

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/27/2025
NAME OF PROVIDER OR SUPPLIER Notre Dame Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 76 West Rocks Road Norwalk, CT 06851	

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 review of the clinical record, facility documentation, facility policy, and interviews for one (1) of three (3) residents (Resident #1) reviewed for respiratory care, the facility failed to obtain a physician's order for oxygen administration in a timely manner. The findings include:</p> <p>Resident #1 had diagnoses that included chronic obstructive pulmonary disease, chronic respiratory failure with hypoxia, atrial fibrillation, shortness of breath, and dependence on supplemental oxygen.</p> <p>The nursing admission evaluation dated 4/29/2025 at 8:42 P.M. by Registered Nurse (RN) #1 identified that Resident #1 was alert, answered questions readily, and had quick comprehension. RN #1 identified Resident #1 was continent of bowel and bladder, used the toilet, required one person assistance for transfer, ambulation, personal hygiene, and limited assistance with dressing.</p> <p>The care plan dated 4/30/2025 identified Resident #1 has impaired gas exchange due to chronic obstructive pulmonary disease and respiratory failure with interventions that directed to evaluate pulse oximetry, evaluate capillary refill, educate resident/representative regarding energy conservation techniques, evaluate respiratory rate and effort, evaluate skin color, monitor for changes in respiratory rate or shallow breathing, and administer oxygen as prescribed or per standing order.</p> <p>Review of a undated care card identified Resident #1 required oxygen at 6 liters as needed.</p> <p>A nurse's note dated 4/30/2025 at 1:53 A.M. by RN #1 identified Resident #1 as dependent on oxygen. RN #1 identified that Resident #1 required oxygen at 6 to 7 liters while at rest and 8 to 10 liters with ambulation.</p> <p>The admission history and physical note dated 5/1/2025 by MD #1 identified Resident #1 had severe emphysema and required 5 to 6 liters of oxygen via nasal cannula at rest and up to 7 liters with exertion.</p> <p>A nurse's note dated 5/1/2025 at 2:49 P.M. by Licensed Practical Nurse (LPN) #1 identified that Resident #1 was on oxygen therapy and was receiving 6 liters of oxygen via nasal cannula.</p> <p>A nurse's note dated 5/2/2025 at 2:01 P.M. by LPN #1 identified Resident #1 was on oxygen at 6 liters via nasal cannula.</p> <p>A nurse's note dated 5/4/2025 at 1:13 P.M. by the Director of Nurses identified Resident #1 is on continuous oxygen at 6 liters via nasal cannula.</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>A nurse's note dated 5/5/2025 at 2:28 P.M. by LPN #1 identified that Resident #1 continues with oxygen at 6 liters via nasal cannula.</p> <p>A physician's order dated 5/6/2025 (8 days after Resident #1 was administered continuous oxygen) at 10:48 A.M. directed to administer oxygen at 5 to 6 liters as needed for shortness of breath.</p> <p>Interview and clinical record review with the DNS on 5/27/2025 at 12:55 P.M identified upon admission Resident #1 did not have an order for oxygen and that there should be a physician's order for oxygen when oxygen is administered. The DNS indicated on 5/6/2025 while reviewing Resident #1's clinical record she noted Resident #1 did not have an order for oxygen, so she obtained the verbal order from MD #1. The DNS identified that RN #1 should have obtained a verbal order when Resident #1 was admitted to the facility.</p> <p>Review of the facility oxygen administration policy dated 5/7/2009 identified only licensed staff are to administer oxygen by adjusting the liter flow as prescribed by the physician.</p>