

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Canterbury Place		STREET ADDRESS, CITY, STATE, ZIP CODE 310 Fisk Street Pittsburgh, PA 15201	

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** 50075</p> <p>Based on review of facility policy, observations, staff interviews, and clinical record review, it was determined that the facility failed to provide appropriate respiratory care for two of four residents (Resident R1 and R2).</p> <p>Findings include:</p> <p>Review of facility policy Respiratory Therapy dated 1/2/25, indicated the purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment. Change the oxygen nasal cannula (a medical device that provides supplemental oxygen to patients through two prongs inserted into the nostrils) every seven days, or as needed. Store the mask and plastic tubing from the nebulizer (small machine that turns liquid medicine into a mist that can be easily inhaled) in a plastic bag, marked with date and resident 's name, between uses.</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 3/20/25, indicated diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles), chronic obstructive pulmonary disease (COPD, a group of progressive lung disorders characterized by increasing breathlessness), and respiratory failure (occurs when the lungs can not properly exchange gases). MDS Section O-Special treatments, procedures and program C1 is marked, indicating oxygen therapy. Section G1 is marked, indicating BiPAP (Bi-level Positive Airway Pressure-a non-invasive ventilation method that uses pressurized air to assist in breathing).</p> <p>Review of a physician's active orders dated 4/28/25, indicated to administer oxygen at 2 liters per minute per nasal cannula. Change oxygen tubing every week.</p> <p>Review of a physican's active orders dated 4/28/25, indicated BiPAP with Oxygen at 2 liters per minute. Apply at bedtime and remove in the morning.</p> <p>During an observation on 4/29/25, at 10:30 a.m. Resident R1 was laying in her bed receiving two liters per minute of oxygen via nasal cannula. No date was present on the oxygen nasal cannula. Two BiPAP masks were laying on the bedside nightstand and failed to be stored in a bag, when not in use.</p> <p>(continued on next page)</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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(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>During an interview on 4/29/25, at 10:45 a.m. Licensed Practical Nurse (LPN) Employee E1 confirmed that no date was present on Resident R1's nasal cannula tubing and that two BiPAP mask were not properly stored in a bag.</p> <p>Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE].</p> <p>Review of Resident R2's MDS dated [DATE], indicated diagnoses of heart failure, high blood pressure, and dementia (a group of symptoms that affects memory, thinking and interferes with daily life). MDS Section O-Special treatments, procedures and program C1 is marked, indicating oxygen therapy.</p> <p>Review of a physician's active orders dated 7/31/24, indicated to administer oxygen via nasal cannula to maintain pulse ox (a non-invasive method used to measure the percentage of blood that is saturated with oxygen) greater than 90 percent. Change and date oxygen tubing weekly.</p> <p>Review of a physician's active order dated 3/30/25, indicated to administer Albuterol Sulfate (medication used in a nebulizer machine to help with breathing).</p> <p>During an observation on 4/29/25, at 10:47 a.m. Resident R2 was laying in her bed receiving two liters per minute of oxygen via nasal cannula. The oxygen tubing was dated 4/18/25. The nebulizer tubing failed to have a date on it, and the nebulizer mask was laying on the bedside nightstand and failed to be stored in a bag, when not in use.</p> <p>During an interview on 4/29/25, at 11:02 a.m. LPN Employee E1 confirmed that the oxygen tubing was not changed per physician order and that the resident's nebulizer was not properly stored in a bag.</p> <p>During an interview on 4/29/25, at 2:45 p.m. the Director of Nursing confirmed that the facility failed to provide appropriate respiratory care for two of two residents (Resident R1 and R2).</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 211.12(d)(1)(2)(3)(5) Nursing services</p>		