STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115022	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The William Breman Jewish Home	3150 Howel Mill Road NW Atlanta, GA 30327

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** Based on observations, staff interviews, and review of the websites titled, Cozpalace.com and www.Thoracic.org, the facility failed to obtain a physician order for a CPAP (continuous positive airway pressure) unit, failed to properly label and store the CPAP supplies, and failed to document the nightly use of the CPAP unit for one of one resident (R) (R29), reviewed for CPAP use. Findings include:The facility failed to produce a policy related to the use of PAP (positive airway pressure) devices, including CPAP (continuous positive airway pressure) units.Review of the website titled, Thoracic.org, revealed distilled water should be used to humidify the pressurized air flowing through the CPAP unit.Review of the website titled, Cozpalace.com, revealed the shelf life of an opened container of distilled water for medical applications such as CPAP machines and nebulizers is one week. Review of the electronic medical record (EMR) revealed R29 was admitted with diagnoses to include, but not limited to, unspecified sleep apnea (periods of cessation of breathing during sleep).Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. Section GG, Functional Abilities and Goals: independent for eating; dependent for all other ADL (activities of daily living) care. The assessment was not coded for CPAP use.Review of the Care Plan revealed the following focus concerns:a. related to communication problem related to language barrier (Spanish)b. altered respiratory status/difficulty breathing related to sleep apnea. The goal was compliance with CPAP device at bedtime. The interventions were assist with applying CPAP mask at bedtime, clean CPAP mask with wipes in the am provided by family per their preference, clean CPAP weekly per manufacturer guidelines, and fill CPAP machine with distilled water before applying mask. The focus concerns, goals, and interventions were all initiated on 03/26/2026. There were no physician orders related to CPAP. Observation of R29 on 06/08/2026 at 12:27 PM revealed she did not speak English and that Spanish was her native language. Continued observation of her room revealed a CPAP unit and a half-full jug of distilled water, undated, on the nightstand, and the CPAP equipment/supplies were unbagged and undated. Subsequent observations on 06/10/2026 at 2:15 PM and 06/11/26 at 9:20 AM revealed the CPAP mask and the undated distilled water remained on the table with the CPAP supplies unbagged and undated.In an observation and interview with Licensed Practical Nurse (LPN) GG on 06/11/2026 at 2:00 PM, he confirmed that the CPAP equipment was unbagged and unlabeled and the opened jug of distilled water was undated when opened. He confirmed that respiratory supplies should be bagged and labeled when changed and that the distilled water should have been dated when opened and should not have been kept at room temperature for more than 72 hours before discarding. In a follow-up interview with LPN GG on 06/11/2026 at 4:00 PM, he confirmed there was no documentation of CPAP supply changes because there was no physician's order for the unit which her family supplied. He stated that he or other staff sometimes assisted R29 with applying her CPAP mask, but other times she applied it herself without assistance. In an interview with the Director of Nursing (DON) on 06/11/2026 at 4:30 PM, she stated that the CPAP unit should have had a physician order, should have been documented when in use, and the CPAP mask should have been bagged and labeled with the date of setup or change out. In addition, the distilled (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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(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	water should have been dated when opened. Finally, she confirmed that the facility did not have a policy related to CPAP use.