STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265868	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Columbia Post Acute	3535 Berrywood Drive Columbia, MO 65201

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 - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed to obtain physician ordered settings for Continuous Positive Airway Pressure (CPAP) machine (non-invasive mechanical ventilation device) for three residents (Residents #66, #22 and #30) of three sampled residents who required the use of a CPAP. The facility census was 62.1. Review of the facility's policy titled CPAP/Bi-level positive airway pressure (BiPAP), non-invasive mechanical ventilation machine, Support, dated March 2015, showed staff to document the following in the resident's medical record: -Time CPAP started and duration; -Mode and settings for CPAP; -How resident tolerates CPAP therapy; -Oxygen saturation during CPAP therapy. Review of the facility's policy titled Medication and Treatment Orders, dated July 2016, showed orders for medications must include: -Start and stop date, or specific duration of therapy; -Dosage and frequency of administration; -Route of administration. 2. Review of Resident #66's admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 04/02/26, showed staff assessed the resident as: -Intact cognition; -Did not require CPAP; -admitted [DATE]; -Required continuous Oxygen; -Diagnoses of Chronic Obstructive Pulmonary Disease ((COPD) lung disease that makes it hard to breathe), Respiratory Failure, Acute and Chronic Respiratory Failure with Hypoxia (worsening of (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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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	breathing), Acute and Chronic Respiratory Failure with Hypercapnia (a sudden worsening of ventilation) and Sleep Apnea (disorder where breathing repeatedly stops and starts during sleep). Review of the resident's care plan, dated 04/21/26, showed the care plan did not contain use of CPAP, or settings of the CPAP. Review of the resident's Physician Order Sheet (POS), dated May 2026, showed a physician order directed staff to use home settings for CPAP therapy for sleep apnea. Review showed the POS did not contain settings for CPAP use. The POS did not contain an order for the oxygen amount to be used for the CPAP machine. Observation on 05/04/26 at 10:38 A.M., showed the resident CPAP machine on the nightstand, by the bed. The resident oxygen concentrator in the bathroom, with green oxygen tubing running from the oxygen concentrator into the side of CPAP machine. Observation on 05/07/26 at 9:00 A.M., showed the resident CPAP machine on his/her nightstand, by the bed. The resident oxygen concentrator in the bathroom, with green oxygen tubing running from the oxygen concentrator into the side of CPAP machine. During an interview on 05/07/26 at 9:03 A.M., the resident said staff help him/her put the CPAP mask on at night. The resident said he/she does have oxygen that goes from his/her oxygen concentrator to his/her CPAP machine. 3. Review of Resident #22's admission MDS, dated [DATE], showed staff assessed the resident with mild cognitive impairment and required CPAP. Review of the resident's POS, dated May 2026, showed an order for CPAP at bedtime for sleep apnea. Review showed the orders did not contain CPAP settings. Review of the resident's care plan, dated 05/05/26, showed the care plan did not contain direction for CPAP use. Observation on 05/04/26 at 11:15 A.M., showed the resident's CPAP on the nightstand. The CPAP mask had white debris throughout. During an interview on 05/05/26 at 9:26 A.M., the resident said he/she uses his/her CPAP when he/she is not nauseous. Observation on 05/05/26 at 9:36 A.M., showed the resident's CPAP on his/her nightstand. The CPAP mask had white debris throughout and is not in a bag. Observation on 05/06/26 at 9:09 A.M., showed the resident's CPAP on his/her nightstand. During an interview on 05/07/26 at 9:15 A.M., Registered Nuse (RN) K said CPAP orders should include instructions on how to use, when to apply, and to check water level. He/She said the resident has been wearing his/her CPAP at night. He/She said he/she does not mess with the settings, and they are not required in orders. He/She said if there was a hard reset of the equipment or the settings were not the same, he/she would call his/her supervisor and/or the provider. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Review of Resident #30's admission MDS, dated [DATE], showed staff assessed the resident cognitive and did not require a CPAP. Review of the resident's care plan, dated 04/12/26, showed staff documented resident required a CPAP due to sleep apnea. Review of the resident's POS, dated May 2026, showed a physician order for CPAP at bedtime for Sleep Apnea. Did not contain settings for CPAP use. Observation on 05/04/26 at 11:29 A.M., showed the resident in his/her room, in bed. The resident had a CPAP machine on his/her nightstand. Observation on 05/06/26 at 8:46 A.M., showed the resident had a CPAP machine on his/her nightstand. During an interview on 05/07/26 at 10:55 A.M., the resident said he/she had the CPAP machine for a long time before coming to the facility. He/She said he/she does not know what the settings are, he/she just turns it on at night and puts the mask on. 5. During an interview on 05/07/26 at 11:18 A.M., the Director of Nursing (DON) said the evening staff assist the residents with applying their CPAPs at night. The DON said staff don't mess with the CPAP machine, the CPAP machines have the settings set before the machines arrive at the facility. The DON said he/she is aware the CPAP machines can be adjusted manually. The DON said he/she has not asked the nurses what they do to check the settings on the residents' CPAP machines. The DON said the residents' CPAP orders are in batch orders the Medical Director approves. The DON said he/she would expect the resident's CPAP settings to be in the Physicians Orders. The DON said if the resident has oxygen bleed in for CPAP, it should be identified on the POS. The DON said he/she is responsible for making sure the POS has those things, but he/she really doesn't look at all the orders. During an interview on 05/07/26 at 12:53 P.M., Stadium admission Nurse said he/she completes the admissions for the stadium side of the building, he/she gets the orders for new admissions and transcribes the orders to the POS. The Stadium admission Nurse said for residents with oxygen the flow rate must be in orders, if not he/she would have to call the discharging facility to get the order. The Stadium admission Nurse said he/she accepts the order for CPAP and the order should have pressure settings. The Stadium admission Nurse said facility staff recently discussed CPAPs and staff should be contacting the ordering agency and getting those setting. The Stadium admission Nurse said the residents' POS does not have the settings but should. The Stadium admission Nurse said technically the CPAPs need to come to the facility with pressure settings, as it could be considered invasive, if something is being placed into the body with pressure. The Stadium admission Nurse said the nurses should put the CPAPs on the residents at night and check the seal and pressure and should be checking the settings. The Stadium admission Nurse said he/she does not know what the facility's policy on CPAPs says. The Stadium admission Nurse said the residents' POS should have oxygen bleed in for the CPAP and it should be documented on the POS. The Stadium admission Nurse said he/she is responsible to ensure those settings are in orders upon admission.