

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115603	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Warm Springs Medical Center Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 5995 Spring Street Warm Springs, GA 31830	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52214</p> <p>Based on observations, resident and staff interviews, record reviews, and review of the facility's policy titled, Oxygen Administration, the facility failed to follow physician's orders for oxygen (O2) for one of 18 residents (R) (R18) with physician's orders for O2. This deficient practice had the potential to place R18 at risk of respiratory complications.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Oxygen Administration, dated 7/22/2024, revealed the Policy section stated, Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the resident's goals and preferences. The Policy Explanation and Compliance Guidelines section included, Oxygen is administered under orders of a physician, except in the case of an emergency. In such case, oxygen is administered and orders for oxygen are obtained as soon as practicable when the situation is under control.</p> <p>Review of R18's electronic medical record (EMR) revealed diagnoses including, but not limited to, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and hypoxemia.</p> <p>Review of R18's Quarterly Minimum Data Set (MDS) dated [DATE] revealed Section O (Special Treatments, Procedures, and Programs) documented the resident received O2.</p> <p>Review of R18's care plan revealed a Problem last reviewed 11/13/2024 of Resident has hypoxia and shortness of breath related to respiratory disease history of COVID-19, pneumonia, COPD, and CHF. The Approaches included administering O2 at 2 liters per minute (LPM) via nasal cannula (NC).</p> <p>Review of R18's Physician's Orders revealed an order dated 3/17/2025 for O2 at 2 liters per minute via a NC, continuous.</p> <p>Observations on 3/25/2025 at 9:36 am, 3/26/2025 at 10:36 am, and 3/27/2025 at 9:11 am revealed R18 lying in bed receiving O2 via an NC. Observations of the O2 concentrator revealed the flow rate was set at 1.25 LPM at all observations.</p> <p>Review of R18's medication administration record (MARS) revealed documentation that the O2 was administered as ordered.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115603	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Warm Springs Medical Center Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 5995 Spring Street Warm Springs, GA 31830	
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>In a concurrent observation and interview on 3/27/2025 at 9:11 am, Licensed Practical Nurse (LPN) BB verified that R18's O2 flow rate setting was a little over 1 LPM. LPN BB confirmed R18's O2 order was for 2 LPM and adjusted the flow rate.</p> <p>In an interview on 3/27/2025 at 4:03 pm, the Director of Nursing (DON) stated that nurses manage the O2 settings and document once a shift that the settings were checked.</p>		