DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185275	A. BUILDING _____ B. WING _____	C 02/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROFESSIONAL CARE HEALTH & REHABILITATION CENTER	114 MCMURTRY AVE. HARTFORD, KY 42347

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An abbreviated survey (KY#15954) was conducted 02/21/11-02/25/11. Regulatory violations were cited related to the allegation.	F 000		
F 165 SS=D	483.10(f)(1) RIGHT TO VOICE GRIEVANCES WITHOUT REPRISAL A resident has a right to voice grievances without discrimination or reprisal. Such grievances include those with respect to treatment which has been furnished as well as that which has not been furnished. This REQUIREMENT is not met as evidenced by: Based on interviews and record review it was determined the facility failed to ensure one resident (#1), in the selected sample of eight, had a right to voice grievances without discrimination or reprisal. The facility failed to acknowledge the complaint/grievance and to actively work toward resolution of that complaint/grievance. Resident #1's family member voiced a grievance to the Administrator on 02/14/11 related to the resident not receiving oxygen (O2) appropriately; however, the facility spoke to the family about finding another place for the resident without acknowledging the grievance or thoroughly investigating the grievance to determine if the grievance was legitimate. Findings include: A review of the facility's grievance procedure (no date), revealed resident's have a right to register a complaint without threat of discharge or reprisal. Notify the Social Services Director, Charge Nurse, or the Director of Nursing who should be	F 165	Grievance procedure states to contact Social Services, charge nurse, or Director of Nursing who should be able to resolve the problem. If a solution is not reached the resident and/or family member or guardian may contact in person or in writing the Administrator of facility. Resident #1 is no longer a resident at facility. Residents will be advised of grievance procedure via special called resident counsel meeting by Social Services/Admissions Director on 3/15/11. Residents not in attendance will be advised personally by Social Services Director. Residents will be asked if they have any unresolved grievances. A mass mailing to family members or responsible party on "How to File a Grievance" will be distributed on 3/21/11. A copy of "How to File a Grievance" will be included in all new admissions. Daily communication sheets reviewed past 14 days for any unresolved grievances-none identified. Grievance procedure reviewed with Administrator, Director of Nursing, and Social Services by Social Service Director on 3/23/11.	4/1/11 ~~3/31/11~~

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Patricia D. Powell Administrator | TITLE | (X6) DATE: 3-31-11 ~~3-31-11~~

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.

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F 165	Continued From page 1 able to resolve your problems. If a solution is not reached after this action you may contact the Administrator. If none of the above steps resolve your problems you may take your grievance to the Long Term Ombudsman and Office of Inspector General. A record review revealed Resident #1 was admitted on 09/12/08 with diagnoses to include Chronic Airway Obstruction, Senile Dementia and Ischemic Heart Disease. Interviews with Resident #1's family members (to include the Power of Attorney) and the Administrator, on 02/18/11 at 1:50 PM and 02/22/11 at 9:00 AM respectively, revealed Resident #1's family met with the Administrator on 02/14/11 to voice a grievance about Resident #1's care and an incident regarding the resident's oxygen (O2) administration. The family members made the Administrator aware they had concerns with Resident #1 not receiving O2 since 02/12/11. Resident #1's daughter told the Administrator that she told the nurse on Saturday (02/12/11) that the humidifier bottle on the oxygen machine was almost empty. The daughter told the Administrator when she came in on 02/14/11 there was no oxygen coming through the oxygen tubing and the nurse found the cap still on the humidifier bottle. The Administrator informed the family that since the facility was unable to satisfy them related to Resident #1's care, the facility would be glad to assist the family to find other placement for the resident. The Administrator revealed she told the family that information because for the last two and one half years, the family complained about the care of the resident. She stated there was no investigation to determine if the family had a legitimate grievance	F 165	Staff reeducated on grievance procedure by posting grievance procedure in employee break room, posted at nurse's stations, and attached to communication sheets. Professional Care Health and Rehab also has grievance procedure and form in nursing policy and procedures books at nurse's stations. (See attached) All grievances will be reviewed by Administrator and Social Services Director to investigate and resolve. Grievances will be reviewed in Quality Assurance/Medical Director Meeting quarterly. The Quality Assurance Committee consists of Medical Director, Administrator, Director of Nursing, Social Service Director, and Medical Records Clerk/Secretary.	4-1-11 ~~3/31/11~~

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F 165	Continued From page 2	F 165		

at that time. The Administrator revealed she investigated the family's concerns after the conversation with the family. She asked the nurse what happened and looked at the oxygen machine. She stated she determined there was no issue with the oxygen because the nurse told her there was no humidifier bottle on the 02 machine when the nurse made rounds that morning. She stated she made no attempts to interview any other staff about the situation. She stated she had no further contact with the family about the oxygen.

An interview with Resident #1's daughter, on 02/22/11 at 9:00 AM, revealed she visited Resident #1 on 02/12/11 and informed the nurse the resident's humidifier bottle was getting low on water. She stated the nurse informed her they would monitor it. When she visited Resident #1 on 02/14/11, she noticed the resident seemed very confused and was hollering out which was not normal. She revealed the water in the humidifier on the oxygen machine was barely bubbling. She called out to the CMT on the hall. The CMT entered the room and she went to the desk and got the licensed nurse.

An interview with Registered Nurse (RN) #1 (works 11-7 AM), on 02/23/11 at 4:45 PM, revealed the second shift nurse asked her to monitor Resident #1's humidifier bottle because the saline was low on 02/13/11. She stated she changed the humidifier bottle out that night but does not remember noticing any problems with taking the cap off the humidifier bottle or if she checked to ensure O2 was going through the cannula. A review of an equipment sign out sheet revealed a humidifier bottle was signed out on 02/13/11 for Resident #1. She revealed no one

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F 165	Continued From page 3 from administration interviewed her about the incident. An interview with CMT #1, on 02/22/11 at 1:05 PM, revealed she was on the hall administering medications when Resident #1's daughter hollered for her. She stated when she entered the room Resident #1 was hollering out and was very confused. She revealed she had never observed Resident #1 act like that. She revealed she noticed the humidifier bottle on the oxygen machine was bloated out and the water was barely bubbling. She asked Resident #1's daughter to get the nurse. CMT #1 revealed no one from administration interviewed her about the incident. An interview with LPN #1, on 02/23/11 at 9:45 AM and 02/25/11 at 1:35 PM, revealed Resident #1's daughter came to the nurse's desk on 02/14/11 and asked her to look at Resident #1. She stated when she entered the room, Resident #1's cannula was laying in the resident's lap. She stated the resident was sitting up in bed at that time and was pleasantly confused. When she looked at the oxygen machine she noticed the water was barely bubbling. When she checked the humidifier bottle a piece of the cap was still covering the hole on the humidifier bottle. When she removed the cap, she noted that air escaped from the bottle. She stated she hooked the tubing back up to the bottle and the resident's O2 saturation at that time was 89% (normal 89%) without 02. She stated the oxygen was reapplied and when she checked the resident's 02 sat approximately five minutes later, the residents 02 sat was 95%. Further interview revealed the Administrator called back to the nurse's desk after the family talked to the Administrator and	F 165		

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F 165	Continued From page 4 asked her what happened. She stated she told the Administrator the cap had not been pulled off the humidifier bottle all the way which was obstructed the air from flowing through the nasal cannula. She told the Administrator she removed the partial cap and the oxygen was working fine.	F 165		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, it was determined the facility failed to provide care according to the care plan, for three residents (#2, #3 and #4), in the selected sample of eight. Observations revealed the facility failed to implement the care plan related to geri-legs for Resident #2, ankle protectors for Resident #3 and turning and repositioning every hour for Resident #4. Findings include: 1. A record review revealed Resident #3 was admitted to the facility with Congestive Heart Failure. A review of the quarterly MDS assessment, dated 02/15/11, revealed the resident had a Stage II pressure sore. A review of the Comprehensive Care Plan for potential for pressure sores and skin ulcer, dated	F 282	Care plan for Resident #2, Resident #3, and Resident #4 have been reviewed and updated to ensure that both are accurate and current by Director of Nursing. All residents identified with interventions for skin care will have care plans reviewed for accuracy and to ensure these are in place by Director of Nursing. An inservice for staff will be held on 3/21/11 and 3/23/11 by Director of Nursing. This inservice will address the proper use of resident care plans and State Registered Nursing Assistant Careplan and importance of intervention for skin care. Residents will be checked daily for one week, biweekly for one month, then weekly for one month to ensure that interventions for skin care are in place per care plan. The checks will be completed by the unit charge nurse and recorded for the Director of Nursing to review. Any noted problems will be addressed at the point of observation. Any ongoing problems will be referred to the Quality Assurance Committee for action.	3/25/11

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F 282	Continued From page 5 12/01/10 and 01/15/10, revealed an intervention to apply heel/ankle protectors bilaterally at all times. Observations on 02/21/11 at 2:35 PM, 4:35 PM and 5:40 PM and on 02/22/11 at 9:30 AM and 2:30 PM revealed the resident was up in his/her wheelchair with no ankle/heel protector on. Interviews with CNA #7 and CNA #8, on 02/21/11 at 6:15 PM and 6:20 PM respectively, revealed Resident #2 should have ankle/heel protectors on both ankles/feet at all times. They were unable to provide an explanation as to why the the protectors were not on the resident. 2. A record review revealed Resident #2 was admitted to the facility with diagnoses to include Congestive Heart Failure, Obesity and Senile Dementia. A review of the quarterly Minimum Data Set (MDS) assessment, dated 01/06/11, revealed there was no skin breakdown and skin protection was in place. A review of the Comprehensive Care Plan for pressure ulcer risk, dated 07/26/10, and the Certified Nurse Aide (CNA) care plan, dated 02/20/11, revealed an intervention to use geri-legs for both lateral extremities and may remove each shift for skin care. Observations on 02/21/11 at 2:40 PM, 4:35 PM and 6:30 PM and on 02/22/11 at 8:25 AM and 3:00 PM, revealed the resident had no geri-legs on. Interview with Resident #2 revealed he/she did not know why staff had not put the leggings on	F 282	The Quality Assurance Committee consists of Medical Director, Administrator, Director of Nursing, Social Service Director, and Medical Records Clerk/Secretary.	3/25/11

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F 282	Continued From page 6 his/her legs. Interviews with CNA #4 and CNA #5 on 02/23/11 at 12:20 PM, revealed the resident was supposed to wear geri legs at all times and staff could remove them for skin care. They were unable to provide an explanation as to why the geri-legs were not on the resident. 3. A record review revealed Resident #4 was admitted to the facility with diagnoses to include Senile Dementia and Diabetes Mellitus, Type II. A review of the quarterly MDS assessment, dated 12/15/10, revealed the resident required extensive assistance of two staff for bed mobility. A review of the Comprehensive Care Plan for skin ulcer, dated 07/02/10, and the 02/2011 CNA Care Plan, revealed an intervention to turn and reposition the resident every hour. Observations on 02/22/11 at 9:20 AM, 11:10 AM, 1:20 PM and 2:20 PM, revealed the resident was in a low bed laying flat on his/her back. Interviews with CNA #4 and CNA #6, on 02/22/11 at 2:25 PM and 2:30 PM respectively, revealed they were not aware Resident #4 was supposed to be turned and repositioned every hour. Interviews with LPN #3 and LPN #4, on 02/23/11 at 10:18 AM and 10:30 AM, revealed Resident #4 should be turned and repositioned every hour. They were unable to provide an explanation as to why they had not identified Resident #4 was not turned and repositioned every hour.	F 282		
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	F 314		

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F 314	Continued From page 7 Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, it was determined the facility failed to ensure that two residents (#3 and #4), in the selected sample of eight, who had a pressure sore received the necessary care and services to promote healing and prevent new sores from developing. The facility failed to ensure ankle/heel protectors were implemented for Resident #3 and failed to ensure Resident #4 was turned and repositioned every hour according to their comprehensive care plans. Findings include: / A review of the facility's skin care policy and procedure, (no date), revealed for residents who have decreased mobility, they will be turned and repositioned every two hours and as needed to prevent consistent pressure on one area, unless specified via physician order. Further review revealed it did not address specific interventions to prevent skin breakdown or for further skin breakdown to occur. 1. A record review revealed Resident #3 was	F 314	The policy and procedure of weekly skin assessment will continue. The treatment nurse or designated nurse will continue to monitor residents' skin on a weekly basis. All residents entering this facility will have a skin assessment upon admission, weekly, and at readmission. Care plans for Resident #2, Resident #3, and Resident #4 have been reviewed and updated to ensure that each is accurate and current by Director of Nursing. All residents identified with interventions for skin care will have care plan reviewed for accuracy by Director of Nursing to ensure interventions are in place. An inservice for nursing staff will be held on 3/21/11 and 3/23/11 by Director of Nursing. This inservice will address the correlation between the proper use of Comprehensive Care Plan and State Registered Nursing Assistant Care Plan. Residents will be checked for interventions daily for one week, bi-weekly for one month, then weekly for one month. This is to track and ensure that interventions are in place for skin care. The checks will be completed by the unit charge nurse and recorded for the Director of Nursing to review. Any noted problems will be addressed at the point of observation. Any ongoing problems will be referred to the Quality Assurance/ Medical Director quarterly.	3/25/11

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F 314	Continued From page 8 admitted to the facility on 01/08/07 with a diagnosis of Congestive Heart Failure. A review of the quarterly MDS assessment, dated 02/15/11, revealed the resident had a Stage II pressure sore. A review of the Comprehensive Care Plan for potential for pressure sores and a stage III pressure ulcer to the right ankle, dated 12/01/10 and 01/15/10, revealed an intervention to apply heel/ankle protectors bilaterally at all times. Observations on 02/21/11 at 2:35 PM, 4:35 PM and 5:40 PM and on 02/22/11 at 9:30 AM and 2:30 PM, revealed the resident was up in his/her wheelchair with no ankle/heel protector on. Observation of the wound to the right ankle on 02/22/11 at 11:10 AM revealed a stage III pressure ulcer to the right ankle measuring 0.3 centimeters (cm) by 0.3 cm. by less than 0.1 cm. The wound bed and edges were red with no drainage or signs and symptoms of infection. Interviews with CNA #7 and #8, on 02/21/11 at 6:15 PM and 6:20 PM, revealed Resident #2 should have ankle/heel protectors on both ankles/feet at all times. They were unable to provide an explanation as to why the the protectors were not on the resident. 2. A record review revealed Resident #4 was admitted to the facility with diagnoses to include Senile Dementia and Diabetes Mellitus, Type II. A review of the quarterly MDS assessment, dated 12/15/10, revealed the resident required extensive assistance of two staff for bed mobility	F 314	The Quality Assurance Committee consists of Medical Director, Administrator, Director of Nursing, Social Service Director, and Medical Records Clerk/Secretary.	3/25/11

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F 314	Continued From page 9 and had a stage II pressure sore. A review of the Comprehensive Care Plan, dated 07/02/10, and the 02/2011 CNA Care Plan revealed an intervention to turn and reposition the resident every hour. Observations on 02/22/11 at 9:20 AM, 11:10 AM, 1:20 PM and 2:20 PM, revealed the resident was in a low bed laying flat on his/her back. Interviews with CNA #4 and CNA #6, on 02/22/11 at 2:25 PM and 2:30 PM, revealed they were not aware Resident #4 was supposed to be turned and repositioned every hour. Interviews with LPN #3 and LPN #4, on 02/23/11 at 10:18 AM and 10:30 AM, revealed Resident #4 should be turned and repositioned every hour. They were unable to provide an explanation as to why they had not identified Resident #4 was not turned and repositioned every hour.	F 314		
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced	F 328	Residents receive respiratory care as directed by primary physician. All licensed staff receive respiratory training yearly. All licensed staff were retrained on 2/11/11. The respiratory certification inservice covers the following: • Delivery of Nebulizers • Evaluate appropriateness of respiratory care orders • Indications and goals for nebulizer treatments • Re-evaluation of nebs • Resident right guidelines • Assessment guidelines (pulse, respiration, lung sounds)	3/25/11

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F 328	Continued From page 10 by: Based on interviews and record review it was determined the facility failed to ensure one resident (#1), in the selected sample of eight, received the proper treatment for Respiratory Care. The facility failed to remove the cap completely from the humidifier bottle which obstructed the amount of oxygen that flowed through the O2 tubing. The facility failed to have a system in place to ensure the oxygen concentrators were functioned appropriately. Findings include: A review of the facility's policy and procedure for Oxygen, (no date), revealed there was no procedure that addressed ensuring a resident's oxygen concentrator was functioned appropriately and the resident received the appropriate amount of oxygen. A record review revealed Resident #1 was admitted to the facility on 09/12/08 with diagnoses to include Chronic Airway Obstruction, Congestive Heart Failure and Ischemic Heart Disease. A review of the physician's order, dated March 2011, revealed Resident #1 received O2 at two liters a minute. An interview with Resident #1's daughter, on 02/22/11 at 9:00 AM, revealed she visited her mother on 02/12/11 at approximately 3:30 PM and informed the nurse the resident's humidifier bottle was getting low on water. She stated the nurse told her they would monitor it. When she visited Resident #1 on 02/14/11 at approximately 9:00 AM, she noticed the resident seemed very	F 328	• Infection control guidelines • Equipment/Supplies • Resident education • Performing neb treatment • Documentation and careplan guidelines • O2 Delivery • Cannulas • Masks (medium & high concentration) • Venturi system • Humidification • Portable O2 • Turning portable on/off and troubleshooting • Concentrator • Turn concentrator on/off and maintenance/cleaning Respiratory flow sheets are completed to record lung sounds, respiratory rate, pattern, and skin color every shift. Resident #1 was receiving 02 at 2L/min. and her 02 saturation was 98% without any signs or symptoms of distress as evidenced by Resident #1 record on 2/14/11. The humidifier bottle recommended for oxygen at 4L per minute or higher. The humidifier is also used more for comfort if resident has dry oral cavities. Resident is no longer a resident at facility.	3/25/11

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PROFESSIONAL CARE HEALTH & REHABILITATION CENTER	114 MCMURTRY AVE. HARTFORD, KY 42347

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 328	Continued From page 11 confused and was hollering out which was not normal. She stated she observed the water in the humidifier on the oxygen machine was barely bubbling. She called for the CMT on the hall. She stated the CMT entered the room and the CMT told her to get the nurse. An interview with Registered Nurse (RN) #1 (works 11-7 AM), on 02/23/11 at 4:45 PM, revealed she recalled the second shift nurse asked her to monitor Resident #1's humidifier bottle because the saline was low, but she was not sure what day that occurred. She stated she changed the humidifier bottle out that night but does not remember noticing any problems with taking the cap off the humidifier bottle or if she checked to ensure O2 was flowing through the cannula. A review of an equipment sign out sheet revealed a humidifier bottle was signed out on 02/13/11 for Resident #1. An interview with CMT #1, on 02/22/11 at 1:05 PM, revealed she was on the hall administering medications when Resident #1's daughter hollered for her. She stated when she entered the room Resident #1 was hollering out and was very confused. She revealed she had not observed Resident #1 act like that. She revealed she noticed the humidifier bottle on the oxygen machine was bloated out and the water was barely bubbling. She told Resident #1's daughter to get the nurse. An interview with LPN #1, on 02/23/11 at 9:45 AM and 02/25/11 at 1:35 PM, revealed Resident #1's daughter came to the nurse's desk on 02/14/11 and asked her to look at Resident #1. She stated when she entered the room Resident #1's cannula was laying in the resident's lap. She	F 328	No other residents were affected. All residents receiving respiratory care more specifically oxygen have been assessed by Director of Nursing/designee to assure physician orders are up to date and whether humidification is necessary. Professional Care Health & Rehab will continue to use our current respiratory flow sheets for all residents, adding columns to document oxygen liters and O2 saturation daily. Teaching and training on "How to Use Revised Respiratory Flow Sheets" will be conducted by Director of Nursing with licensed staff during inservice on 3/21/11and 3/23/11. Oxygen and respiratory equipment company check all equipment including oxygen machine once a month while delivering and changing out tubing, etc. Nursing staff checks operation of machine when changing tubing, etc. weekly. When licensed staff utilize respiratory flow sheets recording lung sounds, respiratory rate, pattern, and skin color every shift, this form will be utilized to document oxygen saturation and oxygen liter per minute daily. The oxygen machines will be observed at this time (daily). Director of Nursing or designee will review respiratory flow sheets for all residents receiving oxygen at the end of each month and check for any problem. Any problems identified will be referred to Quality Assurance/ Medical Director Meeting quarterly. The Quality Assurance Committee consists of Medical Director, Administrator, Director of Nursing, Social Service Director, and Medical Records Clerk/Secretary.	3/25/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185275	A. BUILDING _____ B. WING _____	C 02/25/2011

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PROFESSIONAL CARE HEALTH & REHABILITATION CENTER	114 MCMURTRY AVE. HARTFORD, KY 42347

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F 328	Continued From page 12 stated the resident was sitting up in bed at that time and was pleasantly confused. She stated the daughter asked her if the resident had been without oxygen since 02/13/11. The nurse stated when she observed the oxygen machine she noticed the water was barely bubbling. When she checked the humidifier bottle a piece of the cap was still covering the hole on the humidifier bottle. When she removed the cap, she noted that air escaped from the bottle. She stated she hooked the tubing back up to the bottle and the resident's O2 saturation (sat.) at that time was 89% (normal 89%) without 02. She stated the oxygen was reapplied and when she checked the resident's 02 sat. approximately five minutes later, the residents 02 sat was 95%. The LPN revealed there was no system for staff to check the oxygen machine to ensure it worked appropriately and oxygen flowed at the appropriate rate. A review of the March 2011 Treatment Administration Record for Resident #1 revealed there was no indication the resident was to receive oxygen at two liters a minute. An interview with the Director of Nursing, on 02/25/11 at 2:05 PM, revealed the only thing in place to ensure oxygen equipment functioned appropriately and the right amount of oxygen was administered to the residents, was on a respiratory flow sheet. She stated the flow sheet was used to record the residents' lung sounds, respiratory rate and pattern and skin color every shift. She stated there was no ongoing systemto ensure the resident's oxygen concentrators functioned appropriately and supplied the right amount of oxygen.	F 328		