STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555651	A. Building B. Wing	06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stanley Healthcare Center	14102 Springdale Street Westminster, CA 92683

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, medical record review, and facility P&P review, the facility failed to ensure the necessary respiratory care and services were provided for four of four sampled residents (Residents 1, 2, 3 and 4). * The facility failed to ensure Resident 1 had an order to suction secretions. * The facility failed to ensure Resident 2's oxygen nasal cannula was stored in the bag according to the facility's P&P. * The facility failed to ensure Resident 3's nebulizer administration set-up was changed every seven days according to the facility's P&P. * The facility failed to ensure Resident 4's CPAP washable filter, mask, nasal pillows and tubing were cleaned according to the manufacturer's guideline and facility P&P while the resident was in the facility. These failures had the potential to negatively affect the residents' medical conditions. 1. Review of the facility's P&P titled Suctioning Upper Airway (Oral Pharyngeal Suctioning) revised on 10/2010 showed to verify there is a physician's order for this procedure. Review the physician's order for facility protocol for suctioning. Review of Resident 1's medical record was initiated on 6/19/25. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's H&P examination dated 11/19/24, showed Resident 1 had no capacity to understand and make decisions. Review of Resident 1's care plan initiated 4/20/25, showed risk for infection related to cough and congestion with intervention to maintain a clear airway by encouraging resident to clear own secretion with effective coughing. If the secretions cannot be cleared, suction as ordered required to clear secretions. On 6/19/25 at 0808 hours, an observation was conducted of Resident 1 in the resident's room. Resident 1 had a suction machine on his night stand table connected with Yankauer suction tubing in a plastic bag dated 6/8/25, that was inside the night stand drawer. (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
	555651	A. Building B. Wing	06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stanley Healthcare Center	14102 Springdale Street Westminster, CA 92683

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	On 6/19/25 at 0832 hours, an observation of Resident 1 and a concurrent interview was conducted with the DSD. The DSD verified the Yankauer suction had some fluid residue, was used and the storage bag was dated 6/8/25. On 6/19/25 at 1100 hours, an interview was conducted with the DON. The DON stated she expects the night shift LVN to change the Yankauer suction every week and label the and supposed to label the plastic bag with resident's name and date. In addition, review of Resident 1's Order Summary as of 6/22/25, failed to show a physician's order for suctioning. On 6/25/25 at 1530 hours, an interview and concurrent record review was conducted with the DON. The DON verified Resident 1's Order Summary failed to show an order to suction the resident. The DON stated there should be an order for suctioning of the airway. 2. Review of the facility's P&P titled Departmental (Respiratory Therapy) - Prevention of Infection revised on 11/2011 showed in infection control considerations related to oxygen administration, to keep the oxygen cannula and tubing used PRN in a plastic bag when not in use. Review of Resident 2's medical record was initiated on 6/19/25. Resident 2 was admitted to the facility on [DATE]. Review of Resident 2's H&P examination dated 3/13/25, showed Resident 2 had no capacity to understand and make decisions. Review of Resident 2's Order Summary showed a physician's order dated 5/1/25, to administer oxygen at 2-5 liters per minute via nasal cannula as needed. Review of Resident 2's MDS assessment dated [DATE], showed resident had BIMS score of 3 indicating the resident had severe cognitive impairment. Review of Resident 2's plan of care failed to show a care plan was developed for the resident's use of the oxygen. On 6/19/25 at 0812 hours, an observation was conducted of Resident 2 in the resident's room. Resident 2's oxygen concentrator was turned off at the resident's bedside. The nasal cannula tubing was not properly stored in the plastic bag hanged on the oxygen concentrator and part of the tubing was out of the plastic bag and touching the floor. On 6/19/25 at 0825 hours, an observation and a concurrent interview was conducted with the DSD. The DSD verified the nasal cannula was not properly stored in the plastic bag. The DSD stated the nasal cannula tubing should be stored properly and should not touch the floor for infection control. The DSD removed the nasal cannula tubing. The DSD further stated she will replace the nasal cannula. On 6/19/25 at 1100 hours, an interview was conducted with the DON. The DON stated she expects the nurses to store the entire nasal cannula tubing in the bag when not in use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555651	A. Building B. Wing	06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stanley Healthcare Center	14102 Springdale Street Westminster, CA 92683

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	3. Review of the facility's P&P titled Departmental (Respiratory Therapy) - Prevention of Infection revised on 11/2011 showed in infection control considerations related to medication nebulizers/ continuous aerosol, store the circuit in plastic bag, marked with date and resident's name, between uses; and discard the administration set-up every seven days. Review of Resident 3's medical record was initiated on 6/19/25. Resident 3 was admitted to the facility on [DATE]. Review of Resident 3's H&P examination dated 3/13/25, showed Resident 3 could make needs known but could not make medical decisions. Review of Resident 3's MDS assessment dated [DATE], showed resident had BIMS score of 6 indicating the resident had severe cognitive impairment. Review of Resident 3's Order Summary showed a physician's order dated 5/31/25, to administer ipratropium-albuterol (a bronchodilator medication used to relax the muscles around the airways in the lungs, making it easier to breathe) inhalation solution 0.5-2.5 mg/ml 1 vial every four hours as needed for coughing or wheezing. On 6/19/25 at 0816 hours, Resident 3's nebulizer tubing was observed on the resident's nightstand in a plastic bag with no name and was dated 6/10/25. On 6/19/25 at 0820 hours, an observation and concurrent interview was conducted with the DSD. The DSD verified Resident 3's nebulizer tubing was in the plastic bag with no name and was dated 6/10/25. On 6/19/25 at 1100 hours, an interview was conducted with the DON. The DON stated she expects the night shift LVN to change the nebulizer tubing every week and supposed to label the plastic bag with resident's name and date. 4. Review of the facility's P&P titled CPAP/ BiPAP Support dated 3/2015 showed under the general guidance for cleaning: to clean humidifier weekly and air dry; rinse washable filter under running water once a week to remove dust and debris; and mask, nasal pillows and tubing, clean daily by placing in warm, soapy water and soaking/ agitating for 5 minutes. Mild dish detergent is recommended. Rinse with warm water and allow it to air dry between uses. Review of Resident 4's closed medical record was initiated on 6/19/25. Resident 4 was admitted to the facility on [DATE] and was discharged to acute care hospital on 5/29/25. Review of Resident 4's H&P examination dated 3/13/25, showed Resident 4 could make needs known but could not make medical decisions. Review of Resident 4's MDS assessment dated [DATE], showed resident had BIMS score of 15 indicating the resident had intact cognitive function. Review of Resident 4's Order Summary dated 5/31/25 showed a physician's order dated 5/12/25, may use CPAP machine at bedside, pressure setting 4.0, oxygen at 2 liters per minute, no humidification, for sleep apnea. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555651	A. Building B. Wing	06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stanley Healthcare Center	14102 Springdale Street Westminster, CA 92683

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	Further review of Resident 4's medical record failed to show evidence the CPAP's washable filter, mask, nasal pillows and tubing were cleaned while the resident was in the facility. On 6/19/25 at 1510 hours, an interview and concurrent closed medical record review was conducted with the DON. The DON verified Resident 4 uses CPAP at night. The DON verified CPAP's washable filter, mask, nasal pillows and tubing were not cleaned while the resident was in the facility. The DON further stated she would provide in-service to the licensed staff.