

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2024
NAME OF PROVIDER OR SUPPLIER Willow Creek Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 650 W. Alluvial Clovis, CA 93611	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47254</p> <p>Based on observation, interview and record review, the facility failed to provide services which met professional standards for one of three sampled residents (Resident 2) when Resident 2's oxygen (a colorless, odorless, tasteless gas essential to living) flow rate (the amount of oxygen being delivered to the body) was not administered according to the physician order (an order given for specific patient/resident by a health care provider).</p> <p>This failure resulted in Resident 2 oxygen to not be administer according to the physician order.</p> <p>Findings:</p> <p>During a review of Resident 2s Admission Record (document containing resident demographic information and medical diagnosis), dated 4/29/24, the Admission Record indicated, Resident 2 was admitted to the facility on [DATE]. Resident 2 ' s diagnosis included .ESSENTIAL (PRIMARY) HYPERTENSION (occurs when you have abnormally high blood pressure that's not the result of a medical condition) .CHRONIC OBSTRUCTIVE PULMONARY DISEASE (a group of diseases that cause airflow blockage and breathing-related problems) .OBSTRUCTIVE SLEEP APNEA (a disorder in which a person frequently stops breathing during his or her sleep) .</p> <p>During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool used to identify resident cognitive and physical function) Assessment, dated 4/4/24, the MDS indicated Resident 2's Brief Interview for Mental Status (BIMS -an evaluation of attention, orientation, and memory recall) score of 13 (0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, 13-15 no cognitive impairment), indicating Resident 3 had no cognitive impairment.</p> <p>During a current observation and interview on 4/29/24, at 10:28 a.m., with Resident 2 in his room, a portable oxygen tank (a tank with compressed oxygen gas) flow rate (the amount of oxygen being delivered to your body) was set at 3 liters (L-a unit of measurement) per minute via (through) nasal cannula (a tube used to deliver supplemental oxygen through the nose). The portable oxygen tank indicated it was empty. Resident 2 stated he would be transported to a doctor ' s appointment shortly.</p> <p>During an interview on 4/29/24, at 10:45 a.m. with Licensed Vocational Nurse (LVN), LVN verified Resident 2 ' s physician order for oxygen use. LVN stated, Resident 2 ' s physician order indicated oxygen flow rate should be set at 4L/min while using the portable oxygen tank.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Order Summary Report (OSR) dated 3/1/24 the OSR indicated Oxygen [at] 4 [liters per minute] via nasal cannula continuous per concentrator tank .start date 8/21/23 .</p> <p>During a concurrent observation and interview on 4/29/24, at 10:49 a.m. with LVN, in Resident 2 ' s room, LVN verified Resident 2 oxygen settings were at 3L/min and it should have been set at 4L/min, LVN stated the portable oxygen tank was empty and it needed she needed to replace the tank.</p> <p>During an interview on 4/29/24, at 12:48 p.m., with LVN, LVN stated, the nurse is in charge of making sure oxygen tank is full and oxygen is being distributed per the physician order. LVN stated Resident 2 oxygen flow settings were not correct and should have been at 4L/min via NC. LVN stated it is important to have the correct amount of oxygen settings to ensure Resident 2 ' s oxygen saturation (measures the amount of oxygen being carried by red blood cells) remains above 95% (normal oxygen saturation level is between 95% and 100%) to prevent respiratory distress (breathing becomes difficult and oxygen cannot get into the body).</p> <p>During an interview on 4/29/24, at 1:15 p.m., with Director of Nursing (DON), DON stated, Resident 2 ' s oxygen was not administered per physician orders DON stated her expectation is that the nurses check oxygen flow rates during change of shift and medication administration rounds. The DON stated it is important that the resident receive the ordered oxygen to prevent shortness of breath. The DON stated the physician orders and the facility ' s Oxygen Administration policy were not followed for Resident 2.</p> <p>During a review of facility's policy and procedure (P&P) titled, ADMINISTERING MEDICATIONS, dated April 2019, the P&P indicated, . Only persons licensed or permitted by this state to prepare, administer, and document the administration of medications may do so . Medications are administered in accordance with prescriber orders . As required or indicated for a medication .</p> <p>During a review of , [name of facility] JOB DESCRIPTION LICENSED PRACTICAL NURSE (LPN) LICENSED VOCATIONAL NURSE LVN), dated 11/2018, the [name of facility] JOB DESCRIPTION LICENSED VOCATIONAL NURSE indicated, .Prepare and administer medications as ordered by the physician . Ensure that an adequate supply of floor stock medications, supplies and equipment is on hand to meet the nursing needs of the residents . Make periodic checks to ensure that prescribed treatments are being properly administered .</p> <p>During a review of facility's P&P titled, Oxygen Administration, dated October 2010, the P&P indicated, . Verify that there is a physician ' s order .Turn on oxygen .start flow rate . Adjust the oxygen delivery device so that it is comfortable for the resident and the proper flow of oxygen is being delivered .Observe the resident upon setup and periodically thereafter to be sure oxygen is being tolerated .</p> <p>During a professional reference review retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9575339/, titled, Oxygen as a drug and scarce commodity . dated 9/11/22, the professional reference indicated, .Oxygen therapy is prescribed to people with medical conditions that render them unable to consume adequate oxygen through normal breathing. Medical grade oxygen is classified as a drug given to patients in a clinical setting to treat various medical conditions .</p>		