STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055910	A. BUILDING _____ B. WING _____	**08/31/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
COUNTRY MANOR LA MESA HEALTHCARE CENTER	**5696 LAKE MURRAY BLVD LA MESA, CA 91942**

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 interview and record review, the facility failed to routinely clean a bi-pap machine (bilevel positive airway pressure: non-invasive therapy for people with irregular breathing when asleep, which supplies pressurized air into the airway) attachments (tubing, mask, headgear) for one of two residents (Resident 1), reviewed for respiratory care. This failure had the potential for Resident 1's bi-pap equipment to become a source for bacterial growth, which could result in [MEDICAL CONDITION] (lung) infections. Findings: Resident was admitted to the facility on [DATE], with diagnoses, which included obstructive sleep apnea (when the muscles in the throat relax, resulting in airway blockage while asleep), per the facility's Admission Record. An interview was conducted with Resident 1's Responsible Party (RP) on 7/14/20 at 10:23 A.M. The RP stated when Resident 1 was admitted to the facility, the RP supplied the facility with Resident 1's bi-pap machine, two filters and all the accessories needed. After Resident 1's hospital admission on 6/14/20, the RP went to the facility to retrieve the bi-pap machine and found it dirty, with no filter. The RP stated she felt the dirty machine might have contributed to Resident 1's hospital admission. Resident 1's clinical record was reviewed on 8/19/20: According to Resident 1's physician orders, dated 3/4/20, Wipe Bi-pap machine with soapy water using mild soap then air dry. Cleanse bi-pap tubing with soapy water and then rinse with distilled water. According to the facility's Clothing and Possessions for Resident 1, the bi-pap machine was released back to the RP on 6/18/20. An interview was conducted with License Nurse (LN) 1 on 8/19/20 at 10:53 A.M. LN 1 stated all residents with bi-pap machines and accessories were cleaned every Sunday during the day shifts or more often if needed. LN 1 stated the cleanings were documented in the resident's treatment administration record (TAR). LN 1 stated cleaning was important to keep the machines free of pathogens (organisms that can cause disease). LN 1 stated if a bi-pap cleaning was not documented in the TAR, then it was not done. An interview and record review was conducted with the Director of Nursing (DON) on 8/19/20 at 11:30 A.M. The DON states all bi-pap machine cleanings were performed every Sunday as a regular standard of practice. Once the cleaning was completed, the cleaning was documented in each resident's TAR. The DON reviewed Resident 1's TAR for frequency of bi-pap cleaning. No documented evidence of cleaning could be found since Resident 1's admission on 2/26/20. The DON stated if the bi-pap cleaning was not documented in the TAR, then you could not confirm it was completed. The DON stated regular cleaning was important to maintain the cleanliness of equipment. On 8/21/20 at 10:45 A.M., a follow-up interview was conducted with the DON. The DON stated LN 2 took the original phone order from the physician regarding Resident 1's bi-pap maintenance. The DON stated LN 2 never transferred the order into the TAR, so it was not listed for routine weekly cleaning. LN 2 was unavailable for an interview. According to the facility's policy titled, Cleaning and Disinfection of Resident-Care Items and Equipment, dated October 2009, Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected . b. Semi-critical items consist of items that may come in contact with mucous membranes, (e.g , respiratory therapy equipment). Such devices should be free from all microorganisms .are disinfected .

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.