

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER VALLEY WEST POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 1224 E STREET WILLIAMS, CA 95987	
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 0908 Level of harm - Potential for minimal harm Residents Affected - Some	<p>Keep all essential equipment working safely.</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 ensure that their oxygen concentrators (a device that concentrates the oxygen from the air and delivers it to the resident) filters were changed, cleaned, and maintained in a safe operating manner for one of four sampled resident rooms (room [ROOM NUMBER]-C) when the internal and external filter were covered with lint and spider webs. This had the potential of putting the residents at risk of not receiving an uninterrupted clean supply of oxygen, leading to the possible deterioration of their health condition. Findings: On 3/27/19 at 1:05 pm, during an interview, with the facility's Administrator, he indicated that the facility did not have a policy for maintaining, and changing the oxygen concentrators filters. During a concurrent observation, and interview, with Licensed Nurse (LN) 1 on 3/27/19 at 2:40 pm, the oxygen concentrator external filter in room [ROOM NUMBER]-C was observed to be covered with lint and dust, and the internal filter was covered with white lint and spider webs. There was no documentation on the unit that indicated when the filter was previously cleaned, or when it needed to be cleaned. LN 1 acknowledged the dirty oxygen concentrator filters, and stated that she thought that maintenance changed the two filters. LN 1 reported nursing night shift changes the oxygen concentrator tubing every five days, along with the humidifier bottle. On 3/27/19 at 3:20 pm, during an interview, with the Director of Nursing, she confirmed that the facility did not have a policy and procedure for maintaining, and changing the oxygen concentrators filters.</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.