

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555446	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Rossmoor Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1226 Rossmoor Parkway Walnut Creek, CA 94595	

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>44823</p> <p>Based on observation, interview, and record review, the facility failed to have oxygen safety signage posted on Resident 1 ' s room as Resident 1 used an oxygen concentrator (a portable medical device used to deliver oxygen to those who have a condition that causes or results in low levels of oxygen in their blood).</p> <p>This failure had the potential of not having safety precautions in place necessary to care for Resident 1 who required oxygen use.</p> <p>Findings:</p> <p>During a record review of Resident 1 ' s face sheet, undated, Resident 1 had a diagnosis of acute respiratory failure with hypoxia (a medical condition that occurs when the lungs have difficulty exchanging oxygen and carbon dioxide with the blood).</p> <p>During an interview on 7/31/24, at 8:55 a.m., with Nurse Supervisor (NS), NS stated a resident who uses oxygen should have a magnetic oxygen signage posted on the door.</p> <p>During an observation on 7/31/24, at 12:10 p.m., Resident 1 had an oxygen concentrator located at the bedside.</p> <p>During a concurrent observation and interview on 7/31/24, at 12:26 p.m., NS stated Resident 1 did not have an oxygen signage on the door. Per NS, she was responsible to ensure the oxygen signage was posted on the door.</p> <p>During an interview on 8/30/24, at 8:11 a.m., with Registered Nurse (RN)1, RN 1 stated oxygen signage is important as oxygen is flammable. Per RN 1, during a power outage, residents using oxygen need to have a portable oxygen tank to use. RN 1 added that when there is a fire, oxygen is combustible.</p> <p>During an interview on 8/30/24, at 8:55 a.m., with Assistant Director of Nursing (ADON), ADON stated oxygen signage should be placed on resident ' s door.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Oxygen Administration, dated 2021, the P&P indicated, 2. Place an ' Oxygen in Use ' sign on the outside of the room entrance door. Close the door. 3. Place an ' Oxygen in Use ' sign in a designated place on or over the resident ' s bed.</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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