

California State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060001568	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER CHAPMAN GLOBAL MEDICAL CENTER D/P SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 EAST CHAPMAN AVENUE , ORANGE, California, 92869	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C0000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during the Complaint Investigation for Complaint Number: 2646423.</p> <p>The survey team entered the facility on 10/20/25 at 0800 hours.</p> <p>The facility identified the census as 26.</p> <p>The survey sample size was 4.</p> <p>Inspection was limited to the complaint investigated and did not represent the findings of a full inspection of the facility.</p> <p>* FOR COMPLAINT NUMBER: 2646423, DEFICIENCIES WERE IDENTIFIED AND CITED AT C3715.</p> <p>GLOSSARY AND DEFINITIONS:</p> <p>BVNPT - Board of Vocational Nursing and Psychiatric Technicians</p> <p>DON - Director of Nursing</p> <p>LVN - Licensed Vocation Nurse</p> <p>P&P - Policy and Procedures</p> <p>Per dlem - per day work often temporary employment</p> <p>RN - Registered Nurse</p> <p>RT - Respiratory Therapists</p> <p>Speaking Valve - a valve placed onto the tracheostomy which allows air to enter through the tracheostomy tube and exit through the mouth and nose and will allow the individual to make noises and speak more easily.</p>	C0000		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

CEO

(X6) DATE

11/10/25

California State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060001568	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER CHAPMAN GLOBAL MEDICAL CENTER D/P SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 EAST CHAPMAN AVENUE , ORANGE, California, 92669	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C0000	Continued from page 1 Suctioning – process to remove mucus and secretions from the windpipe through the tracheostomy tube to keep the airway clear and improve breathing. Tracheostomy – a medical device inserted into the trachea (windpipe) to establish and maintain an airway. Tracheostomy cuff - a balloon-like structure located at the end of a tracheostomy tube, which is inserted into the trachea (windpipe) to provide an artificial airway. Tracheostomy inner cannula - a removable, smaller tube that fits inside the main (outer) tracheostomy tube and plays a crucial role in maintaining airway patency and facilitating tracheostomy care. Tracheostomy cuff inflation - inflating the cuff serves several purposes to prevent aspiration (accidental inhalation of substances like food, liquid or secretions into the lungs through a tracheostomy tube), airway protection, and stabilization of tracheostomy tube.	C0000		
C3715	Licensee--General Duties CFR(s): T22 DIV5 CH3 ART5-72501(e) e) The licensee shall employ an adequate number of qualified personnel to carry out all the functions of the facility and shall provide for initial orientation of all new employees, a continuing in-service training program and competent supervision. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to ensure the LVNs performed their duties within their scope of practice when providing care for patients. * The facility failed to ensure the LVNs did not perform respiratory care for the patients with a tracheostomy. Findings: According to the BVNPT effective 10/1/25, there were changes to the LVN scope of practice for providing respiratory care. The LVNs could no longer perform the following for patients requiring respiratory care:	C3715		

California State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060001568	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER CHAPMAN GLOBAL MEDICAL CENTER D/P SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 EAST CHAPMAN AVENUE , ORANGE, California, 92869	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C3715	<p>Continued from page 2</p> <ul style="list-style-type: none"> - manipulation of an Invasive or non-Invasive ventilator - assessment or evaluation of observed and gathered data from chest auscultation, palpation, and percussion - pre-treatment or post-treatment assessment - use of medical gas mixtures other than oxygen - preoxygenation or endotracheal or nasal suctioning - initial setup, change out, or replacement of a breathing circuit or adjustment of oxygen liter flow or oxygen concentration - tracheal suctioning, cuff inflation/deflation, use or removal of an external speaking valve, or removal and replacement of the tracheostomy tube or inner cannula <p>Review of the following facility's P&Ps showed the changes to the LVN scope of practice for providing respiratory care from the BVNPT effective 10/1/25, were not updated/modified to include the information of the scope of practice the LVNs could no longer perform or could only perform:</p> <ul style="list-style-type: none"> - undated, Tracheostomy tube suctioning - dated 10/2024, Passy Muir/ Speaking Valve Cleaning - dated 10/2024, Tracheostomy Care: Cleaning of non-disposable inner cannula - dated 10/2024, Tracheostomy Care - dated 10/2024, Suctioning Oral – Nasal Pharyngeal <p>Health record review for Patient 1 was conducted on 10/20/25. Patient 1 was admitted to the facility on 9/18/25.</p> <p>Review of Patient 1's Respiratory Assessments showed the following assessments were documented as completed by the LVNs:</p> <ul style="list-style-type: none"> - dated 10/18/25 at 1000 hours by LVN 6 - dated 10/18/25 at 1939 hours by LVN 9 	C3715		

California State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 080001568	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER CHAPMAN GLOBAL MEDICAL CENTER D/P SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 EAST CHAPMAN AVENUE , ORANGE, California, 92869	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C3715	<p>Continued from page 3</p> <p>On 10/20/25 at 0937 hours, an interview was conducted with LVN 1. LVN 1 stated she was aware of the new regulations on the changes in the scope of nursing practice. LVN 1 stated she still performed the pre and post nebulizer treatment assessment and documents the results. LVN 1 further stated she was not sure if she was supposed to do the assessments.</p> <p>On 10/21/25 at 1003 hours, an interview was conducted with LVN 2. LVN 2 stated she performed the pre and post nebulizer treatment assessment to check the breathing capacity, breathing pattern, saturation, the secretion and color, and the rise and fall of the chest. LVN 2 further stated she documented everything in the progress notes. LVN 2 stated she had changed the inner cannula and it gets checked by the RT every four hours. LVN 2 stated if the patient needed suctioning, she would call the RT, but if the patient was out of breath, she would suction the patient as needed. LVN 2 further stated she heard of the new updates from the BVNPT, however if the patient was not breathing she would suction the patient.</p> <p>On 10/21/25 at 1039 hours, an interview was conducted with LVN 3. LVN 3 stated there were RTs available however, they provided care for the patients on the ventilators. LVN 3 further stated if they were busy, the LVNs would perform the suctioning. LVN 3 stated she did not want the patients to vomit if they were suctioned after receiving the medications.</p> <p>On 10/21/25 at 1107 hours, an interview was conducted with RN 1. RN 1 stated she was the only RN on the unit for her shift. RN 1 further stated they were informed of the changes in the LVNs scope of practice. RN 1 stated since 10/1/25, LVNs were not suctioning the patients with tracheostomy and it should be the RTs responsibility, however the facility did not have enough RTs yet. RN 1 stated they were asked to suction the patients, but it was difficult because they had to cover for the RTs when they were on break, attend IDT meetings, order supplies, have all the flow sheets, check the crash carts, and more.</p> <p>On 10/20/25 at 1129 hours, an interview was conducted with RT 1. RT 1 stated she was informed of the LVNs change in the scope of practice. RT 1 stated the number of the patients could not be cared for by one RT. RT 1 stated she covers the acute care hospital and comes to the subacute to assist. RT 1 stated she has other</p>	C3715		

California State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060001568	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER CHAPMAN GLOBAL MEDICAL CENTER D/P SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 EAST CHAPMAN AVENUE , ORANGE, California, 92869	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C3715	<p>Continued from page 4 patients in the acute care side of the facility, and there were not enough RTs to perform the respiratory care for the patients in the subacute unit, RT 1 further stated the LVNs perform the respiratory care in the subacute unit.</p> <p>On 10/21/25 at 0702 hours, an interview was conducted with LVN 4. LVN 4 stated the speaking valves were placed in the morning and kept on until 2100 hours. LVN 4 stated they removed the speaking valve at 2100 hours and cuff the tracheostomy. LVN 4 stated he was aware of the changes in the LVN's scope of practice and further stated they were not allowed to perform respiratory care anymore. LVN 4 further stated they still wanted to do it because there were not enough RTs in the facility to do so.</p> <p>On 10/21/25 at 0713 hours, an interview was conducted with LVN 5. LVN 5 stated he heard of the change in the LVN scope of practice. LVN 5 stated he was doing the same things as before because they only had one RT who could not do it all. LVN 5 further stated he could not risk the patient's safety by waiting for the RT.</p> <p>On 10/21/25 at 1225 hours, a telephone interview was conducted with the Nursing Education Consultant at the BVNPT. The Nursing Education Consultant stated there were no changes or extension dates on the LVNs recent change in scope of practice effective 10/1/25.</p> <p>On 10/21/25 at 1400 hours, an interview and concurrent facility P&P review was conducted with the RT Manager. The RT Manager stated she was made aware of the LVNs scope of practice changes on 8/7/25. The RT Manager stated in preparation for the changes, a trial was done which identified the need for 2.5 full time RTs. The RT Manager further stated they started the hiring process and there were currently with three full time and two per diem RTs in the sub-acute unit. The RT Manager verified the facility's P&Ps on respiratory care were not updated with the new changes because it needed to be approved by the governing board.</p> <p>On 10/21/25 at 1510 hours, an interview and concurrent record review was conducted with the DON.</p> <p>The DON stated she was informed the facility was hiring more RTs since the LVNs change of the scope of practice</p>	C3715		

California State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060001568	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER CHAPMAN GLOBAL MEDICAL CENTER D/P SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 EAST CHAPMAN AVENUE , ORANGE, California, 92869	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C3715	Continued from page 5 was known. The DON verified the LVNs were performing respiratory care outside of the scope of practice. The DON further verified the LVNs were conducting the pre and post nebulizer and respiratory assessments as documented in the patients' health records. The DON stated she had informed the staff multiple times to be ready for the changes but could not do anything with the staffing because it comes from the corporate.	C3715		



Plan of Correction

Provider/Supplier/CLIA ID Number: 55579
Name of Provider: Chapman Global Medical Center D/P SNF
Date of Survey: 10/20/2025 – 10/22/2025
Department: Subacute D/P SNF
Intake: CA002646423

Initial Comment

Chapman Global Medical Center prides itself in providing safe quality patient care in accordance with the evidence-based standard and regulations set forth by state and federal law. The hospital strives to provide a safe environment for our staff, patients, providers and visitors. The hospital is committed to providing personalized care based on the individual needs and rights of each patient. The plan of correction submitted consists of in-depth education to providers and staff, procedure and process improvements, continuous monitoring and greater clinical oversight to ensure that the hospital meets the requirements established by state and federal law.

Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by provisions of federal and state law. None of the actions taken by Chapman Global Medical Center pursuant to its Plan of Correction should be considered an admission that a deficiency existed or that additional measures should have been in place at the time of the complaint investigation. The provider submits this Plan of Correction with the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against the Provider, its employees, agents, officers, directors, or shareholders. This Plan of Correction is submitted to meet requirements established by state and federal law.

C3715	<p>Based on interview and medical record review, the facility failed to ensure the LVN s performed their duties within their scope of practice when providing care for patients. The facility failed to ensure the LVNs did not perform respiratory care for the patients with a tracheostomy.</p> <p>* The facility's P&P's showed the changes to the LVN scope of practice for providing respiratory care from the BVNPT effective 10/1/25 were not updated/ modified to include the information of the scope of practice the LVN's can provide specific task in regards with respiratory and patients with tracheostomy.</p> <p>* Resident 1's Respiratory assessments showed documentation that the LVN's completed.</p>	<p>CFR(s): T22 DIV5 CH3 ART5- 72501(e) License- General Duties:</p> <p>Completion Date: 11/15/25</p>
-------	--	---

Corrective Actions:

- Facility will utilize RN's for all respiratory care practices effected by BVNPT scope changes while facility works to recruit RT staff. All nursing staff have been educated on



Plan of Correction

<p>scope changes of LVN staff, including what respiratory care they can provide and instructed to notify charge nurse of any respiratory care needed that falls within the limitations defined by the BVNPT so that an RN can complete these duties.</p> <ul style="list-style-type: none"> • Resident #1 was assessed by the RN to ensure no adverse effects were present from the LVN providing the care to the patient. No issues were identified • By 11/15/25 all LVNs will be educated on the changes to the LVN scope of practice for providing respiratory care from the BVNPT effective 10/1/25 by their supervisor. The education will be done during unit huddles, staff meetings or online. • The DON reviewed the LVN JD and found it outdated. By 11/15/25, the Facility will revise the Job Description, Scope of Practice Policies and Procedures in accordance with the California Vocational Nursing Practice Act and The Respiratory Care Board Regulations. All LVNs will be educated on the revised JD and will sign the new JD to ensure understanding of the changes. 	
<p>Monitoring:</p> <ul style="list-style-type: none"> a. Once a month, the DON/designee will audit 30 respiratory therapy/care provided to residents with tracheostomy to ensure care provided by LVNs was done in accordance with the changes to the LVN scope of practice for providing respiratory care from the BVNPT effective 10/1/25. Any issues identified will be corrected and the staff will be educated. b. Data will be collected until 90% compliance is achieved for three consecutive months c. Data collected from the above listed audits will be added to the hospital's wide QAPI and presented quarterly to the Sub Acute Medical Director/ MEC and the Governing Body. 	
<p>Person Responsible: Subacute Director of Nursing or designee</p>	