STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366051	A. Building B. Wing	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Oaks Rehabilitation and Healthcare Center	3291 Northpointe Drive Zanesville, OH 43701

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 interview and record review the facility failed to complete respiratory assessments pre and post administration of a nebulizer (aerosol) breathing treatment. This affected one resident (#73) of three residents reviewed for respiratory care. The facility census was 71. Findings include: Review of Resident #73's closed medical record revealed an admission date of 04/05/26, a discharge date of 04/11/26. The resident had diagnoses including hypertensive heart disease with heart failure, non ST elevation myocardial infarction, cellulitis of abdominal wall, acute pulmonary edema, chronic diastolic (congestive) heart failure, depression, peripheral vascular disease, encounter for surgical aftercare following surgery on the digestive system, atrial fibrillation, and generalized anxiety disorder. Review of Resident #73's five day minimum data set (MDS) dated [DATE] revealed a brief interview for mental status score of 13 indicating the resident was cognitively intact. Further review of the MDS revealed the resident required partial/moderate assistance with bed mobility and transfers and requires substantial/maximal assistance for toileting hygiene. Review of Resident #73's physician's orders revealed an order dated 04/10/26 for ipratropium-albuterol solution 0.5-2.5(3) MG/3ML inhale orally every four hours as needed for shortness of breath or wheezing via nebulizer. Review of Resident #73's Medicare/HMO documentation dated 04/11/26 at 1:48 A.M. completed by Licensed Practical Nurse (LPN) # 249 revealed the resident's respiratory status was within normal limits at the time of the assessment. Review of Resident #73's medication administration record dated 04/11/26 revealed the resident received ipratropium-albuterol solution 0.5-2.5(3) MG/3ML inhale orally for complaints of shortness of breath at 12:43 P.M. Review of Resident #73's progress notes dated 04/11/26 at 2:05 P.M. written by LPN #242 revealed the resident complained of shortness of breath and the breathing treatment was not effective. Vital signs were blood pressure 119/81,temperature 98.7, pulse 81, respirations 24, and pulse oximetry (amount of oxygen in the blood normal is 95-100%) 94%. The resident's family was in to visit and the resident's grandson wanted the resident sent to the emergency room. Resident #73's medical provider was notified and requested a STAT chest x-ray be done. The grandson was updated and stated that he wanted the resident sent out. Resident #73's medical provider was updated and stated the resident could be sent out. Resident #73 was sent to the emergency room. Further review of Resident #73's medical record revealed no assessment (lung sounds, rate, rhythm, (continued on next page)

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

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(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	depth, effort of respirations and skin color, presence or absence of oxygen) of Resident #73's respiratory status prior to or after the breathing treatment administered on 04/11/26 at 12:43 P.M. Review of Resident #73's chest x-ray completed on 04/05/26 revealed the resident had pulmonary edema that had improved since the previous x-ray done on 04/03/26. Review of the chest x-ray completed on 04/11/26 revealed similar moderate pulmonary vascular congestion. Interview on 05/12/26 at 1:30 P.M. with the Administrator revealed her expectation is that the nurse would do a respiratory assessment prior to giving a breathing treatment including lung sounds, vital signs and pulse oximetry. The Administrator verified there was no documentation that a respiratory system assessment was completed for Resident #73 prior to or after she received her as needed breathing treatment on 04/11/26 at 12:43 P.M The Administrator further stated the facility had no specific policy for breathing treatments. This deficiency represents non-compliance investigated under Complaint Number 2989414.