STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045271	A. Building B. Wing	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Ridge Health and Rehabilitation	501 Hudson St El Dorado, AR 71730

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. Number of residents sampled: Number of residents cited: Based on record reviews, observations, interviews, and facility policy review the facility failed to ensure oxygen was administered at the flow rate ordered by the Physician to reduce the potential for respiratory complications for one (Resident #74) of one resident reviewed. The findings include: Review of Resident #74's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/14/2026, revealed Resident #74 had diagnoses which included chronic obstructive pulmonary disease (COPD) [disease of the lungs with damaged or inflamed airways and air sacs making it difficult to breathe], respiratory failure and sleep apnea. The MDS revealed that the resident had a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #74 was cognitively intact. The MDS also revealed Resident #74 could transfer, ambulate 10 feet and propel in a wheelchair independently. The MDS also indicated Resident #74 received oxygen therapy. Review of an Order Summary Report dated 03/18/2026, revealed Resident #74 had a Physician's Order for oxygen as needed for shortness of breath at two liters per minute per nasal cannula with a start date of 07/15/2025. The Order Summary Report also indicated Resident #74 had an order to check pulse oximetry (ox) every shift with a start date of 07/15/2025. Review of Resident #74's Care Plan with a revised date of 01/07/2026, revealed Resident #74 had altered respiratory status/difficulty breathing related to COPD. The Care Plan included interventions to administer medications/puffers as ordered with a goal indicating the residents pulse oximetry would remain above 90%. The Care Plan did not indicate Resident #74 was able to, or been known to, adjust the oxygen flow rate independently. Review of Resident #74's March 2026 Medication Administration Record (MAR) did not indicate the resident had used oxygen and did not show any pulse oximeter results. Review of Nurse's Progress Notes for Resident #74 from 02/01/2026 to 03/19/2026, revealed no documentation that Resident #74 had previously adjusted the oxygen flow rate themselves. During an observation and concurrent interview on 03/16/2026 at 12:23 PM, Resident #74 was observed lying on the bed with oxygen in use at a rate of four liters per minute by nasal cannula. Resident #74 stated they wore oxygen all the time. (continued on next page)

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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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and concurrent interview on 03/17/2026 at 9:14 AM, Resident #74 was observed sitting up in bed with oxygen in use at a rate of four liters per minute by nasal cannula. Resident #74 stated they used oxygen all the time except when they went out to smoke. The resident was asked if she puts the oxygen on herself and she stated she did. This surveyor asked Resident #74 if the resident set the rate of oxygen themselves and Resident #74 stated, no I put it on, but it is already set up for me. During an observation on 03/18/2026 at 12:00 PM and 03/19/2026 at 11:40 AM, Resident # 74 was in their room on the bed with oxygen in use at four liters per minute by nasal cannula. During an interview on 03/19/2026 at 11:46 AM, Licensed Practical Nurse (LPN) #1 observed Resident #74's oxygen flow rate and indicated to the surveyor that it was set at four liters per minute. LPN #1 indicated Resident #74 used oxygen all the time and that all the nurses were responsible for routinely checking the oxygen flow rate. LPN #1 stated the rate should be checked every shift. LPN #1 was asked what the Physicians Order indicated Resident #74's oxygen flow rate should be set at. After reviewing the electronic record LPN #1 stated it should be set at two liters. LPN #1 was asked if Resident #74 changed the oxygen flow rate themselves and she stated the resident puts the oxygen on and takes it off, but she was not aware that the resident alters the rate. LPN #1 stated that she needed to correct the flow rate because Physicians Orders were very important and should be followed. During an interview on 03/19/2026 at 11:57 AM, LPN #2 indicated the nurse was responsible for ensuring the oxygen was set at the correct flow rate and the flow rate should be checked whenever the nurse goes in to see the resident. LPN #2 stated, when residents were on oxygen continuously the resident's oxygen saturation was checked every shift and the nurse should check the rate when she was checking the residents' oxygen saturation. LPN #2 indicated Physicians Orders regarding oxygen flow rate should be followed to ensure that the resident does not get too much oxygen and to make sure they get enough oxygen. During an interview on 03/19/2026 at 12:02 PM, the Director of Nursing (DON) indicated Resident #74 used oxygen on an as needed basis when they were in their room and the resident would take it off when they went out to smoke. The DON was asked what Resident #74 oxygen flow rate should be set at and after looking at the electronic record the DON stated the oxygen flow rate should be set at two liters as needed. This Surveyor asked the DON who was responsible for ensuring oxygen was set at the correct flow rate and the DON indicated the nurses should be checking the flow rate. The DON stated, It is especially important when residents are taking their oxygen on and off. The residents that take their oxygen off or adjust it should be checked multiple times per day. The DON was asked if Resident #74 adjusted their own oxygen flow rate and the DON stated the resident turns it on and off, but she had not seen the resident adjust the flow rate. The DON was informed that during the surveyor's observations of the resident the oxygen flow rate had been set at four liters per minute and the DON stated, she would have to investigate to see if the resident was adjusting it, but it was not Care Planned for the resident to self-administer the oxygen. The DON stated, I will be looking into it, interviewing and watching, but I will go now and ensure it is on the correct rate. The DON was asked for a policy on oxygen use. Review of a facility policy titled, Oxygen Administration with a revised date of October 2010, indicated that the purpose of this procedure is to provide safe guidelines for oxygen administration. The staff should verify there is a physician's order for oxygen and adjust the oxygen delivery device so that the proper flow of oxygen is being delivered. After completing the oxygen set up the oxygen flow rate, (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	route, and residents' tolerance of procedure should be documented in the resident's medical record. Review of the American Association for Respiratory Care Clinical Practice Guidelines for use of Oxygen in the Home and Alternative Site Health Care Facility such as Skilled Care Facilities or Extended Care Facilities indicated oxygen is a medical gas and should only be administered in accordance with doctor's orders. Measurements of baseline oxygen tension and/or saturation is essential before oxygen therapy is begun and these measurements should be repeated when clinically indicated or to follow the course of the disease as determined by the attending physician. There is a potential in patients with chronic obstructive pulmonary disease that oxygen administration may lead to respiratory problems due to altered carbon dioxide levels in the blood.