STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105813	A. Building B. Wing	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Ridge Nursing Center	730 College Street Jacksonville, FL 32204

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. Based on observations, interviews and record reviews, the facility failed to ensure that residents who needed respiratory care were provided such care, consistent with professional standards of practice, for three (Residents #54, #39 and #87) of three residents reviewed for oxygen therapy. All three residents were observed receiving oxygen at flow rates not prescribed by their physicians. The findings include:1.On 03/17/26 at 9:15 AM, Resident #54 was observed wearing a nasal cannula (NC) connected to an oxygen (O2) concentrator with the flow rate set at 1.75 liters per minute (LPM). (Photographic evidence obtained) The resident was asked if she adjusted her O2 concentrator flow rate and she replied, I don't touch that. On 03/17/26 at 11:40 AM, another observation was made of Resident #54 wearing a NC connected to an O2 concentrator with the flow rate set at 1.5 LPM. (Photographic evidence obtained)A review of Resident #54's medical record revealed an admission date of 04/04/25 with diagnoses including solitary pulmonary nodule, dementia, psychotic disturbance, mood disturbance, anxiety, diastolic (congestive) heart failure, and chronic respiratory failure with hypoxia.A review of Resident #54's active physician's orders revealed an order for O2 at 2L-4L via NC, every shift related to chronic respiratory failure with hypoxia. The had a start date of 05/16/25. Another order dated 05/16/25, noted a change from as needed oxygen administration to continuous oxygen administration due to frequent episodes of shortness of breath/dyspnea with exertion.A review of Resident #54's active care plan, created on 04/04/25, revealed a focus area noting the resident was diagnosed with emphysema/COPD (chronic obstructive pulmonary disease). The goal included that the resident would display an optimal breathing pattern daily through the next review date. Interventions included instructions to administer oxygen therapy as ordered by the resident's physician. 2. On 03/16/26 at 10:41 AM, Resident #39 was observed wearing a NC attached to an O2 concentrator with the flow rate set at 1.5 LPM. (Photographic evidence obtained) The resident's spouse stated Resident #39 had severe dementia and could not respond to questions. The spouse explained that the resident was not mentally or physically capable of adjusting the O2 concentrator flow rate.On 03/17/26 at 9:13 AM, another observation was made of Resident #39 wearing a NC attached to an O2 concentrator with the flow rate set at 1.5 LPM. (Photographic evidence obtained)A review of Resident #39's medical record revealed an admission date of 08/21/23 with diagnoses including dementia, psychotic disturbance, mood disturbance, anxiety, shortness of breath, pneumonia, need for assistance with personal care, acute upper respiratory infection, and acute and chronic respiratory failure. A review of Resident #39's active physician's orders revealed an order for O2 at 2L-4L via NC continuously, every shift. The order started on 05/09/25. A review of Resident #39's annual MDS assessment, dated 02/19/26, revealed that the resident had impairment in both upper and lower body extremities on both sides and was dependent in all areas of mobility. A review of Resident #39's active care plan revealed a focus area noting that the resident had altered respiratory status related to a history of difficulty breathing, SOB (shortness of breath) and wheezing. The goal included that the resident would have no signs or symptoms (s/sx) of poor oxygen absorption; the resident will maintain a normal breathing pattern as evidenced by normal respirations, normal skin color, and regular respiratory rate/pattern, and have no complications related to SOB though the next review date. Care plan interventions instructions included the administration of (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(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	medication/inhalers/bronchodilators/nebulizer treatments as ordered; monitor for effectiveness and side effects; and provide oxygen as ordered. 3. On 03/16/26 at 10:38 AM, Resident #87 was observed wearing a NC attached to an O2 concentrator with the O2 flow rate set at 1.5 LPM. (Photographic evidence obtained) The resident was not interviewable.On 03/17/26 at 9:17 AM, another observation was made of Resident #87 wearing a NC attached to an O2 concentrator with the flow rate set at 1.5 LPM. (Photographic evidence obtained) A review of Resident #87's medical record revealed an admission date of 12/10/26 with diagnoses including encephalopathy, Alzheimer's disease, chronic obstructive pulmonary disease (COPD), mood disorder, dementia, psychotic disturbance, mood disturbance, and anxiety, and congestive heart failure (CHF). A review of Resident #87's active physician's orders revealed an order for O2 at 2-4 LPM via NC continuously, every shift. The order had a start date of 02/26/26. During an interview on 02/18/26 at 1:03 PM, Licensed Practical Nurse (LPN) B described her process to ensure residents received oxygen at the ordered flow rates. At the start of her shift, she checked physicians' orders for all residents receiving O2. She went to her assigned resident rooms, checked the O2 concentrator settings and documented them in the medication administration record (MAR). She stated she checked O2 saturation levels once or twice during her shift. She checked O2 concentrator settings during her rounds. LPN B was asked to review O2 orders for her assigned residents, (#39 and #54). After her review, she reported that both residents had orders for O2 at 2-4 LPM via NC. LPN B was shown the photographs of the O2 concentrator flow rate for Resident #39 and she stated, The flow rate is 1.5 LPM. LPN B was shown photographs of the O2 concentrator flow rate for Resident #54, and she stated, The flow rate is 1.5 LPM. During an interview on 03/18/26 at 1:17 PM, LPN C stated she was assigned to Resident #87. She explained that her process of O2 administration included checking residents' O2 orders and matching them to the O2 concentrator flow rate. She stated her process to ensure that the O2 flow rates were accurate included her assessment of the resident's O2 saturation levels. Any saturation level below 95 was to be reported to the resident's physician. LPN C was asked to review Resident #87's O2 order. After review, she noted the order was for administration of O2 at 2-4 LPM via NC. During an Interview on 03/19/26 at 2:00 PM, the Director of Nursing (DON) explained that the process to ensure nursing staff were administering oxygen at the appropriate flow rates included following doctors' orders, monitoring for hypoxia, SOB and O2 saturation. If a resident's O2 saturation was below 90, the nurse was instructed to reach out to the provider and inform them of the change. A review of the facility's policy titled Oxygen Administration (Implemented on 12/01/22), revealed: Policy Explanation and Compliance Guidelines -. 4. The resident's care while receiving oxygen will include their assessment, orders, and specialized care plan needs, such as, but not limited to . d. Monitoring of SpO2 (oxygen saturation) levels daily, starting at the lowest rate ordered and adjusting to a higher ordered rate as needed to maintain saturation above 90%, unless otherwise stated in the physician's order.