain adequate oxygen levels) per minute via nasal cannula (a plastic clear tube through her nose). Resident 1's husband was present at the bedside. During further observation, inside Resident 1's room, at the right side of her bed was a nightstand. On top of her nightstand were the following devices: i. Oxygen concentrator (a machine that takes air from the room and delivers oxygen to help a person breathe)ii. Nebulizer (a device that turns liquid medication into a fine mist so it can be inhaled into the lungs) iii. CPAP (Continuous Positive Airway Pressure - a machine that delivers continuous air pressure through a mask to keep the airway open and help the resident breathe, during sleep) iv. Incentive spirometer (a handheld device used to encourage deep breathing and help keep the lungs expanded to reduce the risk of lung complication) During an interview with Resident 1's husband, on July 15, 2026, at 10:56 a.m., Resident 1's husband stated the incentive spirometer had remained at the resident's bedside during her stay at the facility. He stated neither he nor the resident had been instructed on how to use the incentive spirometer or informed of its purpose. The husband stated he had not observed nursing staff or any other staff encouraging the resident to use the device. During a concurrent observation and interview with License Vocational Nurse (LVN 1), on July 15, 2026, at 11:15 a.m., LVN 1 confirmed an incentive spirometer at Resident 1's room and stated its purpose was to expand the lungs and help prevent pneumonia. LVN 1 stated residents were generally encouraged to use the device every one to two (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: 056365	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2026
NAME OF PROVIDER OR SUPPLIER Yucaipa Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13542 2nd St. Yucaipa, CA 92399	
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	hours while awake. LVN 1 further stated the Respiratory Therapist (RT) was generally responsible for providing education regarding the incentive spirometer; however, if RT was unavailable, licensed nursing staff may also provide the education. LVN 1 further stated she could not identify who had instructed Resident 1 or the resident's husband regarding its use or where resident education or use of the device was documented. During a review of Resident 1's [Name of Acute Hospital] - Discharge Summary dated June 17, 2026, indicated, more dyspnea (shortness of breath) 6/12/26, CXR (Chest x-ray- imaging test that creates black-and-white pictures) rpt (repeat), continue to monitor, incentive spirometry (a handheld breathing device that encourages slow, deep breaths to help expand the lungs, improve breathing, and reduce the risk of complications such as pneumonia). During a review of Resident 1's clinical record, there was no documented evidence to indicate the incentive spirometer had a physician order confirming continued use, documented assessment or documented resident and family education. During a telephone interview with the Director of Nursing (DON), on July 24, 2026, at 8:32 a.m., the DON stated the facility did not immediately refer Resident 1 to Respiratory Therapy because the nursing staff believed the resident's respiratory condition remained stable with oxygen therapy. The DON acknowledged Resident 1's husband's concern regarding the reported lack of instruction for the use of the incentive spirometer. During a telephone interview on August 5, 2026, at 8:54 AM, the DON acknowledged that Resident 1's clinical record did not contain a physician's order or clarification to continue or discontinue incentive spirometry, or documentation that the resident or her husband received instructions on its use. The DON acknowledged that the facility did not follow their Incentive Spirometry policy. During a review of the facility's policy and procedure titled Incentive Spirometry, dated revised January 16, 2026, the policy indicated, It is the policy of this facility that an incentive spirometry device may be used by a resident to assist with maximal lung ventilation. Obtain a physician's order for initiation of incentive spirometry.,2. Explain procedure to the resident stressing the importance of performing this exercise regularly for optimal effect. 5. instruct the resident to insert the mouthpiece in his/her mouth and to close lips tightly around it. 6.Instruct the resident to exhale normally and then inhale slowly and as deep as possible. If the resident has difficulty with this step, tell him/her to suck, as he/she would do through a straw, but to do it more slowly., 8.Evaluate the resident's ability to cough effectively and encourage him/her to cough after each effort. Observe any expectorated secretions., 13. Record treatment in the medical record may include resident teaching, resident condition before and after treatment, tolerance of procedure and/or progress made with the device.		