Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105563	A. Building B. Wing	07/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Centre Pointe Health and Rehab Center	2255 Centerville Road Tallahassee, FL 32308

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43857 Based on observation, record review, interview and facility policy review, the facility failed to procure physician's orders for 1 of 3 residents reviewed for Continuous Positive Airway Pressure (CPAP) use. (Resident #1) The findings include: On 7/1/24 at 10:42 AM, an observation was conducted inside Resident #1's room. The resident had a CPAP machine on night stand. A review of Resident #1's medical record was conducted. This review indicated the resident was readmitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary disease and sleep apnea. The resident's active physician's order did not include a CPAP machine. Further review of the physician's orders revealed an order discontinued on 5/16/24 that stated CPAP at night with settings at 10/15 MM with heated humidification, nose mask, or full face mask, apply at bedtime and remove in am. The resident's care plan indicated interventions included CPAP settings at night with settings at 10/15 MM with heated humidification, nose mask, or full-face mask, apply at bedtime and remove in am. On 7/1/24 at 3:30 PM, an interview was conducted with Director of Nursing (DON). The DON stated she would expect someone who was care planned for CPAP to have a physician's order. The DON reviewed Resident #1's physician's orders and verified there was no active orders for a CPAP. A review of facility's policy Continuous Positive Airway Pressure, dated 2017, was conducted. Policy stated procedure: verify physician's order, order should include level of CPAP, frequency of use, oxygen liter flow if applicable and route of administration. The policy further stated record in medication of treatment record.

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