| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 105172 | A. Building<br>B. Wing | 05/21/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Fountain Manor Health & Rehabilitation Center | 390 NE 135th St<br>North Miami, FL 33161 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe and appropriate respiratory care for a resident when needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure oxygen therapy was delivered as prescribed for three Residents (Resident #19, Resident # 28, and Resident #98) out of 16 residents receiving oxygen therapy. As evidenced by the Residents' oxygen concentrators were not delivering the oxygen at the prescribed flow rate. There were 134 residents residing in the facility at the time of the survey. The findings included.Resident #19During an observation on 05/18/2026 at 8:04 AM Resident #19 was in bed awake, oxygen (02) running at 1.5 liters Per Minute (LPM) via nasal Canula (NC), no distress noted.Observations on 05/19/2026 at 9:09 AM Resident#19 was observed sitting up in bed and on 05/20/2026 at 7:27 AM Resident # 19 was in bed with eyes closed and 02 via NC running at 2 LPM, no distress noted.On 05/19/2026 at 9:09 AM, Resident #19 was observed sitting upright in bed. On 05/20/2026 at 7:27 AM, the resident was noted to be in bed with eyes closed. During both observations, oxygen was being administered via nasal cannula at 2 LPM, with no signs of distress observed. Review Resident #19's medical records revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses included but not limited to: Acute respiratory failure with hypoxia, and Chronic Obstructive Pulmonary Disease. Review of the Physician's Orders Sheet for May 2026 revealed Resident #19 had orders that included but not limited to: Oxygen at 2 liters per minute (LPM) via Nasal Canula (NC) as needed for shortness of breath. Record review of Resident # 19 's Significant Change Minimum Data Set (MDS) dated [DATE] documented in Section C for Cognitive Patterns a Brief Interview for Mental Status (BIMS) score 15 on a 1-15 scale indicating the resident is cognitively intact. Section GG for Functional Abilities documented the resident is dependent for care. Section J for Health Conditions documented shortness of breath or trouble breathing when lying flat. Section O for Special Treatments and Procedures documented the resident is receiving oxygen therapy.Record review of Resident #19 's Care Plans Reference Date 02/02/26 revealed: The Resident has Pulmonary Condition diagnosis of respiratory failure, pneumonia, Chronic Obstructive Pulmonary Disease, asthma and has Potential for Difficulty Breathing, history of trach removed 2/3/2026, and allergic rhinitis. Interventions include- Oxygen via NC as ordered, observe for any changes or signs/symptoms of Breathing difficulty such as shortness of breath (SOB) Cough (productive and non-productive) fever chills, difficulty speaking, observe and report any changes in respiratory status to physician for further Interventions.Resident #28Observations on 05/18/2026 at 8:56 AM revealed Resident #28 in bed awake, 02 running at 2 LPM via NC, no distress noted. On 05/19/2026 in the AM Resident #28 in bed awake, family member in the room, 02 running at 2 LPM via NC, no distress noted. Review of Resident #28's medical records revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses included but not limited to: Acute respiratory failure with hypoxia. Resident #28 was discharged on 05/19/2026. Review of the Physician's Orders Sheet for May 2026 revealed Resident #28 had orders that included but not limited to: Oxygen at 3 LPM via NC, titrate to 5 L to keep a saturation above 93%.Record review of Resident # 28 's admission Minimum Data Set (MDS) dated [DATE] revealed: Section C for Cognitive Patterns documented Brief Interview for Mental Status Score (BIMS) unable to determine. Section GG for Functional Abilities documented the resident is dependent for care. Section J for Health Conditions documented Shortness of breath or<br>(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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | trouble breathing when lying flat. Section O for Special Treatments and Procedures documented the resident is receiving oxygen therapy, Suctioning and Tracheostomy care.Record review of Resident #28 's Care Plans Reference Date 04/30/2026 revealed the resident has Pulmonary Condition diagnosis and has Potential for Difficulty Breathing. Interventions include- Oxygen at 3 LPM via nasal cannula, titrate to 5L to keep a saturation above 93%. Observe and report any changes in respiratory status to physician for further interventions. Observe for any changes or signs/symptoms of breathing difficulty such as SOB cough (productive and Nnon-productive) fever chills, difficulty speaking.Resident # 98Observation on 05/18/2026 at 7:54 AM revealed Resident # 98 in bed awake and on 05/19/2026 at 9:07 AM Resident #98 was in bed with eyes closed; during both observations 02 via NC was running at 2.5 LPM.Observation on 05/20/2026 at 7:40 AM revealed Resident # 98 in bed asleep with 02 via NC running at 2.5 LPM. Review of Resident #98's medical records revealed the resident was admitted to the facility on [DATE] and readmitted on [DATE]. Clinical diagnoses included but not limited to: Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris Review of the Physician's Orders Sheet for May 2026 revealed Resident #98 had orders that included but not limited to: Oxygen at 2 LPM via NC as needed for Shortness of Breath. Record review of Resident # 98 's admission Minimum Data Set (MDS) dated [DATE] revealed: Section C for Cognitive Patterns documented Brief Interview for Mental Status Score (BIMS) unable to determine. Section GG for Functional Abilities documented the resident is dependent for care. Section J for Health Conditions documented Shortness of breath or trouble breathing when lying flat. Section O for Special Treatments and Procedures documented no special treatments received. Record review of Resident #98 's Care Plans Reference Date 05/04/26 revealed: The resident has Potential for Difficulty Breathing, anemia, hypokalemia. Interventions include- Administer respiratory treatment/nebulizer per doctor's order. O2 via NC as Ordered, observe for any changes or signs/symptoms of breathing difficulty such as SOB, Cough (Productive and Non-Productive) fever chills, difficulty speaking. Interview on 05/20/2026 at 9:45 AM Staff A, Registered Nurse stated: For residents on oxygen therapy, during our shift we check the vital signs and verify the physician orders are the same as the oxygen flow rate running on the concentrators. Interview on 05/20/2026 at 9:54 AM Staff B, Licensed Practical Nurse (LPN) stated: During my shift I verify the residents on prescribed oxygen therapy have the correct flow rate set on their concentrators based on their orders. Review of the facility policy and procedure titled Oxygen Administration revision date October 2010 states: The purpose of this procedure is to provide guidelines for safe oxygen administration. Preparation-verify that there is a physician's order for this procedure. Review the physician's order or facility protocol for oxygen administration. |