STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056078	A. Building B. Wing	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alta View Post Acute	831 S Lake Street Los Angeles, CA 90057

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 - 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** 36395 Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 1), who had chronic obstructive pulmonary disease (COPD, group of diseases that cause airflow blockage and breathing- related problems) was provided the necessary respiratory care and services consistent with professional standards of practice. The facility failed to: 1. Ensure Resident 1 was given 100% oxygen by non- rebreather mask (face mask that delivers high concentration of oxygen) while waiting for the paramedics to arrive. Resident 1 was placed on Bilevel Positive Airway Pressure (BiPAP, machine that helps with breathing and delivers pressurized air through a face mask for those that have spontaneous breathing) mask with no oxygen supply. Resident 1's oxygen saturation continued to drop, and patient became unresponsive to painful stimuli (a technique used by medical personnel for assessing the consciousness level of a person who is not responding to normal interaction, voice commands or gentle physical stimuli such as shaking of the shoulders). 2. Implement the person-centered care plan interventions to monitor and document changes in Resident 1's orientation, increased restlessness, and air hunger, monitor and document or report breathing abnormalities. These deficient practices resulted in delay in providing necessary lifesaving intervention before the paramedics arrived. Resident 1's oxygen saturation (amount of oxygen circulating in the blood) dropped to 76% (ideal range is 95% to 100%) and patient was transferred to the general acute hospital (GACH 2) where Resident 1 was admitted to the intensive care unit (ICU, department of the hospital with patients who are dangerously ill and are kept under constant observation) and stayed for six days. Findings: A review of the Admission Record indicated the facility admitted Resident 1 on 10/2/2019 and readmitted on [DATE] with diagnoses including respiratory failure (airways cannot adequately provide oxygen to the body), chronic obstructive pulmonary disease (COPD, group of diseases that cause airflow blockage and breathing -related problems) and sleep apnea (condition in which breathing stops and restarts many times while sleeping). (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

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F 0695 Level of Harm - Actual harm Residents Affected - Few	A review of the Minimum Data Set (MDS, a standardized assessment and care screening tool) dated 1/30/2023 indicated Resident 1 was alert to year and month only. Resident 1 needed one-person physical assistance with dressing, eating, toilet use, personal hygiene and two or more persons physical assistance with bed mobility and bathing. The MDS indicated Resident 1 had shortness of breath or trouble breathing when sitting at rest and was on oxygen therapy. A review of the Care Plan initiated on 2/1/2023 indicated Resident 1 had shortness of breath related to decreased energy and fatigue, hypoxia (low levels of oxygen in the body), COPD exacerbation (worsening of the COPD) and oxygen desaturation (decrease in oxygen level in the blood). The goal indicated Resident 1 would have no complications related to shortness of breath. The care plan interventions included to monitor and document changes in orientation, increased restlessness, anxiety, and air hunger, monitor and document or report breathing abnormalities to the physician including bradypnea (slow breathing less than 12 breaths per minute [bpm]), tachypnea (increased breathing, normal range 12 to 20 bpm) and to give 15 liters of oxygen per minute (LPM, flow rate of oxygen) by non-rebreather mask. A review of the Care Plan dated 2/10/2023 indicated Resident 1 had impaired breathing function and dependent on oxygen. The care plan goal indicated Resident 1 will recover oxygen saturation level more than 95% within five minutes and will keep oxygen level above 95% all the time. The care plan interventions indicated to give oxygen up to maximum level until oxygen saturation had recovered and set BIPAP under the care of the respiratory therapist (RT, trained health professionals who help treat and restore function for patients with airway or breathing problems). A review of the Physician's Order Summary Report dated 2/10/2023 indicated Resident 1 to receive oxygen at two liters by nasal cannula (nasal prongs) continuously for respiratory failure, monitor oxygen saturation every six hours and BiPAP at bedtime for hypoventilation (breathing too shallow or too slow). During review of the GACH 1 Physician Discharge Summary dated 2/10/23, Resident 1 was initially admitted (2/6/23) at GACH 1 as code stroke (suspected stroke) but ruled out. The Summary indicated Resident 1 had respiratory failure, obesity hypoventilation syndrome COPD and oxygen dependence. A review of the Situation, Background, Assessment and Request (SBAR) Communication and Progress Note dated 2/10/2023 indicated Resident 1 was readmitted from GACH 1 at 4:40 PM. The SBAR indicated at 6:12 PM, Resident 1's vital signs (clinical measurements specifically the heart rate, temperature, breathing rate and blood pressure (BP) that indicate the state of body functions) were BP of 148/66 (normal 120/80), heart rate of 68 bpm (normal range 60 to 100 bpm), breathing at 18 bpm (normal 12 to 20), temperature of 97.2 Fahrenheit (F, range from 97 F to 99 degrees F) and oxygen saturation of 98% on oxygen by nasal cannula at four liters of oxygen. A review of the Paramedics Patient Care Report dated 2/10/2023 at 9:59 PM indicated on arrival to facility, Resident 1 was in bed and on BiPAP machine with no supplemental oxygen. The Patient Care Report indicated Resident 1's family member came for a visit and found Resident 1 unresponsive with a low oxygen saturation and it was unknown for how long. The Paramedic Patient Care Report (Notes) indicated Resident 1 had oxygen saturation of 76%, was placed on 15 liters of oxygen by non-rebreather mask and started breathing on her own. The oxygen saturation improved to 100%. Resident 1's Glasgow Coma Scale (GCS, determines the level of consciousness) was three (indicated no response to pain). Resident 1 was taken to GACH 2. (continued on next page)

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F 0695 Level of Harm - Actual harm Residents Affected - Few	A review of the Progress Notes dated 2/10/23 at 10:24 p.m. notes indicated Resident 1 remained on oxygen at four liters by nasal cannula and was on continuous monitoring for oxygen saturation while waiting for the Respiratory Therapist (RT) to set up the BIPAP. At 9:30 PM, the notes indicated Resident 1 had decreasing saturation level and continued with oxygen treatment. The nursing documentation did not specify how much oxygen was given nor the oxygen saturation. At 9:50 p.m. Resident 1 had .abrupt decreasing . of oxygen saturation and the paramedics were called. The Notes indicated Resident 1 was transferred to the GACH 2 at 10:10 pm. The notes indicated the primary physician was notified at 10:18 p.m. A review of the GACH 2 Emergency Documentation (ED) dated 2/11/2023 at 2:55 AM, indicated Resident 1 was brought in by ambulance due to shortness of breath and altered level of consciousness (ALOC, change from a person's usual state of being alert and aware). The ED Note indicated when the paramedics arrived at the facility (SNF), Resident 1 was on BiPAP with no oxygen supply and an oxygen saturation of 55%. Resident 1 was placed on non-rebreather mask and oxygen saturation increased to 100%. Resident 1 had no response to painful stimuli, was not moving extremities or following commands. The ED Note indicated on re-assessment Resident 1's mental status improved with eyes open and interacting. Resident 1 was admitted to the ICU for close monitoring. A review of the GACH 2 Discharge Summary dated 2/16/2023 at 11:01 PM, indicated Resident 1 remained stable in the ICU, receiving oxygen via nasal cannula during the day and BiPAP at night. The Discharge Summary indicated Resident 1 was discharged on [DATE] to another facility. During a telephone interview on 2/23/2023 at 11:18 AM, Registered Nurse Supervisor (RNS 1) stated Resident 1 was readmitted to the facility on [DATE] at around 5 p.m. RNS 1 stated Resident 1 was dependent on oxygen, and he called the RT within 10 to 15 minutes of Resident 1's arrival to set up the BiPAP. RNS 1 stated he placed Resident 1 on oxygen four liters by nasal cannula and continued monitoring Resident 1's oxygen saturation. At around 9:30 pm, RNS 1 stated Resident 1's oxygen saturation dropped to 75%. RNS 1 stated he increased the oxygen and Resident 1's oxygen saturation increased to 90%. RNS 1 stated the paramedics were called. During an interview on 3/9/2023, at 12:41 p.m. the Director of Nursing (DON) stated when Resident 1's oxygen saturation decreased, LVN 1 placed Resident 1 on BiPAP thinking that it would help Resident 1 before the paramedics arrive. The DON stated Resident 1 should have the non-rebreather mask instead, which would give a high flow of oxygen. The DON further stated the nursing documentation of what happened was not clear, as it lacks information such as Resident 1's alertness or responsiveness and did not show the whole picture of what happened. A review of the facility policy titled, Oxygen Administration, reviewed on 1/26/23 indicated after completing oxygen set-up or adjustment, the following information should be recorded in the resident's medical record: -The date and time that the procedure was performed -The name and title of the individual who performed the procedure -The rate of oxygen flow, route, and rationale -The frequency and duration of the treatment (continued on next page)

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F 0695 Level of Harm - Actual harm Residents Affected - Few	-The reason for prn administration -All assessment data obtained before, during and after the procedure -How resident tolerated the procedure. A review of the facility policy titled, First Aid Treatment, reviewed on 1/26/2023, indicated basic first aid intervention included (but is not limited to) interventions for the following situations which included choking and breathing emergencies. The policy indicated the goal of emergency intervention was to stabilize the resident and the situation until further treatment was available.