STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365702	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
O'Neill Healthcare Middleburg Heights	7250 Old Oak Blvd Middleburg Heights, OH 44130

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 record review, observation, interview and facility policy review, the facility failed to ensure oxygen tubing was dated for Residents #76 and #36. This affected two residents (#76 and #36) of five residents reviewed for oxygen therapy. The facility census was 65.Findings include:1. Review of Resident #76's medical record revealed an admission date of 11/28/25 with diagnoses of acute respiratory failure with hypoxia and hypertensive heart disease. Review of a physician's order dated 11/28/25 revealed Resident #76 was ordered oxygen at two liters/minute via nasal cannula continuously, and the oxygen tubing was to be changed weekly on Sunday.Observation on 12/01/25 at 12:45 P.M. revealed Resident #76's oxygen tubing was not dated. Interview with Licensed Practical Nurse (LPN) #579 on 12/01/25 at 12:50 P.M. confirmed Resident #76's oxygen tubing was not dated.Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 06 out of 15, indicating impaired cognition. The MDS also revealed Resident #76 required maximum assistance to total care with all activities of daily living (ADL) but was able to feed herself. Review of the current care plan for altered respiratory status/difficulty revealed Resident #76 was at risk for decreased cardiac output related to acute respiratory failure with hypoxia and hypertensive heart disease. Interventions included oxygen therapy per physician order. 2. Review of Resident #36's medical record revealed an admission date of 09/09/25 with diagnoses of congestive heart failure (CHF), hypoxemia, and chronic obstructive pulmonary disease (COPD). Review of the quarterly MDS assessment dated [DATE] a BIMS score of 14 out of 15, indicating intact cognition. Resident #36 required substantial/maximum assistance with showering and bathing, moderate/maximum assistance with dressing, and supervision with oral hygiene. Review of the current care plan for altered respiratory status/difficulty revealed Resident #36 was at risk for decreased cardiac output related to CHF. Interventions included oxygen therapy per physician order. Review of the physician order originally dated 10/07/25 revealed oxygen tubing was to be changed weekly every night shift every Thursday, date and initial new tubing and replace bag for tubing. Observation on 12/01/25 at 3:59 P.M. revealed Resident #36's oxygen tubing was not dated. Interview with Registered Nurse (RN) #513 on 12/01/25 at 4:00 P.M. confirmed Resident #36's oxygen tubing was not dated. Review of the facility's undated policy titled Respiratory Therapy Equipment stated oxygen cannula and tubing would be changed as necessary.

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