

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2025
NAME OF PROVIDER OR SUPPLIER Saint Anthony Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1205 N 14th St Lafayette, IN 47904	

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)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, interview and record review, the facility failed to ensure a physician's order for oxygen with an indication for use and the equipment setting for the flow rate was obtained for 1 of 1 resident reviewed for respiratory care. (Resident 47) Findings include: During an observation, on 9/15/25 at 11:00 a.m., Resident 47 was receiving oxygen via nasal cannula set at a flow rate of 2 liters per minute. During an observation, on 9/15/25 at 12:35 p.m., Resident 47 was receiving oxygen via nasal cannula set at a flow rate of 2 liters per minute. During an observation, on 9/16/25 at 9:47 a.m., Resident 47 was receiving oxygen via nasal cannula set at a flow rate of 2 liters per minute. The clinical record for Resident 47 was reviewed on 9/11/25 at 3:08 p.m. The diagnoses included, but were not limited to, diabetes, atrial fibrillation, macular degeneration, anxiety, chronic kidney disease stage 4, psychotic disorder with delusions, and dementia. There was no physician's order for the use of oxygen which included the equipment settings for the oxygen flow rate for Resident 47. During an interview, on 9/16/25 at 9:20 a.m., the Director of Nursing (DON) indicated a physician's order for the oxygen had not been transcribed. During an interview, on 9/16/25 at 9:54 a.m., RN 2 indicated when Resident 47 was readmitted from the hospital, the admitting nurse should have looked at the discharge orders from the hospital, compared them with the orders from the facility, and contacted the facility physician to change or add any new orders. A current facility policy, titled Medication Administration, dated 5/2021 and received from the DON on 9/16/25 at 9:20 a.m., indicated .Medications must be administered in accordance with the orders A current facility policy, titled Oxygen Administration, dated 8/2024 and received from the DON on 9/16/25 at 9:20 a.m., indicated .turn on the oxygen, start the flow of oxygen as ordered by the physician 31-47(a)(6)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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