STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675394	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakwood Manor Nursing Home	225 S Main St Vidor, TX 77662

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 observations, interviews, and record review the facility failed to ensure that a resident who needed respiratory care, including tracheostomy care, was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents goals and preferences for one of two resident's (Resident #1) reviewed for respiratory care. The facility failed to obtain physician orders for Resident #1's continuous oxygen. The facility failed to ensure Resident #1's nasal cannula was changed when it was touching the carpet on the floor, and it was placed back on Resident #1. These failures could place residents at risk for respiratory infections, an incorrect amount of oxygen, and the risk of lung infections.Findings included: Record review of Resident #1's face sheet, dated 01/14/26, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included hypertension (high blood pressure), dehydration, and right femur fracture (thigh bone fracture). Record review of Resident #1's Comprehensive MDS assessment, dated 01/12/26, reflected Resident #1 had a BIMS of 03, which indicated he had severe cognitive impairment. The MDS did not reflect Resident #1 was on oxygen therapy while at the facility. Record review of Resident #1's Comprehensive Care Plan, date initiated 01/06/26, reflected there was no indication of Resident #1's need for oxygen therapy. Record review of Resident #1's Physician's Order summary report, dated 01/14/26, reflected no physician order for oxygen use. Record review of Resident #1's physician order summary report, dated 01/15/26, and after state surveyor intervention reflected Oxygen: Oxygen at 2 L per nasal cannula every shift. Active 01/15/2026. During observations on 01/14/26 at 01:15 p.m., 02:15 p.m., and 03:00 p.m. indicated Resident #1 was lying in bed. The oxygen nasal cannula had a date of 1/11/26. The oxygen nasal cannula was off, thrown over to the opposite side of his bedside table, and the two prongs that inserted into the resident's nostrils were touching the carpeted floor. The oxygen concentrator and the humidifier were on and set at 2 L. The resident was not interview able. During an observation on 01/15/26 at 08:09 a.m. Resident #1 was lying in bed. The oxygen nasal cannula was on and had the label dated 1/11/26. The oxygen concentrator and humidifier were on. The oxygen concentrator was set at 2 L. During an interview with LVN A on 01/15/26 at 09:38 a.m. LVN A had been Resident #1's nurse on 01/14/26 and 01/15/26. LVN A stated Resident #1 could have been admitted with oxygen or his oxygen decreased overnight and it was placed on the resident urgently. She stated, I don't know.on our click offs we check off oxygen for an order of oxygen. If there was an order, it would be in the electronic health record. A nurse might have received a verbal order and forgot to enter it into the electronic health record. She stated it could have been any nurse that missed the oxygen order. LVN A stated they have in-serviced on oxygen protocols. LVN A stated an example of what could have happened, was if the resident had COPD (Chronic Obstructive Pulmonary Disease) and the oxygen was set too high, the resident could have been over oxygenated. LVN A stated that if a nasal cannula was found on the ground, it should be replaced to prevent infection due to germs being on the (continued on next page)

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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	floor. During an interview with the DON on 01/15/26 at 10:11 a.m. she indicated oxygen should be administered according to physician orders. The DON stated the nurses were responsible to ensure orders were completed and the settings were correct for oxygen administration. She stated oxygen was a medication and was used for sustaining life. She stated if the nasal cannula was touching the floor it needed to be changed because that would be an infection control issue. The DON stated respiratory trainings were completed annually and as needed. The DON stated she had started an oxygen administration audit and related in-services. Record review of LVN A's certificate of completion, dated 09/09/2025, reflected LVN A had successfully completed training in oxygen delivery modalities, pulse oximetry, and nebulized delivery of medications. The check-off lists were included and had the same date. Record review of the facility's policy, Special Needs, dated 2025, reflected To address special needs, this facility will provide the necessary care and treatment, including medical and nursing care, consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. This policy pertains to the following needs: parental fluids, respiratory care, prosthesis, and dialysis. b. RNs and LPNs will participate in the management of medical conditions by following physician orders, assessment of residents, and reporting changes in condition to the resident's physician Record review of the facility's policy, Infection Prevention and Control Program, dated November 7, 2024, reflected The facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines.10. Equipment protocol: a. All reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with our current procedures governing the cleaning and sterilization of soiled or contaminated equipment