

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/12/2025
NAME OF PROVIDER OR SUPPLIER  Cornwall Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  Boyd Street Cornwall, PA 17016	

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>Based on facility policy review, clinical record review, observation, and staff interview it was determined that the facility failed to provide appropriate care for respiratory equipment for one of 18 sampled residents. (Resident 60)</p> <p>Findings include:</p> <p>Review of facility policy entitled, Oxygen Usage and Storage on Nursing Units, last reviewed on November 6, 2024, revealed that all respiratory therapy equipment was to be changed on a weekly basis.</p> <p>Clinical record review revealed that Resident 60 had diagnoses that included chronic respiratory failure with hypoxia (low oxygen level). On May 17, 2025 the physician ordered oxygen via nasal cannula at bedtime and as needed for labored breathing, dyspnea, and for comfort. On April 5, 2025, the physician ordered for staff to wipe down the concentrator, clean filters, replace humidification bottle, oxygen mask, nasal cannula, and plastic bags weekly on night shift and items should be marked with date of replacement. Observations on June 11, 2025, at 9:59 a.m. and on June 12, 2025, at 12:15 p.m., revealed that the oxygen tubing was dated May 25, 2025.</p> <p>In an interview on June 11, 2025, at 2:09 p.m., the Assistant Director of Nursing confirmed that the oxygen tubing should be changed weekly.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</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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