

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER ROYAL VISTA CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 909 W. SANTA ANITA AVE SAN GABRIEL, CA 91776	
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	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to follow the physician order [REDACTED]. This deficient practice had the potential for a decline in care due to not providing the required oxygen treatment to the residents. Findings: A review of Resident 1's Admission Record indicated the resident admitted to the facility on [DATE], with [DIAGNOSES REDACTED].). A review of Resident 1's Minimum Data Set (MDS), a standardized assessment and care-screening tool, dated 5/18/20, indicated Resident 1 had severe cognitive impairment and required total (requires staff to provide assistance) assist from staff for activities of daily living (ADLs, such as transferring, dressing, eating, personal hygiene, and toileting). A review of Resident 1's physician order [REDACTED]. A review of Resident 1's care plan titled, Desaturation (percentage of oxygen level in the blood dropping), dyspnea (difficulty breathing), and wheezing, dated 7/17/20, indicated to administered oxygen as ordered. On 7/20/20 at 2:39 p.m., during an observation and concurrent interview with a Licensed Vocational Nurse 1 (LVN 1), LVN 1 verified Resident 1 was in bed with oxygen flowing at a rate of 5 L/min via a NC. On 7/20/20 at 2:45 p.m., during an interview and concurrent record review with LVN 1, LVN 1 verified Resident 1's physician order, dated 5/29/20, indicated to administer oxygen at 2 to 4 L/min. LVN 1 stated that Resident 1 did not have an order to administer 5L/min of oxygen. LVN 1 stated Resident 1's oxygen saturation was currently at 98% and that she will call the resident's physician. A review of the facility's policy and procedure titled, Oxygen Administration dated 10/10, indicated in order to provide safe oxygen administration staff should follow the physician's orders [REDACTED].</p>		

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

TITLE

(X6) DATE

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.