STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185473	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thomson-Hood Veterans Center	100 Veterans Drive Wilmore, KY 40390

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 observation, interview, record review, and review of the facility's policy, the facility failed to ensure residents receiving respiratory care were provided services in accordance with physician orders for 1 of 2 residents reviewed for respiratory care, Resident (R) 144. Observation on 05/04/2026, 05/05/2026, and 05/06/2026 revealed R144 was receiving oxygen via nasal cannula at five liters per minute (LPM) instead of the physician ordered four LPM. This failure had the potential to place the resident at risk for complications related to improper oxygen administration.The findings include:Review of the facility's policy titled, Oxygen Monitoring/Changing of O2 Tanks, revised on 06/26/2024, revealed it stated, Residents who have chronic or acute symptoms of hypoxemia or hypoxia, i.e. shortness of breath or who are experiencing respiratory distress will be provided oxygen therapy as ordered by their Medical Provider. The policy further revealed, The oxygen tubing will be changed every week or when soiled with the tubing dated and initialed by nursing staff. Continued review revealed, If a humidifier is used it will be changed when empty or weekly, whichever comes first and labeled with resident's name, date opened and liters/minute. Review of R144's Face Sheet revealed the facility admitted the resident on 09/04/2025 with diagnoses that included chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), and ischemic cardiomyopathy. Review of R144's Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 03/11/2026, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 15 out of 15, which indicated the resident was cognitively intact. Review of R144's Care Plan, dated 09/04/2025, revealed an intervention to administer oxygen therapy as ordered by the physician.Review of R144's Physician Orders, dated 09/04/2025, revealed an order for oxygen administration at four LPM via nasal cannula. Observation on 05/04/2026 at 10:26 AM revealed R144 receiving oxygen at five LPM via nasal cannula. The oxygen tubing was not labeled or dated, and the humidification bottle was also not labeled or dated. Observation on 05/05/2026 at 10:28 AM revealed R144 receiving oxygen at five LPM via nasal cannula. The oxygen tubing was not labeled or dated, and the humidification bottle was also not labeled or dated. Observation on 05/06/2026 at 10:25 AM revealed R144 receiving oxygen at five LPM via nasal cannula. The oxygen tubing was not labeled or dated, and the humidification bottle was also not labeled or dated and was empty. In an interview on 05/06/2026 at 10:28 AM with Licensed Practical Nurse (LPN) 3, she stated nursing staff was responsible for checking and changing oxygen humidification and tubing. She stated both were to be changed weekly or as needed, whichever occurred first and were to be labeled. LPN3 stated nursing staff verified residents' oxygen requirements by reviewing the Medication Administration Record (MAR) or the Treatment Administration Record (TAR) in the medical record. When asked what R144's oxygen should be set at, LPN3 stated, Three liters. Review of MAR/TAR documentation revealed an active physician order for oxygen at four LPM. LPN3 was then asked to verify the oxygen regulator setting for R144, which was observed to be set at five LPM. In an interview on 05/06/2026 at 10:49 AM with the Unit Manager (UM) of the Roosevelt Unit, she stated nursing staff was to check residents' oxygen, including tubing and humidification, every shift. The UM stated nursing staff was expected to follow physician's orders concerning medication administration. The UM stated it was important to ensure that the correct amount of oxygen was given to residents. In an interview on (continued on next page)

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

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	05/06/2026 at 1:35 PM with the Director of Nursing (DON), she stated staff was expected to follow physician's orders, particularly those related to oxygen administration. She stated it was important to follow physician's orders to ensure residents were not over-oxygenated or under-oxygenated and to maintain resident safety and proper care. In an interview on 05/07/2026 at 10:18 AM with the Administrator, he stated it was his expectation staff read and followed all physician's orders, including oxygen administration. He stated, It is important to maintain the health of the resident.