STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055899	A. BUILDING _____ B. WING _____	**09/24/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ROYAL PALMS POST ACUTE	**630 W. BROADWAY GLENDALE, CA 91204**

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 observation, interview, and record review, the facility failed to ensure oxygen was provided to one of two sampled residents using oxygen (Resident 2) in accordance with the facility's policy and procedure by failing to ensure that there was an adequate amount of water in the humidifying jar (a bubble-type humidifier provides long-[MEDICATION NAME] moisture for utmost patient comfort during oxygen therapy) that the water bubbles as oxygen flowed through the bottle. This deficient practice had the potential to harm resident due to the drying effect of the oxygen on resident's respiratory tract which may result in airway damage. Findings: During a concurrent observation and interview, on 9/24/20, at 1:37 PM, Resident 2 was observed lying in bed, receiving oxygen on via a nasal cannula (flexible plastic tubing used to deliver oxygen into the nostrils) connected to a humidifying jar which was dated 9/16/20. The water level in the humidifying jar was more than half way empty and there were no bubbles in the humidifying jar. The Assistant Director of Nursing (ADON) stated, the oxygen humidifying jar must be changed every 7 days or as needed. The ADON confirmed, the oxygen humidifying jar for Resident 2 must be changed. A review of the facility's policy and procedure titled, Oxygen Administration revised October 2010, indicated, ensure that there was water in the humidifying jar and that the water level was high enough that the water bubbles as oxygen flows through.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Provide and implement an infection prevention and control program.** Based on observation, interview, and record review, the facility failed to provide a safe, sanitary environment to help prevent the spread of infection during the Coronavirus-19 (COVID-19, a respiratory illness that can spread from person to person) as indicated in the facility's policy and procedure by failing to: 1. Ensure that nasal cannula oxygen tubing (flexible plastic tubing used to deliver oxygen into the nostrils) was not touching the floor for one of two sampled resident using oxygen (Resident 1) . 2. Ensure that all staff worn face mask/face covering (protects the wearer's nose and mouth from contact with droplets, splashes and sprays that may contain germs) while in the facility in accordance with the facility's policy and procedures. 3. Ensure to properly discard face shield (made of clear plastic, that protects the mucous membranes of the eyes, nose, and mouth) in accordance with Center for Disease Control (CDC) guidelines. These deficient practices had the potential to spread infections to other residents, staff, and visitors. Findings: 1. During a concurrent observation and interview, on 9/24/20, at 1:42 PM, Resident 1 was observed lying in bed, receiving oxygen via a nasal cannula. Resident 1's oxygen tubing was observed touching the floor. The Assistant Director of Nursing (ADON) stated, she will ask the assigned nurse to change the oxygen tubing. During interview on 9/24/20, at 3:13 PM, the ADON stated, the oxygen tubing must be kept off from the floor to prevent contamination. 2. During a concurrent observation and interview, on 9/24/20, at 2:42 PM, Staff 1 was observed standing in the hallway in the yellow zone (this area is for the following residents: those who have been in close contact with known cases of COVID-19; newly admitted or readmitted residents; those who have symptoms of possible COVID-19 pending test results; and for residents with indeterminate tests) was not wearing any type of face mask. The ADON confirmed Staff 1 that was not wearing a mask. During interview on 9/24/20, at 3:04 PM, Staff 1 stated, she removed her face mask to relieve pressure on her right ear since it was hurting. A review of the facility's mitigation plan revised, 8/3/20, indicated, all staff will wear a mask while they are in the facility. A review of the facility's COVID- 19 infection control policy and procedure dated, 7/22/20, indicated, all staff need to wear at least a surgical mask at all time in the facility, even if not providing patient care. 3. During a concurrent observation and interview, on 9/24/20, at 2:44 PM, two face shields without any labels were observed on top of a bedside table located in the nurse's break room in red zone (this area is reserved for residents who were COVID-19 positive). The ADON stated, she was not sure who used the face shield or if they had been disinfected. The DON stated the red zone had not been used since August since there were no COVID- 19 positive residents. The ADON discarded the face shields. During an interview on 9/25/20, at 3:28 PM, the ADON confirmed that the facility follows the Center for Disease Control (CDC) guidelines on How to Safely Remove PPE (PPE refers to protective clothing, helmets, gloves, face shields, goggles, facemasks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness) which indicated, for face shield if the item was reusable, place in designated receptacle for reprocessing, otherwise, discard in a waste container.

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.