STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045435	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jamestown Nursing and Rehab, LLC	2001 Hampton Place Rogers, AR 72758

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 39316 Based on record review, observations, and interviews, the facility failed to ensure staff did not stand over residents while assisting with meal service to maintain and promote dignity for 1 (Resident #26) of 1 sampled resident. The findings are: A review of the Residents Rights, not dated, and part of the Admission Packet, indicated, This facility will promote and protect the rights of every individual resident. Each resident in this facility has the right to receive treatment without discrimination as to race, color, religion, sex, national origin, age, disability, or source of payment. Each resident has the right to be treated with consideration, respect and full recognition of dignity and individuality. A review of an Admission Record indicated the facility admitted Resident #26 with a diagnosis that included dementia. The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/15/2024, revealed Resident #26 had a Brief Interview for Mental Status (BIMS) score of 2, which indicated the resident had severe cognitive impairment. Resident required setup or clean-up assistance for eating. A review of Resident #26's Physician Orders, revealed an order, dated 12/07/2022, to admit to long term care secured unit related to dementia and elopement risk. A review of Resident #26's Care Plan, revised 02/17/2023, revealed the resident had an activity of daily living (ADL) self-care performance deficit related to dementia; with an intervention that included requiring limited assistance of one staff for eating; revised on 02/17/2023. On 06/10/2024 at 12:38 PM, Resident #26 was observed at the dining table on the secure unit during meal service. Certified Nursing Assistant (CNA) / Unit Manager stood to the right side of Resident #26 and gave Resident # 26 a bite of mechanical chicken with gravy. On 06/10/2024 at 12:42 PM, CNA / Unit Manager stood to the right side of Resident #26 and gave Resident #26 a drink of water. On 06/10/2024 at 12:48 PM, CNA / Unit Manager stood to the right side of Resident #26 and gave Resident #26 a bite of ice cream. CNA / Unit Manager then sat down and started assisting Resident #9. (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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/11/2024 at 3:31 PM, CNA / Unit Manager revealed during an interview that a resident's dignity was maintained while assisting residents during meal service, by encouraging the residents on what they can do, sit down next to them, use clothing protectors, and keep their hands and face clean, because they deserve to have that respect. On 06/12/2024 at 3:21 PM, the Assistant Director of Nursing (ADON) / Infection Control Preventionist (ICP) revealed during an interview that staff should sit at the eye level of the residents while assisting with meal service, so the resident doesn't feel inferior, and that it was a dignity issue. On 06/12/2024 at 3:54 PM, the Director of Nursing (DON) revealed during an interview that staff should sit eye level with the residents during meal service so the residents don't feel inferior. The DON was asked what the expectations were for staff regarding following the facilities policy and procedures and guidelines. The DON stated, They've got to follow them 100%, that's just the way it is.

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47916 Based on observation, record review, and interview the facility failed to ensure privacy was maintained for 2 (Resident #46, and #392) sampled residents due to personal health information left unattended in public areas. The findings are: 1. On 06/11/2024 at 10:00 AM, the Administrator provided a document titled Resident Rights documenting, . The Right to Privacy and Confidentiality, including the right to: .To know they are assured private and confidential treatment of all information contained in their medical records, including photographs, and that their consent, or the consent of their legal representative, is required for the release of information to persons not otherwise authorized to receive it . 2. Review of the Medical Diagnosis portion of Resident #46's electronic health record revealed diagnoses of cerebral edema, chronic kidney disease, and dementia. a. The Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/18/2024 indicated a Brief Interview for Mental Status (BIMS) score of 07 (0-7 suggest severe cognitive impairment) for Resident #46. b. On 06/12/2024 at 5:29 AM, the Surveyor walked down 600 Hall and observed an unattended medication cart resting against the wall with Resident #46's Medication Administration Record (MAR) pulled up and medications visible to passersby. c. On 06/12/2024 at 05:35 AM, Registered Nurse (RN) #6 approached and the Surveyor asked RN #6 if it was standard practice to leave the computer screen open and visible to people in the hallway. RN #6 told the Surveyor that yes, most the time he leaves the screen up, it will close itself off. When asked if there was any reason that RN would not want to expose resident information the Surveyor was told there was no reason not to leave it up, unless you don't want someone else to see what you are getting. 3. Review of the Medical Diagnosis portion of Resident #392's electronic health record revealed diagnoses of collapsed vertebra, spinal stenosis, and atrial fibrillation. a. The Admission MDS with an ARD of 05/26/2024 indicate a BIMS score of 15 (13-15 suggest cognitively intact) for Resident #392. b. On 06/12/2024 at 05:57 AM, the Surveyor walked down 600 Hall and observed an unattended medication cart with the screen open. Resident #392's picture was in view, and Hydrocodone was pulled up on the screen. RN #6 was observed coming out of room [ROOM NUMBER]. The Surveyor spoke with RN #6 and the nurse reiterated that the computer screen will turn itself off, and there was no reason not to leave it up unless you do not want someone else to see what you are getting. (continued on next page)

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. On 06/12/2024 at 11:48 AM, the Director of Nursing (DON) asked if leaving the computer screens open with resident information in public areas is standard practice. The DON confirmed that it is a Health Insurance Portability and Accountability Act (HIPAA) violation because anyone could read the residents personal information.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42016 Based on interviews, record review, and facility document review, it was determined the facility failed to coordinate with the state designated office to get evaluation of resident to ensure resident received designated services for 1 (Resident #44) of 2 resident reviewed for Preadmission Screening and Resident Review (PASARR). Findings include: A review of the [State Designated Professional Associates], letter dated 06/16/2023, indicated Resident #44, Has been approved for nursing home placement by OLTC (Office of Long-Term Care) and may enter nursing home of his/her choice. The letter instructed the facility, You must contact [State Designated Professional Associates] with the Client's admitted in order to receive your client's completed PASARR evaluation. A review of the Admission Record, indicated the facility admitted Resident #44 on 06/27/2023 with diagnoses that included schizophrenia and other recurrent depressive disorders. The Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/04/2023, revealed Resident # 44 had a Brief Interview for Mental Status (BIMS) score of 13 which indicated the resident was cognitively intact. Section I, Active Diagnoses, subtitle Psychiatric/Mood Disorder, included I5800 Depression and I6000 Schizophrenia. Section N Medications, N0410 Medications Received indicated in the last 7 days, resident received an antipsychotic 7 days, received an antidepressant 7 days, and received a hypnotic 7 days; N0450 Psychotic Medication Review, A. indicated resident received antipsychotics on a routine basis. A review of Resident # 44's Care plan, revised 09/27/2023, revealed the resident had the potential to be verbally aggressive related to the diagnosis of schizophrenia. Interventions included monitoring behaviors, Psychiatric/Psychogeriatric consult as indicated, and administering medications as ordered. The Care Plan with a revision date of 11/17/2023 revealed The resident uses psychotropic medications r/t (related to) schizophrenia, recurrent depressive disorders, pain. Interventions included discussing with physician and family ongoing need for medication and review of behaviors and interventions and alternate therapies attempted and their effectiveness. During an interview on 06/11/2024 at 3:03 PM, the Administrator was asked who was responsible for coordinating admissions ensuring PASARRs were completed. The Administrator stated the Admission Coordinator is responsible. During an interview on 06/11/2024 at 3:05 PM, the Admission Coordinator was asked if the State Designated Professional Associate was notified of the admitted for Resident # 44 as instructed in the letter. The Admission Coordinator was unable to respond, stating, I will check with the Administrator. The Admission Coordinator was asked if the completed PASARR was received, the Admission Coordinator was unable to respond, stating, I will check with the Administrator. (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/11/2024 at 3:22 PM, the Admission Coordinator stated, Notification to [State Designated Professional Associates] was not made with the admitted . The Admission Coordinator was asked what guidance is followed when admitting a resident and obtaining a PASARR. The Admission Coordinator stated, I will need to ask the Administrator. During an interview on 06/11/2024 at 4:04 PM, the LTC (Long Term Care) MDS was asked what guidance is followed when completing the MDS for residents. LTC MDS stated, I look at the MISC, (Referring to the Miscellaneous area in the Facility Computer Software Program used by the facility for documenting on residents.) tab and see if there has been a change in condition or if there is a PASARR. The LTC MDS was asked if Section A1500 of the admission MDS dated [DATE] is correct looking at the State Designated Professional Associates letter. LTC MDS stated, Based on what the MISC info contains, I am not able to accurately respond, and I have not seen that letter. The LTC MDS was asked what the RAI manual is used for, and responded if there are any questions that cannot be answered or if there is a new diagnosis code in the change of condition, we can look at it. When the surveyor asked if it contains guidance on completing A1500 or PASARR instructions, LTC MDS stated, No it does not have anything to do with the PASARR, I have looked. Surveyor asked the LTC MDS to look at the RAI Manual. The LTC MDS opened an electronic version of the RAI Manual on desktop computer. The screen opened immediately to A1500, without search. I never saw this before. I use my notes from the classes I have taken and I don't use the RAI. I do have the RAI manual book. It is here and there are some notes in it. LTC MDS was unable to respond to question regarding the State Designated Professional Associates letter or follow up of the letter. LTC MDS stated the admission process is done through another employee for PASARR. On 06/12/2024 at 07:51 AM, the LTC MDS provided a copy of the A1500 Preadmission Screening and Resident Review section of the RAI Version 3.0 Manual which indicates .All individuals who are admitted to a Medicaid nursing facility must have a Level I . PASARR, . Individuals who have or are suspected to have MI (mental illness) . may not be admitted to a Medicaid-certified nursing facility unless approved through Level II . PASRR determination. Those residents covered by Level II PASRR process may require certain care and services provided by the nursing home, and/or specialized services provide by the State . Planning of Care The Level II PASRR determination and the evaluation report specify services to be provide by the home and/or specialized services defined by the State .The services to be provided by the nursing home and /or specialized services provided by the State that are specified in the Level II PASRR determination and the evaluation report should be addressed I the plan of care .Steps for Assessment .2. Review the Level I PASRR .3. Review the PASRR report provided by the State if Level II screening was required .

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. 47916 Based on observation, record review, and interview the facility failed to ensure necessary services were provided in a timely manner to maintain good hygiene for 1 (Resident #21) sampled resident that was unable to carry out personal care without assistance. The findings are: 1. Review of the Medical Diagnosis portion of Resident #21's electronic health record revealed diagnoses of depressive disorders, bipolar disorder, and rheumatoid arthritis. a. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/09/2024 indicated a Brief Interview for Mental Status (BIMS) score of 15 (13-15 suggest cognitively intact). Section H indicated Resident #21 was occasionally incontinent of urine. b. A Care Plan, revised 04/12/2021, indicated Resident #21 had an activity of daily living self-care performance deficit related to arthritis, and required supervision/ setup help of 1 staff for toilet use. c. A Care Plan, revised 04/24/2023, indicated Resident #21 had functional bladder incontinence and instructed staff to clean the perineal area with each incontinence episode. c. On 06/10/2024 at 11:50 AM, the Surveyor smelled a urine odor in Resident #21's room. d. On 06/10/2024 at 12:10 AM, Resident #21 told the Surveyor they had been incontinent of urine and stated, I used to help change my linens, but with my bad knee and since I had pneumonia, I just cannot do it. Resident #21 stood up and removed a folded blanket covering a large wet and brown ring on the sheet covering the middle right side of the bed. Resident #21 reported calling for assistance earlier in the morning, and when housekeeping came by Resident #21 was told residents Certified Nursing Assistance (CNA)s would have to change the wet sheets today. e. On 06/10/2024 at 2:04 PM, while observing Resident #21's room CNA #5 walked in with clean linens. The Surveyor asked CNA #5 to describe Resident #21's sheets. It looks like where something was spilled or had an accident. Resident #21 told CNA #5 that nothing was spilled. CNA #5 confirmed the brown spot would be caused by the accident drying and said staff should round every two hours. The Surveyor asked why staff are expected to round every 2 hours. CNA #5 said it can cause skin breakdown and infection. Resident #21 said they had a rash in their perineal area right now and has been putting cream on it. f. On 06/11/2024 at 11:01 AM, the Administrator provided a policy titled Perineal/Incontinence Care that did not apply. g. On 06/12/2024 at 11:52 AM, while interviewing the Director of Nursing (DON) the surveyor asked how often staff are expected to round on residents. The DON told the Surveyor that staff was expected to check on residents and provide personal care every two hours and confirmed that if a resident is wet the peri-care should not be put off because it can cause skin breakdown, and infection. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	h. On 06/13/2024 at 08:16 AM, the CNA Coordinator provided course documentation for all employees for Care Academy, showing CNA #5 checked off on incontinent care on 05/22/2024.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39316 47916 Based on record review, observations, and interviews, the facility failed to ensure the residents environment was free from accidents and hazards to prevent possible ingestion and or injury for 2 (Resident #49 and #56) of 2 sampled residents; and failed to ensure chemicals and handheld razor blades were stored and contained properly; and failed to ensure a smoking assessment was obtained for 1 (Resident #295) of 1 sampled resident. The findings are: Review of the Resident Rights, no date, from the admission packet indicated, The facility will promote and protect the rights of every individual resident. In addition, each resident in this facility has the following rights: receive adequate and appropriate medical care, nursing care, protective and support services, and personal cleanliness in a safe and clean environment. A review of the Safety Data Sheet: Soothe & Cool Moisture Barrier Ointment, dated 05/30/2015, indicated, Causes eye irritation. May be harmful if swallowed. A review of the Safety Data Sheet: {brand name Germicidal Wipes}, dated February 18, 2019, revealed Avoid contact with eyes and skin. Avoid breathing vapors. Store locked up. Store in a well-ventilated place. 1. A review of an Admission Record indicated the facility admitted Resident #49 with diagnoses of muscle wasting and dementia. The Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/22/2024, revealed Resident #49 had a Brief Interview for Mental Status (BIMS) score of 5, which indicated the resident was severely cognitively impaired. A review of Resident #49's Physician Orders, for the month of 06/2024, revealed an order, dated 03/20/2024, to admit to secured neighborhood related to exit seeking. There was not an order noted for moisture barrier ointment. On 06/10/2024 at 1:51 PM, Resident #49 was lying in bed. A full tube of barrier moisture barrier ointment was observed on the armoire in Resident #49's room. No staff were present. On 06/11/2024 at 9:26 AM, Resident #49 was in bed. A full tube of moisture barrier ointment was observed on the armoire in Resident #49's room. No staff were present. On 06/12/2024 at 5:08 AM, Resident #49 was in bed. A full tube of moisture barrier ointment was observed on the armoire and unattended. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/12/2024 at 10:35 AM, Certified Nursing Assistant (CNA) #10 revealed during an interview that barrier moisture cream should be stored in the wound care cart. On 06/12/2024 at 10:46 AM, Licensed Practical Nurse (LPN) #8 revealed during an interview barrier moisture cream should be locked up in the treatment/wound cart when not in use. On 06/12/2024 at 11:52 AM, the Director of Nursing (DON) revealed during an interview that barrier moisture cream should be in the wound care cart because we don't want them (the residents) to access it. 2. A review of an Admission Record indicated the facility admitted Resident #56 with a diagnosis of Alzheimer's disease. The Quarterly MDS with an ARD of 05/09/2024 revealed Resident #56 had a BIMS score of 00, which indicated the resident had severe cognitive impairment. On 06/10/2024 at 12:22 PM, a container of germicidal disposable wipes was observed on Resident #56's bathroom counter. On 06/10/2024 at 1:44 PM, a container of germicidal disposable wipes was observed on Resident #56's bathroom counter. On 06/11/2024 at 9:29 AM, Resident #56 was lying in bed. A container of germicidal disposable wipes was observed in the bathroom on the counter. On 06/12/2024 at 5:11 AM, Resident # 56 was lying in bed. A container of germicidal disposable wipes observed in the bathroom on the counter. On 06/12/2024 at 10:35 AM, CNA #10 revealed during an interview the {brand name} germicidal wipes should be stored in a locked storage or the nurse's station because the residents could eat them or get hurt, and that all staff was responsible for ensuring they were not left out in the resident's rooms. On 06/12/2024 at 10:46 AM, LPN #8 revealed during an interview the germicidal wipes should be locked in her cart because they are hazardous and that it was a team effort to ensure they were not left out in the resident's rooms. On 06/12/2024 at 11:52 AM, an interview with the DON revealed the germicidal wipes should be locked in the housekeeper's cart because they didn't want anyone to get a hold of them. On 06/10/2024 at 11:58 AM, the Surveyor observed a work cart sitting unattended on 400 Hall containing a hand held razor cutting blade, spray oil based lubricant, and disinfectant wipes. On 06/10/24 at 12:02 PM, [Contract] worker identified spray oil-based lubricant, disinfectant wipes, and a handheld razor cutting blade resting on the 400 Hall maintenance cart. [Contract] worker told the Surveyor that he had a very important call and walked away leaving cart unattended. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/10/2024 at 2:00 PM, the Surveyor spoke with the Administrator and identified the contract [NAME]. During the interview, it was discussed that the Administrator had asked the maintenance worker with contract worker to not leave the cart unattended due to the risk to residents. On 06/12/2024 at 11:50 AM, the DON was asked if it was standard practice to leave an unattended work cart with spray oil-based lubricant, disinfecting wipes, and a handheld razor cutting blade in a resident hallway. The DON told the Surveyor no, it is not standard because a resident could get any of these things and do damage to themselves or others. On 06/12/2024 at 02:04 PM, the Administrator reported the facility did not have any hazard policies. 3. A review of a document titled, Smoking Policy and Procedure, revealed .Upon admission, readmission, quarterly and with a significant change in condition, residents who smoke or use electronic cigarettes will be assessed for their ability to smoke safely using the Safety - Smoking Assessment form . A review of a Admission/ Medicare 5 day MDS revealed that Resident #295 had a BIMS score of 15, which indicates that cognition is intact. A review of a Care Plan dated 05/22/2024 documented Resident #295 is a smoker and is at risk for complications from smoking, including injury. Interventions included to provide Resident #295 with the following while smoking: observation, constant supervision, protective gear (smoking apron), Resident #295 has been oriented to smoking procedures and areas; and Resident #295 will be able to demonstrate the ability to verbalize understanding that smoking materials are for use only in designated smoking areas. On 06/12/2024 at 2:30 PM, the surveyor observed Resident #295 smoking outside with a staff member. Resident #295 lit the cigarette and extinguished the cigarette. Resident #295 had a smoking apron on. Review of Resident #295's electronic health record revealed no smoking assessment had been completed. 4. A review of Residents Rights indicated that residents will .Receive .a safe and clean environment . a. A review of Resident #33's Order Summary dated 06/12/2024 revealed the following medical diagnoses: enterocolitis, epilepsy, and epileptic syndromes with complex partial seizures. A review of Resident #33's Care Plan dated 04/30/2024 documented Resident #33 has impaired cognitive function/dementia or impaired thought processes as evidenced by BIMS score of 8/15. Intervention included that Resident is to be cued, re-oriented and supervised as needed. A review of Resident #33's 5-day Admission MDS with an ARD of 05/04/2024 revealed a BIMS score of 8, which indicates moderate cognitive impairment. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. A review of Resident #92's Order Summary dated 06/13/2024 revealed the following medical diagnoses: vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. A review of Resident #92's Care Plan dated 05/13/2024 revealed the resident has impaired cognitive function/dementia or impaired thought processes as evidenced by BIMS score. A review of Resident #92's Admission MDS with an ARD of 05/19/2024 revealed that the resident had a BIMS score of 5, which indicates severe cognitive impairment. On 06/11/2024 at 10:27 AM, the Surveyor observed a can of aerosol anti-perspirant in Resident #92 and Resident #33's room sitting on a wardrobe counter. On 06/12/2024 at 10:20 AM, the Surveyor observed a can of aerosol anti-perspirant in Resident #92's and Resident #33's room sitting on a wardrobe counter. During an interview on 06/12/2024 at 10:20 AM, the surveyor asked CNA #7 if aerosol deodorant spray should be sitting out in a resident's room, and she stated no. The surveyor asked why these items should not be left out and CNA #7 stated because they could [NAME] it and hurt themselves. During an interview on 06/12/2024 at 11:16 AM, the surveyor asked LPN #8 should products be left out if they say keep out of reach of children. LPN #8 stated no. The surveyor asked LPN #8 why products of that nature should not be left out. LPN #8 responded because they are hazardous chemicals. Also, the surveyor asked if aerosol deodorant should be left in a room. LPN #8 responded no. During an interview on 6/12/24 at 12:10 PM, the surveyor asked Director of Nursing (DON) why products or items should not be left out that say keep out of reach of children such as aerosol deodorant. The DON stated it's dangerous it could harm someone. It could hurt someone such as the resident or family and we have children in here a lot. The DON stated products that state keep out of reach of children should not be left in rooms. The DON stated these items should be locked up in the nurses' cabinet off from the dining room. 49866

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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. 47916 Based on observation, record review, and record review the facility failed to ensure that oxygen order included parameters for 1 of 1 Resident #12 receiving oxygen to prevent respiratory complications. The findings are: 1. Review of the Medical Diagnosis portion of Resident #12's electronic health record revealed diagnoses of heart failure, chronic kidney disease, and type 2 diabetes mellitus. a. Review of the Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/22/2024 revealed a Brief Interview for Mental Status (BIMS) score of 6 (0-7 indicates severe cognitive impairment). b. Review of a Physician's Order dated 01/29/2024 revealed, Oxygen PRN (as needed) for SAT (oxygen saturation) under 90 as needed for shortness of breath and low SAT. c. On 06/10/2024 at 11:29 AM, Resident #12 was observed receiving oxygen at 1.5 liters via nasal cannula. d. On 06/11/2024 at 8:30 AM, Resident #12 was observed receiving oxygen at 1.5 liters via nasal cannula. e. On 06/12/2024 at 01:35 PM, Resident #12 was observed to be receiving oxygen at 1.5 liters via nasal cannula. f. On 06/12/2024 at 1:41 PM, the Director of Nursing (DON) was asked what the standard of practice is for oxygen orders regarding parameters. The DON told the surveyor that oxygen orders had to have parameters, because staff cannot just keep going up and up on the oxygen for residents. Too much oxygen can be bad. g. On 06/12/2024 at 2:00 PM, the DON provided a policy titled Oxygen Safety that did not address oxygen parameters.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 47916 Based on observation, record review, and interview, the facility failed to ensure controlled narcotics were properly documented when acquired from the pharmacy to prevent the risk of misappropriation, and to ensure a record of receipt and disposition was in place for Ativan oral concentrate in 1 of 2 medication rooms. This failed practice had the potential to affect 5 sampled Residents (Residents #12, #56, #73, #79, and #342) of 21 residents with a physician's order for Ativan. The findings are: 1.a. On 06/11/2024 at 11:15 AM, the Surveyor asked Registered Nursing (RN) #1 to see documentation of the emergency kit medications from the narcotic box from the 100/200/300 Hall medication room, for the following medications: a. Ativan 2mg/ml (milligram/milliliter), 30ml unopened vial. b. Ativan oral concentrate 1mg/0.5 ml 5 syringes c. Ativan 2mg/ml injectable is out of stock. b. On 06/11/2024 at 11:21 AM, Registered Nurse (RN) #1 reviewed the narcotic book and told the surveyor there was no documentation for Ativan oral concentration in the narcotic book. The surveyor asked about the process for documenting controlled medications that arrive from the pharmacy. RN #1 said the nurse that accepted and signed for the delivery should have documented the medication in the controlled narcotic book. The surveyor asked if all controlled substances should be recorded in the narcotic book, and why would that be important. RN #1 said all controlled medications should be documented in the controlled narcotic book because legally as nurses we are responsible for those medications and their administration. The Surveyor asked for documentation from the pharmacy showing when Ativan oral concentrate was last received by the facility. c. On 06/11/2024 at 12:06 PM, the Director of Nursing (DON) provided documentation of pharmacy consolidated delivery forms showing Ativan 2.5 ml was received on 05/29/2024 at 11:00 PM. d. On 06/11/2024 at 3:56 PM, RN #1 provided documentation showing Ativan 2mg/ml oral syringes with 2. 5ml availability was added to page 17 of the narcotic book. RN #1 confirmed the narcotic box contains 5-1mg/0.5ml syringes or Ativan oral concentrate. e. On 06/12/24 at 11:50 AM, the Director of Nursing (DON) was asked what procedures staff are expected to follow when a controlled medication is delivered to the facility. The DON expects nursing staff to count it with the driver, sign the manifest, and immediately document the medication in the logbook, because the medications could have disappeared, and nobody would have known it. g. On 06/12/2024 at 12:57 PM, the Administrator provided a policy titled Medication Storage in the Facility that did not address the documentation of the receipt, documentation and disposition of medications from the pharmacy.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 39316 47916 Based on record review, observations, and interviews, the facility failed to ensure medications were stored in accordance with state laws and accepted standards of pharmacy practice for 3 (Resident #49, #72, and #342) of 3 sampled residents; and the facility failed to ensure a narcotic box was double locked to prevent the possible misappropriation, ingestion and or injury. The findings are: 1. A review of the Safety Data Sheet: Betadine Solution Swab sticks, dated April 13, 2015, indicated, This product is a topical microbicide. Not for oral use. Causes mild skin irritation. Avoid contact with skin, eyes, or clothing. A review of the Safety Data Sheet: [Name Brand] Ultra Powder Collagen Wound Dressing, dated 10/19/2022, indicated, Handling and Storage: Always wear recommended personal protective equipment. Avoid inhaling product. Avoid contact with eyes. A review of an Admission Record indicated the facility admitted Resident #49 with diagnoses of muscle wasting and dementia. The admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/22/2024, revealed Resident #49 had a Brief Interview for Mental Status (BIMS) score of 5, which indicated the resident was severely cognitively impaired. A review of Resident #49's Physician Orders, for the month of 06/2024, revealed an order, dated 03/20/2024, to admit to secured neighborhood related to exit seeking. There is not an order for ultra powder collagen wound dressing or 10% Iodine swab sticks. On 06/10/2024 at 1:51 PM, Resident #49 was lying in bed. A package of ultra powder collagen wound dressing 1 gram was observed on the armoire in the resident's room unattended. An open package of Iodine 10% containing 3 swabs was observed on the armoire in Resident's room. On 06/11/2024 at 9:26 AM, Resident #49 in bed eyes closed. A package of ultra powder collagen wound dressing 1 gram was observed on the armoire in the Resident's room unattended. An open package of Iodine 10% containing 3 swabs was observed on the armoire in the Resident's room unattended. On 06/12/2024 5:08 AM, Resident # 49 observed in bed with eyes closed. A package of ultra powder collagen wound dressing 1 gram was observed on the armoire unattended. On 06/12/2024 at 10:35 AM, Certified Nursing Assistant (CNA) #10 revealed during an interview that collagen powder and iodine swabs should be stored in the wound care cart. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/12/2024 at 10:46 AM, Licensed Practical Nurse (LPN) #8 revealed during an interview that collagen powder and iodine swabs should be locked up in the treatment/wound cart when not in use. On 06/12/2024 at 11:52 AM, the Director of Nursing (DON) revealed during an interview that collagen powder and iodine swabs should be in the wound care cart because we don't want them (the residents) to access it. 2. On 06/11/2024 at 11:05 AM, the surveyor accompanied Registered Nursing (RN) #1 to the medication room on 100/200/300 Hall. RN #1 reached in the refrigerator and pulled out the red narcotic box. RN #1 said, That is supposed to be locked. The following medications were identified inside the narcotics box by RN #1: a. Ativan 2mg/ml (milligram/milliliter), 30 ml unopened vial. b. Ativan oral concentrate 1mg/0.5ml- 5 syringes On 06/11/2024 at 11:09 AM, RN #1 told the Surveyor the narcotic box will not lock. RN #1 was asked why it would be important to lock the narcotic box, and how many locks should the narcotic box be behind. RN #1 said the narcotic box should be behind at least 2 locks, and not being locked appropriately would give anyone that came into the medication room access to the controlled medications. On 06/12/24 at 10:40 AM, the Surveyor received a copy of a letter dated 06/01/2024 indicating the narcotic box was not working in the medication room. On 06/12/24 at 11:44 AM, the Surveyor interviewed the Maintenance Supervisor (MS) and asked if he was aware the narcotic box lock had not been working in the 100/200/300 hall. The Maintenance Supervisor (MS) said he was aware, and the Administrator was aware and had ordered the lock that was used to fix it. The MS confirmed that the narcotic box lock in the other medication room was not affected. On 06/12/2024 at 11:45 PM, the Director of Nursing (DON) was asked if leaving medication at the bedside was a standard of practice and why. The DON told the Surveyor that it is not standard practice, and another resident could get the medications. When asked if the facility has any residents approved for self-administration, the DON confirmed they did not. The DON confirmed the narcotic box should be behind at least two locks, because less than that would cause a risk of easier access if someone wanted it, and the facility does not have any residents with self-administration rights. On 06/12/2024 at 12:57 PM, the Administrator provided a policy titled Medication Storage in the Facility documenting, .Policy Medications and biologicals are stored safely, securely, and properly, following manufacture's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Procedures .Medication rooms, carts, and medication supplies are locked when not attended by persons with authorized use .Except for those requiring refrigeration or freezing, medications intended for internal use are stored in a medication cart or other designated area. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. The policy titled Medication, General Administration of indicated, Procedure 1, Drugs and biologicals may be administered only by licensed physician, licensed registered or practical nursing personnel, or by other personnel who are duly authorized to perform such services under state law .Self-Administration of drugs is permitted when approved by the interdisciplinary team and with a physician's order . On 06/12/2024 at 2:00 PM, The DON provided a policy titled Medications, Self-Administration of documenting, General Guidelines 1. A resident may be permitted to administer or retain medication in his/her room under the following conditions: a. Assessment and approval by the interdisciplinary team . Reveal of the Medical Diagnosis portion of Resident #72's electronic health record revealed diagnoses of respiratory failure, cerebral infarction, and dysphagia. The Quarterly MDS with an ARD of 03/09/2024 indicated a BIMS score of 15 (13-15 suggest cognitively intact). On 06/11/2024 at 8:30 AM, while observing a tube feed change, Licensed Practical Nurse (LPN) #2 walked out of a room leaving a bottle of nasal spray and a corticosteroid inhaler resting on a bedside table across the room from Resident #72. Three 100 ml (milliliter) bottles of 0.9% sodium chloride were noted on the right bedside table. LPN #2 returned to Resident #72's bedside to hang tube feeding. On 06/11/2024 at 8:50 AM, LPN #2 left the room, leaving the nasal spray and corticosteroid inhaler resting on a bedside table across the room from Resident #72, and three 100 ml bottles of 0.9% sodium chloride resting on the right bedside table. On 06/11/2024 at 8:52 AM, the Surveyor asked LPN #2 about the three bottles of Sodium Chloride sitting at the bedside and was told those stay in the room to flush the resident's catheter every 4 hours. When asked about the nasal spray and the inhaled corticosteroid, LPN #2 said, That was me I forgot to take it out with me. During the interview, LPN #2 was asked why it was important not to leave medication in resident rooms. LPN #2 said in case they get up and consume it or another resident wanders in. LPN #2 confirmed the new resident across the hall wanders out sometimes. 4. Review of the Medical Diagnosis portion of Resident #342's electronic health record revealed diagnoses of bone neoplasm, hematuria, and mood disorder. The Admission MDS with an ARD of 05/23/2024 indicated a BIMS score of 15 (13-15 indicates cognitively intact). On 06/10/2024 at 11:57 AM, while in Resident #342's room the Surveyor observed an open, undated bottle of 0.9% sodium chloride resting on the right side of the bathroom sink. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/11/2024 at 4:45 PM, LPN #2 identified the open bottle of 0.9% sodium chloride resting on Resident #342's bathroom sink. The Surveyor asked LPN #2 why there would be an open bottle of sodium chloride in the room. LPN #2 pointed out Resident #342 has an order for PRN (as needed) catheter flushes. The Surveyor asked if it was a standard practice to leave an open, undated bottle of sodium chloride in a resident's room. LPN #2 told the Surveyor that nobody should be leaving any medication in resident rooms, and confirmed there would be a risk for the resident or other residents that wander in the building to consume the medication. LPN #2 has pointed out that a new resident near Resident #342's room has wandered out into the hallway.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42016 Based on observation and interview, the facility failed to ensure expired food items were promptly removed from stock to prevent potential food borne illness for residents who received meal trays from 1 of 1 kitchen. These failed practices had the potential to affect 92 residents who received meals from the kitchen. The findings are: During an observation of the dry goods storage area on [DATE] at 11:14 AM, 3 plastic gallon jugs of red vinegar with a use by date of [DATE] were located on a bottom shelf. On [DATE] at 11:18 AM, ten individual serving containers of cocktail sauce with a use by date of [DATE] were located on the second metal shelving unit, inside a box containing mustard and ketchup packets. On [DATE] at 11:52 AM, a sealed plastic bag containing an open package of Italian seasoning with a use by date of [DATE] was located on the second metal shelving unit. On [DATE] at 11:55 AM, fourteen bags of corn chips with a use by date of [DATE] were located on the top self of the third shelving unit. The Surveyor asked the Dietary Manager (DM) if expired items should be in the storage room. The DM stated expired items should not be in the storage room and should be disposed of, so the residents are not served the items. The DM removed the expired items from the storage room. In an observation on [DATE] at 4:52 PM, dates of foods stored in the walk-in refrigerator and freezer revealed the following: a. 6 fried chicken patties with frost visible on the patties, in an unsealed plastic storage bag labeled with a use by date of [DATE]; the Dietary Manager stated these are no good. b. 10 Pork fritters in a plastic storage bag labeled with a use by date of [DATE], the bag was also torn. c. 7 fried chicken patties in a plastic storage bag labeled with a use by date of [DATE]. d. Solid mass of uncooked boneless chicken thighs, in a plastic storage bag labeled with a use by date of [DATE]. The Dietary Manager stated the outdated items should not be in the freezer to be served to the residents.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 39316 42016 Based on record review, observations, and interviews the facility failed to ensure hand hygiene/change gloves was performed to prevent the spread of disease and or infections during meal service for 1 (Resident #26) of 1 sampled residents; and failed to ensure hand hygiene was performed during medication administration for 2 (Resident #69 and #392) of 2 sampled residents; and failed to ensure hand hygiene / change gloves was performed and clean items were not contaminated during incontinent care for 2 (Resident #82 and #28) of 2 sampled residents. The findings are: Review of a facility policy, Handwashing/Hand Hygiene, dated 11/22/2017, revealed, This facility considers hand hygiene the primary means to prevent the spread of infections. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. An alcohol-based hand rub may be used if no visible soiling. Hand hygiene is the final step after removing and disposing of personal protective equipment. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. Review of a facility policy, Standard Precautions, dated 11/22/2016, revealed, Standard precautions will be used in the care of all residents regardless of their diagnoses, or suspected or confirmed infection status. Standard precautions presume that all blood, body fluids, secretions, and excretions (except swear), non-intact skin and mucous membranes may contain transmissible infectious agents. Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash hand immediately after gloves are removed, between resident contact, and when otherwise indicated to avoid transfer of microorganisms to other residents or environments. Wash hands between tasks and procedures on the same resident to prevent cross-contamination of different body sites. Wear gloves (clean, nonsterile) when touching blood, body fluids, secretions, excretions, and contaminated items. Change gloves between tasks and procedures on the same resident after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching noncontaminated items and environmental surfaces, and before going to another residents. Handle resident-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of other microorganisms to other residents and environments. 1. A review of an Admission Record indicated the facility admitted Resident #26 with a diagnosis of dementia. The Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/15/2024, revealed Resident #26 had a Brief Interview for Mental Status (BIMS) score of 2 , which indicated the resident had severe cognitive impairment. Resident #26 required setup or clean-up assistance for eating. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident #26's Physician Orders, for the month of 05/2024, revealed an order, dated 12/07/2022, to admit to long term care secured unit related to dementia and elopement risk. A review of Resident #26's Care Plan, revised 02/17/2023, revealed the resident had an activity of daily living (ADL) self-care performance deficit related to dementia; with an intervention that included requiring limited assistance of one staff for eating; revised on 02/17/2023. On 06/10/2024 at 12:32 PM, Certified Nursing Assistant (CNA) /Unit Manager picked up a container of ice cream off the secure unit dining room floor and disposed it into the trash. CNA / Unit Manager walked to the sink and obtained a paper towel, wiped hand, then obtained a new container of ice cream from the refrigerator freezer and placed it on the table to the right side of Resident #26. CNA / Unit Manager did not perform hand hygiene. On 06/10/2024 at 12:38 PM CNA / Unit Manager began to assist Resident #26 with meal service. CNA / Unit Manager did not perform hand hygiene. 2. Review of an Admission Record indicated the facility admitted Resident #69 with a diagnosis of hypothyroidism. The Annual MDS with an ARD of 03/29/2024, revealed Resident #69 had a BIMS score of 3, which indicated the resident was severely cognitively impaired. A review of Resident #69's Physician Orders, for the month of 06/2024, revealed an order, dated 09/19/2023, for levothyroxine sodium (a thyroid medication) 88 micrograms (mcg), one tablet in the morning for hypothyroidism (low thyroid). 3. Review of an Admission Record indicated the facility admitted Resident #392 with a diagnosis of hypothyroidism. The Admission MDS with an ARD of 05/26/2024 revealed Resident #392 had a BIMS score of 15, which indicates the resident was cognitively intact. A review of Resident #392's Physician Orders, for the month of 06/2024, revealed an order, dated 05/22/2024, for levothyroxine sodium 25 mcg, one tablet in the morning for hypothyroidism. On 06/12/2024 at 5:50 AM, Registered Nurse (RN) #6 was observed preparing medications for administration for Resident #69, levothyroxine 88 mcg x 1 tablet (green in color). RN #6 did not perform hand hygiene before punching out medication from the bubble pack card. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/12/2024 at 5:56 AM, RN #6 entered Resident #392's room carrying both medicine cups containing one pill each. RN #6 turned on the over bed light and gave Resident #392 a medicine cup containing the pink pill. RN #6 did not perform hand hygiene before entering the room. RN #6 turned off the overhead light and exited the room. RN #6 did not perform hand hygiene when exiting the Resident's room. RN #6 walked into Resident #69's room carrying a medicine cup containing 1 green pill. RN #6 picked up Resident #69's water pitcher and shook it, sat it back down on the bedside table and walked out of the room and obtained a plastic cup from the medicine cart. RN #6 did not perform hand hygiene upon exiting the room or obtaining the plastic cup. RN #6 walked back into Resident #69's room. RN #6 did not perform hand hygiene. RN #6 poured water into the plastic cup from R #69 water pitcher. RN #6 raised Resident #69's head of the bed using the remote control and administered the Resident's medication. RN #6 lowered Resident's head of bed using the remote control and placed the unused water cup on the bedside table. RN #6 then exited Resident's room. RN #6 did not perform hand hygiene after exiting the room. On 06/12/2024 at 6:00 AM, RN #6 began charting in the laptop on top of the medication cart. RN #6 picked up a stack up medicine cups on the medication cart and started with the next medication pass. On 06/12/2024 at 6:08 AM, RN #6 was asked when do you perform hand hygiene and why. RN #6 stated, Most of the time, I try to remember to do it when I come out of their room and before going to the next room, to eliminate bacteria from being transferred. On 06/12/2024 at 11:52 AM, the Director of Nursing (DON) was asked when hand hygiene is performed during medication administration. The DON stated, Between each patient. 4. A review of an Admission Record indicated the facility admitted Resident #82 with a diagnosis that included Alzheimer's disease. The Annual MDS with an ARD of 03/29/2024 revealed Resident #82 had a BIMS score of 5, which indicated the resident was severely cognitively impaired. The resident required substantial/maximal assistance for toileting and personal hygiene. (continued on next page)

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	045435	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jamestown Nursing and Rehab, LLC	2001 Hampton Place Rogers, AR 72758

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/11/2024 at 8:46 AM, Resident #82 was observed having wet pants. Certified Nursing Assistant (CNA) #7 was observed to assist the resident to their room. CNA #7 went across the hall, then entered Resident #82's room and applied gloves. CNA #7 did not perform hand hygiene before applying the gloves. CNA #7 assisted Resident #82 into the bathroom in the Resident's room. CNA #7 pulled Resident #82's pants down to the bathroom floor exposing bowel movement in the brief. CNA #7 had Resident #82 sit on the toilet. CNA #7 removed their gloves and applied new gloves. CNA #7 did not perform hand hygiene. CNA #7 tore the side of the brief from Resident #82 and pulled the brief between Resident #82 legs and placed in a plastic bag in the trash can. CNA #7 removed the plastic bag from the trash can and placed the plastic bag with soiled brief in Resident #82's bathroom floor. CNA #7 did not change gloves and did perform hand hygiene. CNA #7 removed Resident # 82's shoes with the same dirty gloves, placed the shoes to the side in the floor, then removed Resident #82's pants, and placed the soiled pants into a plastic bag in the trash can. CNA #7 did not change gloves and did not perform hand hygiene. With the same contaminated gloves, CNA #7 removed a pre-moistened wet wipe from the package and wiped Resident # 82 heels, then discarded the pre-moistened wet wipe into the plastic bag with the soiled brief on the floor. With contaminated gloves, CNA #7 placed the package of pre-moistened wet wipes on the floor between Resident #82's legs. Using both gloved hands, CNA #7 obtained a pre-moistened wet wipe and wiped the back of Resident # 82 legs removing feces and discarded. CNA #7 left the package of pre-moistened wet wipes on the floor. On 06/11/2024 at 8:53 AM, CNA #7 picked up the package of pre-moistened wet wipes from the floor and placed the package on top of Resident #82's clean brief and pants lying on the bathroom sink. Using both gloved hands, CNA #7 picked up the package of pre-moistened wet wipes and removed a wet wipe, wiped Resident #82, and discarded it into the plastic bag of soiled items in the bathroom floor. With both gloved hands, CNA #7 picked up a partial roll of toilet paper located on the back of the toilet and tore the toilet paper from the roll and placed the roll on the back of the toilet and continued to clean Resident #82, discarding the soiled toilet paper into the toilet and onto the clear plastic bag of soiled items on the floor. On 06/11/2024 at 8:56 AM, a clear plastic bag containing feces soiled brief, feces soiled pre-moistened wet wipes, and feces soiled toilet paper was observed to be overflowing on the bathroom floor. On 06/11/2024 at 8:57 AM, CNA #7 removed the contaminated brief from the bathroom sink and applied the brief over Resident #82's feet, pulling it up to Resident #82's calves. CNA #7 removed the contaminated pants from the bathroom sink and applied the pants over Resident #82 feet, pulling it up to the residents' calves. CNA #7 applied a house shoe on Resident #82 left foot, then applied a house shoe on Resident #82 right foot. CNA #7 pulled Resident #82's brief and pants up to the knees. CNA #7 did not change gloves and did not perform hand hygiene. On 06/11/2024 at 8:58 AM, CNA #7 instructed Resident #82 to stand up in front of the toilet. With the same contaminated gloved hands, CNA #7 picked up a partial roll of toilet paper from the back of the toilet and cleaned Resident # 82. Resident # 82 pulled brief up and pants. CNA #7 gathered the clear plastic bag of dirty trash from the floor. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/11/2024 at 9:09 AM, CNA #7 revealed during an interview that hand hygiene was to be performed, before interaction with a patient, wash hands, apply gloves, take to the restroom, removed the soiled clothing/linens, put in trash bags and wash hands, apply gloves and do peri-care, then after peri-care, wash hands, apply new gloves and put on new clothing. CNA #7 revealed that gloves should be changed, anytime you come in contact with soiled items. CNA #7 was asked where packages of wipes are usually placed when performing incontinent care. CNA #7 stated, They are usually in the bathroom on the counter or back of the toilet, they are not supposed to be on the floor. CNA #7 was asked where contaminated items were usually placed when performing incontinent care. CNA #7 stated, It goes in the trash bag in the trash can, not in the floor. CNA #7 was asked why contaminated / dirty items should be separated from clean items. CNA #7 stated, we don't want any bowel movement, urine, or germs on the patient. On 06/12/2024 at 11:52 AM, the DON revealed during an interview that soiled briefs and packages of pre-moistened wipes should not be in the floor due to contamination, hand hygiene should be performed before starting any tasks, between tasks, and after tasks. On 06/12/2024 at 3:21 PM, the Assistant Director of Nursing (ADON) / Infection Control Preventionist (ICP) revealed during an interview that packages of pre-moistened wipes used for incontinent care, should not be placed in the floor due to the floor is dirty, staff should wash or sanitize hands before applying gloves, and that soiled briefs and wipes should be placed in the trash bag in the trash can during incontinent care, and contaminated items should be kept separate from the clean items due to cross contamination purposes. 5. A review of a facility policy titled, Handwashing/Hand Hygiene, dated 11/22/2017, indicated, This facility considers hand hygiene the primary means to prevent the spread of infections. 1. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors .An alcohol-based hand rub may be used if no visible soiling .Hand hygiene is the final step after removing and disposing of personal protective equipment (PPE). 6. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with the routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. A review of a facility document titled, CARE Academy, revealed CNA # 3 received training on Application of Briefs, Infection Control, Hand Hygiene Competency, and Hand Hygiene Competency - Check off on 01/10/2024; Return Demo - Incontinent Care on 01/11/2024. A Review of a facility document titled, CARE Academy, revealed CNA # 4 received training on Infection Control, Hand Hygiene Competency, and Application of Briefs on 10/31/2023; All staff Hand Hygiene Competency - Check off and Return Demo - Incontinent Care on 01/17/2024. A review of a facility procedure titled, Perineal/Incontinence Care, with a revised date of 11/22/2016, indicated, .Procedure .Wash and dry hands .Apply clean pair of gloves .Assist resident over to one side and cleanse the anus and coccyx area .Change gloves .wash hands thoroughly . A review of the Admission Record, indicated the facility admitted Resident #28 with diagnoses that included hypothyroidism, vitamin D deficiency, vascular dementia, obstructive sleep apnea, disorders of bone density and structure, repeated falls, and aphasia. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The Quarterly MDS with an ARD of 05/07/2024 revealed Resident #28 had a Staff Assessment of Mental Status (SAMS) score of 3, which indicated the resident had severe cognitive impairment. Resident #28 was dependent on staff for bed mobility, transfer, dressing, eating, toilet use, bathing, and personal hygiene. Resident #28 used a wheelchair for locomotion with the assistance of staff. A review of Resident #28's Care Plan initiated 01/27/2023, revealed the resident had a self-care deficit and was dependent on staff for dressing, eating, oral care, personal hygiene, toilet use, and transfer. Interventions included, encourage resident to participate to the fullest extent possible. Monitor for changes and potential improvement, to maintain or improve current level of function. A review of Order Summary Report, revealed Resident #28 had an order Call with any concerns for UTI symptoms .Methenamine Hippurate Oral tablet . related to urinary tract infection . During an observation on 06/10/2024 at 2:46 PM, CNA #3 and CNA #4 performed incontinence care for Resident #28. The CNAs did not perform hand hygiene or a glove change during the brief change when moving from a dirty task to a clean task of placing the clean brief on resident and repositioning, providing pillows, and covering with bed linens. On 06/10/2024 at 4:15 PM, CNA # 4, was asked what should have been done when moving from a dirty task to a clean task. CNA #4 stated both CNAs should have done hand hygiene and a glove change. CNA #4 stated it was unsanitary and could cause a resident to have an infection. On 06/12/2024 at 11:50 AM, the DON was asked how often staff should check on residents and changing briefs. The DON stated staff should be checking residents at least every 2 hours. The DON was asked if hand hygiene and glove changes should be done, during a brief change, when moving from cleaning of the perineal area and removing a soiled brief to placing a new brief on resident and performing hand hygiene after completion of the brief change. The DON stated CNAs should be performing hand hygiene and glove changes to prevent cross contamination and prevent urinary tract infections (UTI). On 06/12/2024 at 1:19 PM, the Administrator was asked if CNAs should perform hand hygiene and gloves changes during brief changes with perineal care. The Administrator stated CNAs should change gloves and wash hands to prevent contamination of clean brief because of UTIs caused by bacteria like E. coli (Escherichia coli, gram negative bacterium) that could be found. On 06/12/2024 at 1:19 PM, Administrator was asked what Care Academy documents were. CNA Coordinator stated, It is a competency training program built for staff, using CMS competencies. Staff must score 100 percent in each area and do a return demonstration to work here. They begin the training upon hire. On 06/12/2024 at 1:24 PM, CNA #3 was asked what should have been done during the brief change with perineal care for Resident #28. CNA # 4 stated, We should have laid out the items on a clean surface, had bags and we did not change our gloves and did not do handwashing. I got with our lead CNA and reviewed the process again.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39316 49866 Based on record review, observations, and interviews, the facility failed to maintain a safe and functional environment to prevent possible injury, as evidenced by failure to ensure a night light cover was provided for 2 (Resident #33 and #92) of 2 sampled residents; and failed to ensure the vinyl flooring was maintained on the 300 hall secure unit. The findings are: On 06/10/2024 at 1:57 PM, the doorway threshold in room [ROOM NUMBER] had 42 inches by 2 inches of vinyl tile missing, leaving a gap in the floor. The doorway threshold in room [ROOM NUMBER] had black electrical tape peeling and loose. There was a 1/4-inch gap. On 06/10/2024 at 1:59 PM, the doorway threshold in room [ROOM NUMBER] had 6 inches by 2 inches of vinyl tile missing, leaving a gap in the floor. On 06/10/2024 at 2:00 PM, the doorway threshold in room [ROOM NUMBER] had 6 inches by 2 inches of vinyl tile missing, leaving a gap in the floor. On 06/12/2024 at 5:11 AM, the doorway threshold in room [ROOM NUMBER] had 6 inches by 2 inches of vinyl tile missing, leaving a gap in the floor. On 06/12/2024 at 5:12 AM, the doorway threshold in room [ROOM NUMBER] had 6 inches by 2 inches of vinyl tile missing, leaving a gap in the floor. On 06/12/2024 at 5:13 AM, the doorway threshold in room [ROOM NUMBER] had black electrical tape peeling and loose. There was a 1/4-inch gap. On 06/12/2024 at 5:14 AM, the doorway threshold in room [ROOM NUMBER] had a 42 inch by 2 inch section of vinyl tile missing, leaving a gap in the floor. On 06/12/2024 at 2:10 PM, Certified Nursing Assistant (CNA) #7 revealed during an interview that the process for reporting things that needed to be repaired in the facility was to put an order in the drop box for maintenance, and she had not reported any flooring that needed repaired. CNA #7 described the floor tile/threshold vinyl tile in room [ROOM NUMBER] as missing leaving a gap, in room [ROOM NUMBER] a piece was missing leaving a gap, and in room [ROOM NUMBER], black tape is coming up with a gap exposed. CNA #7 revealed that the areas to the floor had been there a little bit, and it could potentially cause a fall. On 06/12/2024 at 2:20 PM, Licensed Practical Nurse (LPN) #8 revealed during an interview the process for reporting things that needed to be repaired in the facility was to place a work order in the black box for maintenance, and she had not reported any flooring that needed repaired, and that it should be reported to maintenance because it was a hazard. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/12/2024 at 2:34 PM, the Maintenance Supervisor revealed during an interview, the process for reporting things that needed to be repaired in the facility was to place a work order in either box located at each nurses' station or the maintenance office. They make rounds every day in the facility and check the boxes every day and the areas to the floor on the 300 hall had not been reported. The Maintenance Supervisor was asked to measure the areas in the floor in room [ROOM NUMBER], 307, 310, and 311. Maintenance Supervisor measured room [ROOM NUMBER]: 6.5 inches by 2 inches and missing a piece of vinyl floor leaving a gap in the floor. room [ROOM NUMBER]: 6.5 inches by 2 inches and missing a piece of vinyl flooring, leaving a gap in the floor. room [ROOM NUMBER]: the tape is coming up and there's a 1/8th of an inch gap in the flooring. room [ROOM NUMBER]: 43 inches by 2 inches and missing a piece of vinyl flooring, leaving a gap in the floor. The Maintenance Supervisor revealed that the missing pieces of vinyl flooring would be a trip hazard.