

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Shawnee Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2535 Fort Amanda Road Lima, OH 45804	
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** Based on record review, family interview, and staff interview, the facility failed to ensure a resident's Bilevel Positive Airway Pressure (BiPAP)/Continuous Positive Airway Pressure (CPAP) Continuous Positive Airway Pressure (CPAP) machine was being implemented per physician recommendations and care plan. This affected one (Resident #1) of three residents reviewed for the use of CPAP machines. The facility census was 129. Findings include: Review of the medical record for Resident #1 revealed the resident was admitted to the facility on [DATE] and discharged to another facility on 10/14/25. Diagnoses included congestive heart failure, obstructive sleep apnea, bronchiectasis, and chronic respiratory failure. The quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #1 had intact cognition and was receiving non-invasive oxygen therapy. The care plan dated 05/18/22 revealed Resident #1 was at risk for altered respiratory status. Interventions include assist Resident #1 ensuring the BiPAP/CPAP mask was in place per order nightly. Review of Resident #1's physician orders dated 08/11/22 to 10/14/25, including discharge orders, revealed there was no physician order for the BiPAP/CPAP therapy machine. Per the order dated 05/04/24 the staff were ordered to cleanse the BiPAP mask weekly every Sunday. Resident #1's medical record including Treatment Administration Records (TAR), task worksheets, and nursing progress notes did not have evidence the BiPAP/CPAP was administered to Resident #1 every night as noted in the care plan. Interview on 02/26/26 at 11:50 A.M. with Resident #1's family representative revealed the resident did have an order upon admission to the facility for a CPAP machine. Per the family representative, the facility failed to ensure the resident was using the CPAP machine the physician's order. The family representative stated she was informed the resident was not always using the CPAP machine but was not told when the resident was refusing the therapy. Interview on 02/26/26 at 2:15 P.M. with the Administrator and the Director of Nursing (DON) verified Resident #1's medical records were lacking in documentation regarding the administration of the BiPAP/CPAP machine and verified there were no physician orders to administer it nightly but there should have been. This deficiency represents non-compliance under Complaint Number 2705837.</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
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