

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035262</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/17/2019</b>
NAME OF PROVIDER OF SUPPLIER <b>THE LINGENFELTER CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1099 SUNRISE AVENUE KINGMAN, AZ 86401</b>	
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 F 0695	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Few</b></p>	<p><b>Provide safe and appropriate respiratory care for a resident when needed.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, clinical record review, staff interviews, and policy review, the facility failed to ensure one sampled resident (#63) who needed respiratory care was provided such care, consistent with professional standards of practice. The deficient practice could result in respiratory complications. Findings include: Resident #63 was admitted to the facility on (MONTH) 1, (YEAR), with [DIAGNOSES REDACTED]. Review of the clinical record revealed a physician order [REDACTED]. Review of the care plan dated (MONTH) 14, 2019, revealed the resident had [MEDICAL CONDITION] and required oxygen continuously per physician order. Interventions included administering oxygen at 4 liters per minute continuously. Review of the quarterly Minimum Data Set assessment dated (MONTH) 20, 2019, revealed the resident's cognitive skills were moderately impaired for daily decision making. The assessment included the resident was receiving oxygen therapy and had shortness of breath or trouble breathing when sitting at rest. During an initial observation conducted of the resident on (MONTH) 15, 2019 at 9:35 a.m., the resident was observed to be sleeping in his bed without oxygen. The portable oxygen tank was on the back of the wheelchair which was by the foot of the bed about 4 feet away out of reach of the resident. The gauge on the portable oxygen was on OFF and the nasal cannula was not on the resident. An observation was conducted of the resident on (MONTH) 16, 2019 at 9:07 a.m. The resident was observed sleeping in the room with no oxygen on. The oxygen concentrator was observed on the other side of the bedside table with the nasal cannula coiled on top of the concentrator. During another observation conducted of the resident on (MONTH) 16, 2019 at 11:45 a.m., the resident was observed sitting in the dining room watching television without oxygen. No oxygen tank was observed in the green oxygen holder in the back of the wheelchair. An interview was conducted on (MONTH) 16, 2019 at 11:56 a.m. with a Licensed Practical Nurse (LPN/staff #154). The LPN stated that the portable oxygen tank was taken by a Certified Nursing Assistant because the tank was empty and needed replacing. Staff #154 stated that the oxygen tank should have been replaced when it was low instead of when it was empty because the resident is on continuous oxygen. The LPN stated that a physician's orders [REDACTED]. During an observation conducted on (MONTH) 16, 2019 at 12:06 p.m., the resident was observed receiving oxygen at 2 liters per minute via nasal cannula while sitting in his wheelchair in the dining room watching T.V. Following this observation, an interview was conducted with staff #154. The LPN stated that the rate of oxygen is incorrect that the resident is supposed to be receiving oxygen at 4 liters per minute. She also stated the oxygen should be administered as ordered by the physician. During an interview conducted with the Director of Nursing (DON/staff #13) on (MONTH) 17, 2019 at 1:16 p.m., the DON stated that oxygen therapy should be administered according to the physician's orders [REDACTED]. Review of the facility's policy regarding Oxygen Administration revealed oxygen therapy is administered as ordered by the physician.</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.