STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056380	A. Building B. Wing	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Los Feliz Healthcare & Wellness Center, LP	3002 Rowena Avenue Los Angeles, CA 90039

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record review, the facility failed to inform the medical doctor (MD) of one of five sampled residents (Resident 4) when: 1. On 9/9/2025 at 6 a.m. Resident 4 refused fasting blood sugar (FSBS- a measure of the glucose in your blood after you've gone at least 8 hours without eating or drinking anything except water). 2. On 9/9/2025 at 7 p.m. Resident 4's blood glucose (blood sugar- the main source of energy for your body's cells, especially your brain, and comes from the carbohydrates you eat) was 379. These deficient practices had the potential to result in a delay of care to Resident 4. Findings:During a review of Resident 4's admission Record (AR), the AR indicated the facility admitted Resident 4 on 9/8/2025 with diagnoses including type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), essential (primary) hypertension (HTN-high blood pressure), gastrotomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) and chronic kidney disease (CKD- condition where the kidneys are damaged and cannot function properly over an extended period). During a review of Resident 4's History and Physical (H&P- a foundational medical assessment where a clinician interviews a patient [the history] to understand their symptoms and health background, and then performs a physical exam by observing and palpating the patient's body to find signs of illness or injury) dated 9/9/2025, the H&P indicated Resident 4 did not have the capacity to make healthcare decisions. During a review of Resident 4's Minimum Data Set (MDS - a resident assessment tool) dated 9/9/2025, the MDS indicated Resident 4 sometimes understood and was sometimes understood. During a review of Resident 4's Order Summary Report dated 9/8/2025, the Order Summary Report indicated:- Novolin N FlexPen 100 units/milliliter (ml- a unit of measurement) suspension pen-injector, inject 10 units subcutaneously (subq- under the skin) in the morning for DM hold if blood sugar is less than 100 and inject 12 units subq at bedtime for DM hold if blood sugar is less than 100. - Fasting blood sugar (FSBS- a measure of the glucose in your blood after you've gone at least 8 hours without eating or drinking anything except water) every six (6) hours with no insulin sliding scale coverage, if blood sugar is less than 70 follow the hypoglycemia protocol, if blood sugar is above 250 call and notify the MD and or Nurse Practitioner (NP- a registered nurse with advanced education and training who can perform many tasks similar to a doctor, including diagnosing illnesses, ordering tests, and prescribing medication) every six (6) hours for DM. During a review of Resident 4's Medication and Administration Record (MAR- - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) for September 2025, the MAR on 9/9/2025 at 6 a.m. indicated:- FSBS every 6 hours with no insulin sliding scale coverage, if blood sugar is less than 70 follow hypoglycemia protocol if blood sugar is more than 250 call and notify the MD and or the NP every 6 hours for DM, the MAR indicated 2 (the MAR chart code indicated 2 means drug refused) - Novolin N flexpen 100 units/ml suspension pen injector, inject 10 units subq in the morning for DM hold if the blood sugar is less than 100, the MAR indicated 9 (the MAR chart code indicated 9 means other and or see progress note). During a review of Resident 4's Change in Condition (COC) Evaluation, dated 9/9/2025 at 10:11 p.m., the COC Evaluation indicated Resident 4 transferred to hospital related to hypotension, elevated blood sugar level. At 7 p.m. Resident 4 in bed, family at bedside, Resident 4 noted difficult to arouse, checked blood sugar noted at 379. The COC evaluation indicated Resident 4's vital signs (basic measurements that reflect how well your body's essential functions are working, including body temperature [a measure of how hot or cold something is, normal range 97.8 to 99], pulse [heart rate- the number of times your heart beats in one minute, normal rate 60 to 100 beats per minute], respiratory [breathing] rate, and blood pressure [normal range systolic pressure (top number) less than 120, diastolic pressure (bottom number) less than 80 millimeters of mercury [mmHg-a unit of measurement]) on 9/9/2025 at 7:05 p.m. indicated a blood pressure of 84/49 mmHg, pulse 95, respiration rate 20, temperature of 97.9, oxygen saturation (a medical measurement of the amount of oxygen carried by your red blood cells, expressed as a percentage) 99% on room air (normal range 95 to 100%) and a blood glucose (the amount of glucose [sugar] in the blood) 379 (normal random range less than 125 milligrams per deciliter [mg/dL-a unit of measurement) mg/dL. The Medical Doctor (MD 1) was made aware of Resident 4's condition on 9/9/2025 at 7:30 p.m. During a review of Resident 4's GACH 2's Emergency Documentation (ED) dated 9/9/2025, the GACH 2's ED indicated Resident 4 chief complaint was hypotension (low blood pressure) systolic blood pressure (sbp- the top, higher number in a blood pressure reading, measuring the force of blood against artery walls when the heart beats and pumps blood out) 80, unresponsive for 90

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	056380	A. Building B. Wing	12/10/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record review the facility failed to ensure one of five sampled residents (Resident 4) received treatment and care in accordance with professional standards of practice when Licensed Vocational Nurse (LVN) 1 failed to follow the physician's orders to contact the physician if blood sugar (blood glucose- the amount of a simple sugar called glucose in your blood, which serves as the main source of energy for your body's cells and brain), is above 250.This deficient practice resulted in a delay in care and treatment for Resident 4 who was transferred to the General Acute Care Hospital (GACH) 2 on 9/9/2025. Findings:During a review of Resident 4's admission Record (AR), the AR indicated the facility admitted Resident 4 on 9/8/2025 with diagnoses including type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), essential (primary) hypertension (HTN-high blood pressure), gastrotomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) and chronic kidney disease (CKD- condition where the kidneys are damaged and cannot function properly over an extended period). During a review of Resident 4's History and Physical (H&P- a foundational medical assessment where a clinician interviews a patient [the history] to understand their symptoms and health background, and then performs a physical exam by observing and palpating the patient's body to find signs of illness or injury) dated 9/9/2025, the H&P indicated Resident 4 did not have the capacity to make healthcare decisions. During a review of Resident 4's Minimum Data Set (MDS - a resident assessment tool) dated 9/9/2025, the MDS indicated Resident 4 sometimes understood and was sometimes understood. During a review of Resident 4's Order Summary Report dated 9/8/2025, the Order Summary Report indicated:- Novolin N FlexPen 100 units/milliliter (ml- a unit of measurement) suspension pen-injector, inject 10 units subcutaneously (subq- under the skin) in the morning for DM hold if blood sugar is less than 100 and inject 12 units subq at bedtime for DM hold if blood sugar is less than 100. - Fasting blood sugar (FSBS- a measure of the glucose in your blood after you've gone at least 8 hours without eating or drinking anything except water) every six (6) hours with no insulin sliding scale coverage, if blood sugar is less than 70 follow the hypoglycemia protocol, if blood sugar is above 250 call and notify the MD and or Nurse Practitioner (NP- a registered nurse with advanced education and training who can perform many tasks similar to a doctor, including diagnosing illnesses, ordering tests, and prescribing medication) every six (6) hours for DM. During a review of Resident 4's Clinical admission dated 9/8/2025 at 8:10 p.m., the Clinical admission indicated Resident 4 was admitted to Skilled Nursing Facility (SNF) 1 on 9/8/2025 at 8 p.m. with vitals signs (basic measurements that reflect how well your body's essential functions are working, including body temperature [a measure of how hot or cold something is, normal range 97.8 to 99], pulse [heart rate- the number of times your heart beats in one minute, normal rate 60 to 100 beats per minute], respiratory [breathing] rate, and blood pressure [normal range systolic pressure (top number) less than 120, diastolic pressure (bottom number) less than 80 millimeters of mercury [mmHg-a unit of measurement]) taken at 8 p.m. as follows: blood pressure 136/68, heart rate 66, respiration rate 16, and oxygen 96% on room air. During a review of Resident 4's Medication and Administration Record (MAR- - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) for September 2025, the MAR on 9/9/2025 at 6 a.m. indicated:- FSBS every 6 hours with no insulin sliding scale coverage, if blood sugar is less than 70 follow hypoglycemia protocol if blood sugar is more than 250 call and notify the MD and or the NP every 6 hours for DM, the MAR indicated 2 (the MAR chart code indicated 2 means drug refused) - Novolin N flexpen 100 units/ml suspension pen injector, inject 10 units subq in the morning for DM hold if the blood sugar is less than 100, the MAR indicated 9 (the MAR chart code indicated 9 means other and or see progress note. During a review of Resident 4's Change in Condition (COC) Evaluation, dated 9/9/2025 at 10:11p.m., the COC Evaluation indicated Resident 4 transferred to hospital related to hypotension, elevated blood sugar level. At 7p.m. Resident 4 in bed, family at bedside, Resident 4 noted difficult to arouse, checked blood sugar noted at 379. The COC evaluation indicated Resident 4's vital signs (basic measurements that reflect how well your body's essential functions are working, including body temperature [a measure of how hot or cold something is, normal range 97.8 to 99], pulse [heart rate- the number of times your heart beats in one minute, normal rate 60 to 100 beats per minute], respiratory [breathing] rate, and blood pressure [normal range systolic pressure (top number) less than 120, diastolic pressure (bottom number) less than 80 millimeters of mercury [mmHg-a unit of measurement]) on 9/9/2025 at 7:05p.m. indicated a blood pressure of 84/49 mmHg, pulse 95, respiration

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056380	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview, and record review, the facility failed to ensure one of five sampled residents (Resident 4), who was dependent on enteral feeding (a way to deliver nutrients, liquids, and medications directly into the stomach or small intestine through a tube, bypassing the mouth and throat) was provided the prescribed diet. This deficient practice resulted in Resident 4 not receiving the prescribed diet. Findings:During a review of Resident 4's admission Record (AR), the AR indicated the facility admitted Resident 4 on 9/8/2025 with diagnoses including type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), essential (primary) hypertension (HTN-high blood pressure), gastrotomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) and chronic kidney disease (CKD- condition where the kidneys are damaged and cannot function properly over an extended period). During a review of Resident 4's History and Physical (H&P- a foundational medical assessment where a clinician interviews a patient [the history] to understand their symptoms and health background, and then performs a physical exam by observing and palpating the patient's body to find signs of illness or injury) dated 9/9/2025, the H&P indicated Resident 4 did not have the capacity to make healthcare decisions. During a review of Resident 4's Minimum Data Set (MDS - a resident assessment tool) dated 9/9/2025, the MDS indicated Resident 4 sometimes understood and was sometimes understood. During a review of Resident 4's Order Summary Report dated 9/8/2025, the Order Summary Report indicated enteral feed order in the afternoon for off at 10 a.m. or until dose is completed Glucerna 1.5 at 55 milliliters (ml- a unit of measurement) an hour via kangaroo pump (an electronic, portable medical device that delivers liquid nutrition or hydration through a feeding tube) for 20 hours a total of 1,1100 ml per 24 hours, 1650 kilocalorie (kcal- a unit of measurement) per 24 hours via gastrostomy tube (g-tube a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) diagnosis of dysphagia on at 2 p.m. and off at 10 a.m. or until dose is completed. During a review of Resident 4's Clinical admission dated 9/8/2025 at 8:10 p.m., the Clinical admission indicated Resident 4 was admitted to Skilled Nursing Facility (SNF) 1 on 9/8/2025 at 8 p.m. with vitals signs (basic measurements that reflect how well your body's essential functions are working, including body temperature [a measure of how hot or cold something is, normal range 97.8 to 99], pulse [heart rate- the number of times your heart beats in one minute, normal rate 60 to 100 beats per minute], respiratory [breathing] rate, and blood pressure [normal range systolic pressure (top number) less than 120, diastolic pressure (bottom number) less than 80 millimeters of mercury [mmHg-a unit of measurement]) taken at 8 p.m. as follows: blood pressure 136/68, heart rate 66, respiration rate 16, and oxygen 96% on room air. During a review of Resident 4's Medication Administration Record (MAR- a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) for September of 2025, the MAR indicated enteral feed order two times a day provide Glucerna 1.5 at 55 ml an hour for 20 hours to provide 1,1100 ml, 1650 kcal in 24 hours via g-tube off at 10 a.m. and on at 2 p.m. or until dose is consumed. May hold feedings during ADL care, showers and transfer. The MAR indicated start date as of 9/9/2025 at 10 a.m.- 9/9/2025 at 10 a.m. off.- 9/9/2025 at 2 p.m. on. During a review of Resident 4's Medication Admin Aduit Report (a document that summarizes a formal check of how medications are handled and given to patients) for September 8th to September 9th 2025, the Medication Admin Aduit Report indicated enteral feed order two times a day provide Glucerna 1.5 at 55 ml an hour for 20 hours to provide 1, 1100 ml, 1650 kcal in 24 hours via g-tube off at 10 a.m. and on at 2 p.m. or until dose is consumed. May hold feedings during ADL care, showers and transfer.- Scheduled time on 9/9/2025 at 10 a.m. was signed off on 9/9/2025 at 11:09a.m. as off.- Scheduled time on 9/9/2025 at 2 p.m. was signed off on 9/9/2025 at 1:43 p.m. as on. During a concurrent interview and record review on 9/29/2025 at 3 p.m. of Resident 4's MAR and orders with Assistant Director of Nursing (ADON), the ADON stated when a new resident is admitted to the facility the doctor is notified then the nurse will send over the medication recap form from the hospital to let the doctor decide if they wish to continue the medications. The ADON stated once the doctor approves the medication the nurse will input all orders in and start the orders within the hour when the resident was admitted to the facility. The ADON stated for Resident 4 if there were orders for the morning would have started the next day but if it were for bedtime, it would start that same night. The ADON stated orders will automatically start the next shift unless the nurse goes in and edits the order to start that shift. The ADON reviewed Resident 4's order for the g-tube feeding and the ADON stated the facility has in-house supply of

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	056380	A. Building B. Wing	12/10/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record review, the facility failed to ensure one of five sampled residents (Resident 4) received medications as prescribed:1. On 9/9/2025 at 6 a.m. Resident 4 refused fasting blood sugar (FSBS- a measure of the glucose in your blood after you've gone at least 8 hours without eating or drinking anything except water). 2. On 9/9/2025 at 6a.m. Resident 4 did not receive Novolin N FlexPen 100 units/milliliter (ml- a unit of measurement) suspension pen-injector, inject 10 units subcutaneously (subq- under the skin) in the morning for DM hold if blood sugar is less than 100. These deficient practices had the potential for Resident 4 to be negatively impacted.Findings:During a review of Resident 4's admission Record (AR), the AR indicated the facility admitted Resident 4 on 9/8/2025 with diagnoses including type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), essential (primary) hypertension (HTN-high blood pressure), gastrotomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) and chronic kidney disease (CKD- condition where the kidneys are damaged and cannot function properly over an extended period). During a review of Resident 4's History and Physical (H&P- a foundational medical assessment where a clinician interviews a patient [the history] to understand their symptoms and health background, and then performs a physical exam by observing and palpating the patient's body to find signs of illness or injury) dated 9/9/2025, the H&P indicated Resident 4 did not have the capacity to make healthcare decisions. During a review of Resident 4's Minimum Data Set (MDS - a resident assessment tool) dated 9/9/2025, the MDS indicated Resident 4 sometimes understood and was sometimes understood. During a review of Resident 4's Order Summary Report dated 9/8/2025, the Order Summary Report indicated:- Novolin N FlexPen 100 units/milliliter (ml- a unit of measurement) suspension pen-injector, inject 10 units subcutaneously (subq- under the skin) in the morning for DM hold if blood sugar is less than 100 and inject 12 units subq at bedtime for DM hold if blood sugar is less than 100. - Fasting blood sugar (FSBS- a measure of the glucose in your blood after you've gone at least 8 hours without eating or drinking anything except water) every six (6) hours with no insulin sliding scale coverage, if blood sugar is less than 70 follow the hypoglycemia protocol, if blood sugar is above 250 call and notify the MD and or Nurse Practitioner (NP- a registered nurse with advanced education and training who can perform many tasks similar to a doctor, including diagnosing illnesses, ordering tests, and prescribing medication) every six (6) hours for DM. During a review of Resident 4's Medication and Administration Record (MAR- - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) for September 2025, the MAR on 9/9/2025 at 6 a.m. indicated:- FSBS every 6 hours with no insulin sliding scale coverage, if blood sugar is less than 70 follow hypoglycemia protocol if blood sugar is more than 250 call and notify the MD and or the NP every 6 hours for DM, the MAR indicated 2 (the MAR chart code indicated 2 means drug refused) - Novolin N flexpen 100 units/ml suspension pen injector, inject 10 units subq in the morning for DM hold if the blood sugar is less than 100, the MAR indicated 9 (the MAR chart code indicated 9 means other and or see progress note). During a review of Resident 4's Change in Condition (COC) Evaluation, dated 9/9/2025 at 10:11p.m., the COC Evaluation indicated Resident 4 transferred to hospital related to hypotension, elevated blood sugar level. At 7p.m. Resident 4 in bed, family at bedside, Resident 4 noted difficult to arouse, checked blood sugar noted at 379. The COC evaluation indicated Resident 4's vital signs (basic measurements that reflect how well your body's essential functions are working, including body temperature [a measure of how hot or cold something is, normal range 97.8 to 99], pulse [heart rate- the number of times your heart beats in one minute, normal rate 60 to 100 beats per minute], respiratory [breathing] rate, and blood pressure [normal range systolic pressure (top number) less than 120, diastolic pressure (bottom number) less than 80 millimeters of mercury [mmHg-a unit of measurement]) on 9/9/2025 at 7:05p.m. indicated a blood pressure of 84/49 mmHg, pulse 95, respiration rate 20, temperature of 97.9, oxygen saturation (a medical measurement of the amount of oxygen carried by your red blood cells, expressed as a percentage) 99% on room air (normal range 95 to 100%) and a blood glucose (the amount of glucose [sugar] in the blood) 379 (normal random range less than 125 milligrams per deciliter [mg/dL-a unit of measurement) mg/dL. The Medical Doctor (MD 1) was made aware of Resident 4's condition on 9/9/2025 at 7:30p.m. During a concurrent interview and record review on 9/25/2025 at 1:10 p.m. of Resident 4's September MAR with the Assistant Director of Nursing (ADON), the ADON reviewed blood sugar on MAR and the ADON stated Resident 4's blood sugar was check at 12:04 a.m. it was121 then check at 11:56 a.m. Resident 4's blood sugar was 109

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain accurate clinical records in accordance with acceptable professional standards and practices for one of five sampled residents (Resident 4) by failing to:1. Ensure Licensed Vocational Nurse (LVN) 4 documented a progress note on 9/9/2025 at 6 a.m. when Resident 4's Medication Administration Records (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) indicated 9 (see progress note). 2. Ensure LVN 5 accurately documented in Resident 4's MAR after Resident 4 was discharged to the General Acute Care Hospital (GACH) 2. These deficient practices resulted in inaccurate documentation of Resident 4's records.Findings: A review of Resident 4's admission Record (AR) indicated the facility admitted Resident 4 on 9/8/2025 with diagnoses including type two diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing), essential (primary) hypertension (HTN - high blood pressure), gastrotomy (g-tube a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) and chronic kidney disease (CKD - condition where the kidneys are damaged and cannot function properly over an extended period).A review of Resident 4's History and Physical (H&P), dated 9/9/2025, indicated Resident 4 did not have the capacity to make healthcare decisions.A review of Resident 4's Minimum Data Set (MDS - a resident assessment tool), dated 9/9/2025, the MDS indicated Resident 4 sometimes understood and was sometimes understood.A review of Resident 4's Order Summary Report, dated 9/8/2025, indicated:- Enteral feed order every night shift change tubing syringe daily.- Apply abdominal binder per shift to prevent pulling out g-tube, check placement per shift. - Apply low bed mattress bilateral floormats prevent injury from unassisted transfer or ambulation per shift, check placement per shift.- 1/4 side rails up by two (2) as enabler for turning and repositioning, check placement per shift, every shift.- Enteral feed order every shift crush and dilute medication with water prior to administering via tube feeding as appropriate.- Enteral feed order every shift elevate head of bed (HOB) 30 to 45 degrees during feeding.- Enteral feed order every shift check for placement, patency and residual. If residual is more than 60 milliliters (ml- a unit of measurement), hold feeding until residual diminishes.- Enteral feed order every shift flush g-tube with 60 ml water per hour for 20 hours to provide 1200 ml a day via pump.- Enteral feed order every shift oral care, use swab and or suction as appropriate.- Monitor for pain every shift and chart intensity of pain using 1 to 10 numeric pain scale, 0= no pain, 1 to 4= mild pain, 5 to 7= moderate pain, 8-9=severe pain, 10= excruciating pain, every shift.- Monitor for side effects of anticonvulsant medication: 0=none, 1=ataxia, 2=dizziness, 3=drowsiness, 4=confusion, 5=gastrointestinal irritability, 6=nausea and vomiting, 8=rash, every shift for gabapentin use.- Monitor for signs and symptoms of central nervous system (CNS) and respiratory side effects related to opioid use such as 0=none, 1=excitement, 2=restlessness, 3=CNS depression, 4=agitation, 5=headache, 6=dizziness, 7=tremor, 8=insomnia, 9=fatigue, 10=anxiety, 11=drowsiness, every shift for hydromorphone use.- Monitor and or document and or report as need sign and symptoms of hypoglycemia: sweating, tremor, increased heart rate, pallor, nervousness, confusion, slurred speech, lack of coordination, staggering gait per shift, every shift if symptoms exist, assess resident and report findings to the doctor.- Monitor and or document and or report as need for sign and symptoms of hyperglycemia, increase thirst and appetite, weight loss, fatigue, dry skin, poor healing, muscle cramps, abdominal pain, deep labored breathing acetone (fruity) breath, stupor, coma per shift every shift if symptoms exist, assess the resident and report findings to the doctor.- Gabapentin (medication used to treat nerve pain) capsule 100 milligram (mg- a unit of measurement) 1 capsule via g-tube one time a day for peripheral neuropathy.- Hydromorphone (medication used to treat pain) oral liquid 1 mg per ml give 2 ml via g-tube every 12 hours for pain management hold if drowsy or respiratory rate is under 12.- Novolin N flexpen (medication used to treat DM) 100 units/ml suspension pen injector, inject 10 units subcutaneously in the morning for DM hold if the blood sugar is less than 100, and inject 12 units subcutaneously at bedtime for DM hold if blood sugar is less than 100.A review of Resident 4's MAR, for September 2025, indicated on 9/9/2025:- Novolin N flexpen 100 units/ml suspension pen injector, inject 10 units subcutaneously in the morning for DM hold if the blood sugar is less than 100. The MAR indicated LVN 5 documented 9 (the MAR chart code indicated 9 means other and or see progress note).- Enteral feed order every night shift change tubing syringe daily. The MAR indicated LVN 5 signed off task as completed - Apply abdominal binder per shift to prevent pulling out g-tube, check