

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185168	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/11/2024
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Monroe County Rehab and We		STREET ADDRESS, CITY, STATE, ZIP CODE 706 North Magnolia Street Tompkinsville, KY 42167	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of the facility's policy, it was determined the facility failed to ensure that two (Resident (R) 29 and R35) of four residents reviewed for respiratory services, out of 27 sampled residents, received respiratory care in a manner to prevent discomfort. R29 and R35, who received continuous oxygen therapy, did not consistently receive water/humidification services designed to prevent discomfort, including drying out of nasal passages.</p> <p>The findings included:</p> <p>Review of the facility's policy, titled Oxygen Administration Policy, revised 05/04/2024, revealed the facility staff would change the humidification bottle when changing the oxygen tubing monthly and as needed (PRN).</p> <p>1. Review of R35's Face Sheet revealed the resident was admitted to the facility on [DATE] with admitting diagnoses including chronic obstructive pulmonary disease (COPD), other seasonal allergic trinities, shortness of breath, unspecified chronic bronchitis, and emphysema.</p> <p>Review of R35's Quarterly Minimum Data Set (MDS), dated [DATE], revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15/15, which indicated intact cognition. Per the MDS, the resident received continuous oxygen.</p> <p>Review of R35's comprehensive care plan (CCP), dated 01/20/2020, revealed R35 was at risk for respiratory distress related to shortness of breath, increase in carbon dioxide levels above his normal limits, and a diagnosis of end stage COPD, with a goal to not exhibit signs of respiratory distress through the next review. Continued review of the CCP revealed R35 had interventions for administration of oxygen as ordered by the physician. The CCP did not include interventions related to humidification bottle changes.</p> <p>Review of R35's physician orders, dated April 2024, revealed R35 was on oxygen at 2 liters per minute (L/M) per nasal cannula (NC) continuous with titration up to 3L/M while walking. Continued review of physician orders revealed no information about the use of water/humidification during oxygen administration or the need for humidification bottle changes.</p> <p>Observation of R35 on 05/07/2024 at 9:18 AM revealed the resident was receiving oxygen at 3L per minute via NC while walking from his bathroom to his wheelchair. The humidification bottle on the resident's oxygen concentrator, which was dated 04/26/2024, was empty. Additional observation on 05/07/2024 at 11:35 AM revealed the resident was receiving oxygen at 3L per minute via NC while walking in his room. The humidification bottle, dated 04/26/2024 and attached to the oxygen concentrator, was</p> <p>(continued on next page)</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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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>still empty.</p> <p>Interview with R35 on 05/07/2024 at 9:20 AM, revealed the humidification bottle had been empty since this past Sunday. R35 stated he had requested the empty bottle to be changed on Sunday, but the nurses were really busy and didn't get to it. R35 stated he had asked again this morning, but it still had not been changed. R35 stated when the humidification bottle was empty, it causes my nose to dry out, which led to nasal irritation, such as a nosebleed.</p> <p>2. Review of R29's Face Sheet revealed the resident was admitted to the facility on [DATE] with admitting diagnoses including COPD with acute exacerbation, sleep apnea, and generalized anxiety disorder.</p> <p>Review of R29's Quarterly MDS, dated [DATE], revealed R29 had a BIMS score of 14/15, which indicated the resident was cognitively intact. Per the MDS, the resident was on continuous oxygen therapy.</p> <p>Review of R29's CCP, dated 10/03/2023, revealed the resident was at risk for complications related to COPD with a goal to not exhibit signs of respiratory distress through the next review. Per the CCP, R29 had interventions for administration of oxygen as ordered by the physician. Further review of the care plan revealed that it did not address the use of water/humidification during oxygen administration or the need for humidification bottle changes.</p> <p>Review of R29's physician orders, dated April 2024, revealed R29 had an order for oxygen at 3L/M via NC continuously. Continued review of R29's physician orders revealed no information about the use of water/humidification during oxygen administration or the need for humidification bottle changes.</p> <p>Observation on 05/07/2024 at 9:07 AM revealed R29 was receiving oxygen via NC at 3L/M. A humidification bottle, which was dated 04/26/2024 and was part of the oxygen therapy setup, was empty.</p> <p>An additional observation of R29 on 05/07/2024 at 11:45 AM revealed R29 was receiving oxygen at 3L via NC. The humidification bottle, dated 04/26/2024, was still empty.</p> <p>Interview with R29 on 05/07/2024 at 09:07 AM revealed the resident was aware the humidification bottle was empty as it dries my nose out. R29 stated that when her nose dried out, she would get some irritation and it made her uncomfortable.</p> <p>Interview with a family member of R29 (FM 29-1), on 05/07/2024 at 09:10 AM, revealed she had found the resident's humidification bottle empty on a couple of occasions in the past and her mother would tell her it irritated her nose.</p> <p>Interview with FM 29-2, on 05/07/2024 at 9:13 AM, revealed that she had noticed some blood on the oxygen tubing in the past, which she contributed to the dryness of her mother's nose from an empty humidification bottle on the oxygen concentrator.</p> <p>During interview with Registered Nurse (RN) 2 on 05/07/2024 at 11:50 AM, she stated the humidification bottles were to be changed out monthly. In addition, RN 2 stated the nursing staff should change the humidification bottles PRN whenever the bottle was empty, or the resident requested the bottle to be changed. RN2 stated all of her residents on continuous oxygen received oxygen with a humidification bottle, whose purpose was to ensure the resident's nares did not dry out, which would cause irritation. RN2 stated all nursing staff should be checking the humidification bottles to ensure they</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>were not empty during their routine rounds.</p> <p>During interview with MDS Nurse 1 on 05/10/2024 at 2:35 PM, she stated physician's orders for each resident should be placed on the CCP during the clinical meeting when the orders were reviewed. Continued interview revealed ancillary oxygen care orders, which included changing of the humidification bottle, should also be on the CCP. Further interview revealed that she was a regional nurse filling in for the facility's regular MDS Nurse and was unaware as to why this information was not on the care plan.</p> <p>During interview with the Director of Nursing (DON) on 05/10/2024 at 3:07 PM, he stated humidification bottles should be changed monthly, as well as PRN whenever needed before the next scheduled change. The DON stated his expectation was the nursing staff would change the humidification bottles whenever the bottles were empty. The DON stated the purpose of the humidification bottles was to keep resident's nasal passages from drying out, which could cause irritation for the residents.</p> <p>During interview with the Administrator on 05/10/2024 at 3:27 PM she stated her clinical team handled all the oxygen concerns and would update her as necessary. The Administrator would not state what her expectations were in this regard and repeated that her clinical team handled all clinical issues in the building.</p>		