

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2025
NAME OF PROVIDER OR SUPPLIER  Providence Holy Cross Med Ctr D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE  11600a Indian Hills Road, Mission Hills, CA 91345 Mission Hills, CA 91345	

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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</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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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to ensure 24 of 24 sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, Resident 10, Resident 11, Resident 12, Resident 13, Resident 14, Resident 15, Resident 16, Resident 17, Resident 18, Resident 19, Resident 20, Resident 21, Resident 22, Resident 23, and Resident 24) who were on mechanical ventilators (a life-support machine that helps or takes over breathing for people who can't breathe sufficiently on their own, delivering oxygen) was free of contaminants (any physical or chemical substances) when the facility returned the oxygen gas line system back on for service and not had a certified medical gas verifier conduct testing to ensure oxygen is safe, pure and free of contaminants. This deficient practice of not verifying the oxygen from the medical gas line were free of contaminants prior to returning back on for service had the potential to cause serious harm and infection especially to the lungs (major organ for body's air exchange), or death to 24 residents who were on mechanical ventilators and were reliant (dependent) on the oxygen supplied by the gas line system. On 12/12/2025 an unannounced onsite visit was conducted by the Department regarding a report received from the facility indicating on 12/09/202 at 10:02 AM, the oxygen alarm was activated in the Subacute Unit (specialized in-patient care setting) (DP/SNF-distinct part /Skilled Nursing Facility - specialized area of the hospital for rehabilitation and transitional care), and an air and gas technician confirmed the oxygen line feeding the Subacute Unit was broken. The census of the unit was with 24 residents dependent on the mechanical ventilators. A review of the Resident 1 Facesheet (a summary of patient data), undated, indicated that the resident was admitted to skilled nursing facility (SNF 1, a licensed clinical care setting that provides 24-hour medical support and rehabilitation services to residents who require more intensive care than what can be delivered at home do not need acute hospitalization) on 11/03/2025, with the admitting diagnosis of respiratory failure (a serious condition where the lungs can't adequately oxygenate the blood or remove carbon dioxide, leading to low oxygen and/or high carbon dioxide in the blood. A review of Resident 1 History and Physical, dated 11/04/2025, the record indicated that resident is a [AGE] years old year old female with history of polysubstance abuse presented to the hospital with cardiac arrest on 10/09/2025. Resident with percutaneous endoscopic gastrostomy (PEG, a feeding tube placed directly through the skin and abdominal wall into the stomach, used for long-term nutrition and hydration) and tracheostomy (trach, a surgically created opening in the neck into the windpipe to help someone breathe, allowing air directly to the lungs).A review of Resident 1 medical order, dated 11/07/2025, indicated that Resident 1 be placed on continuous mechanical ventilation (a life-support machine that helps or takes over breathing for people who can't breathe sufficiently on their own, delivering oxygen) with the following setting - Cycle: Pressure (The breath is terminated when the inspiratory flow falls to a set percentage, usually 25% of the peak flow, which is typical for pressure support ventilation; Mode: Pressure Support Ventilation (PSV, This is a resident-triggered, The patient controls their own respiratory rate and duration of inspiration); Pressure Support (PS, is the amount of pressure assistance the ventilator provides during each resident-initiated inspiration. A setting of 10 is a common starting point for weaning and helps overcome the resistance of the endotracheal tube and circuit, allowing the resident's respiratory muscles to do some work) Level 10; Titrate Fraction of inspired oxygen (FiO2, means the percentage of oxygen delivered to the patient should be adjusted by the healthcare team to keep the patient's blood oxygen at a certain level): Yes, to maintain peripheral oxygen saturation (SpO2, the percentage of oxygen in a resident's blood) above 92%; Positive End-Expiratory Pressure (PEEP, This is a constant baseline positive pressure maintained in the lungs during the entire breathing cycle, including exhalation):5. A review of Resident 2 Facesheet, undated, indicated that the resident was admitted SNF 1 on 12/06/2024, with the admitting diagnosis of chronic respiratory failure (CRF, a long-term condition where the lungs can't adequately oxygenate the blood or remove carbon dioxide).A review of Resident 2 History and Physical, dated 12/10/2025, the record indicated that resident is a [AGE] year old female who was admitted at Hospital (Hospital 1) in September of 2022 for respiratory failure, was intubated and had a tracheostomy procedure. She was transferred to SNF1 for long term management. A review of Resident 2 medical order dated 12/06/2024, indicated that Resident 2 be placed on continuous mechanical ventilation with the following setting - Cycle: Volume Cycle (VC, The ventilator delivers a set volume with each breath not a set Mode: Assist-Control (AC, means every breath whether</p>		