

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2026
NAME OF PROVIDER OR SUPPLIER Smiths Mill Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 7320 Smiths Mill Road New Albany, OH 43054	
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 observation, staff interview, medical record review, and review of facility policy, the facility failed to change oxygen tubing as ordered by the physician and facility policy. This affected one (Resident #30) of two residents reviewed for oxygen services. The facility census was 49. Findings include: Review of Resident #30's medical record revealed an admission date of 11/22/25 and diagnoses included chronic obstructive pulmonary disease. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #30 was cognitively intact and received oxygen therapy. Review of Resident #30's physician orders dated 01/02/26 revealed an order to change oxygen tubing monthly. Observation on 04/27/26 at 10:22 A.M. revealed Resident #30's oxygen tubing was dated as last changed on January 20 (no year). Interview on 04/27/26 at 10:30 A.M. with Registered Nurse (RN) #159 confirmed Resident #30's oxygen tubing was dated as last changed on January 20 (no year) and should have been changed sooner. Review of the facility's policy titled 'Administration of Oxygen' effective 05/2018 revealed oxygen tubing should be changed monthly and as needed. This deficiency represents non-compliance investigated under Complaint Number 2989132.		

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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