STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065425	A. Building B. Wing	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center at Foresight Llc, The	606 Foresight Cir E Grand Junction, CO 81505

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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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews the facility failed to ensure the self-administration of medications was clinically appropriate for four (#1, #15, #28 and #40) of four residents reviewed for self-administration of medications out of 33 sample residents. Specifically, the facility failed to ensure an assessment was completed in order to determine if the self-administration of medications was clinically appropriate for Resident #1, Resident #15, Resident #28 and Resident #40.Findings include:I. Facility policy and procedure The Self-Administration of Medication policy, revised 2/8/23, was received from the medical records director on 3/19/26 at 11:02 a.m. The policy read, Residents have the right to self-administer medications if the interdisciplinary team (IDT) has determined that it is clinically appropriate and safe for the resident to do so. As part of their overall evaluation, the nursing staff will assess each resident's mental and physical abilities to determine whether self-administering medications is clinically appropriate for the resident. In addition to general evaluation of decision -making capacity, the nursing staff will perform a more specific skill assessment, including (but not limited to) the residents:-Ability to read and understand medication labels;-Comprehension of the purpose and proper dosage and administration time fo his or her medications;-Ability to remove medicine from a container and to ingest and swallow (or otherwise administer) the medications; and, -Ability to recognize the risks and major adverse consequences of his or her medications. The nursing staff will document their findings and the choices of residents who are able to self-administer medication.II. Resident #1A. Resident statusResident #1, age [AGE], was admitted on [DATE]. According to the March 2026 computerized physician orders (CPO), diagnoses included hemiplegia and hemiparesis (hemiparesis is characterized by partial muscle weakness or reduced coordination, whereas hemiplegia is defined by total paralysis or complete loss of movement on that side), following a cerebral infarction, aphasia, acute respiratory failure, chronic obstructive pulmonary disease (COPD) and atrial fibrillation (the most common type of irregular heart rhythm).The 2/10/26 minimum data set (MDS) assessment revealed the resident was moderately cognitively impaired with a brief interview for mental status (BIMS) score of 10 out of 15. He required maximum assistance with activities of daily living (ADL). B. Observations On 3/16/26 at 3:30 p.m. a container of Voltaren medication (a topical pain medication) was observed on Resident #1's bedside table. On 3/17/26 at 10:11 a.m. a container of Voltaren medication was observed on Resident #1's bedside table. On 3/18/26 at 12:15 p.m. a container of Voltaren medication was observed on Resident #1's bedside table. C. Resident interviewResident #1 was interviewed on 3/18/26 at 12:26 p.m. Resident #1 said his wife assisted him to administer the Voltaren cream medication to himself when needed. He said he kept the cream at his bedside. D. Record reviewThe self-administration of medications care plan, initiated 2/10/26, revealed Resident #1 could self-administer Biotene Dry Mouth Moist Spray Mouth/Throat solution per physician's orders. Interventions included assessing/monitoring the resident's ability to self-administer medications, monitoring the residents' self-administration frequently and obtaining an order from the physician to self-administer medication.-However, the care plan failed to indicate Resident #1 was able to self-administer Voltaren cream.A self-administration of medications assessment, dated 2/17/26, documented Resident #1 was (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	able to self-administer two medications, fluticasone, and nasal suspension. -The self-administration assessment failed to indicate the resident had been assessed to self-administer Voltaren cream. -A review of Resident #1's March 2026 CPO on 3/17/26 did not reveal a physician's order for Voltaren cream nor a physician's order for self-administration of Voltaren cream. A second review of Resident #1's March 2026 CPO on 3/19/26 revealed the following physician's order: Patient may have Voltaren, fluticasone and Biotene at bedside for self-administration, ordered 3/19/26 at 8:31 a.m -However, the physician's order was not obtained until after the concern was identified during the survey. III. Resident #40A. Resident status Resident #40, age [AGE], was admitted on [DATE]. According to the March 2026 CPO, diagnoses included chronic obstructive pulmonary disease (COPD).The 3/13/26 MDS assessment revealed the resident was cognitively intact with a BIMS score of 13 out of 15. She required maximum assistance with ADLs. B. Resident observations and interviewOn 3/17/26 at 8:40 a.m. an albuterol inhaler and Ayr nasal gel medication were observed on Resident #40's bedside table. The albuterol inhaler was in reach for her to use.Resident #40 said she had had the albuterol inhaler next to her since she was admitted to the facility because she had trouble breathing and used the medication frequently. On 3/18/26 at 9:35 a.m. an albuterol inhaler and Ayr nasal gel medication remained on Resident #40's bedside table. The albuterol inhaler was in reach for her to use.C. Record review -Review of Resident #40's electronic medical record (EMR) failed to reveal a self-administration of medications care plan, a physician's order to self-administer the albuterol inhaler and Ayr nasal gel, or that a self-administration of medications assessment had been completed to determine if the resident was clinically appropriate to self administer medications.IV. Resident #28A. Resident statusResident #28, age [AGE], was admitted on [DATE]. According to the March 2026 CPO, diagnoses included arthritis, type 2 diabetes, hypertension, edema and pulmonary disease. The 12/29/25 MDS assessment revealed the resident was moderately cognitively impaired with a BIMS score of 12 out of 15. She required maximum assistance with ADLs. B. Resident observations and interviewOn 3/16/26 at 4:05 p.m. saline nasal spray and Ayr nasal gel medications were observed on Resident #28's bedside table. On 3/17/26 at 10:02 a.m. saline nasal spray and Ayr nasal gel medications were observed on Resident #28's bedside table.Resident #28 said she used the nasal spray and the nasal gel to keep her airway open due to the dryness in the facility. She said she used the medication at home and told the nurse she wanted the medication next to her. On 3/18/26 at 11:43 a.m. the saline nasal spray and Ayr nasal gel medications remained on Resident #28's bedside table.C. Record review -Review of Resident #28's electronic medical record (EMR) failed to reveal a self-administration of medications care plan, a physician's order to self-administer the Ayr nasal gel and saline nasal spray, or that a self-administration of medications assessment had been completed to determine if the resident was clinically appropriate to self administer medications.V. Resident #15A. Resident statusResident #15, age [AGE], was admitted on [DATE]. According to the March 2026 CPO, diagnoses included femur fracture and hypertension. The 3/3/26 MDS assessment revealed the resident was moderately cognitively impaired with a BIMS score of 11 out of 15. She required maximum assistance with ADLs. B. Resident observations and interviewOn 3/18/26 at 8:51 a.m. a bottle of AlgaeCal (a plant-based calcium supplement designed to support bone health) was observed on Resident #15's bedside table.On 3/19/26 at 9:08 a.m. the bottle of AlgaeCal remained on Resident #15's bedside table.Resident #15 was interviewed on 3/19/26 at 9:08 a.m., she said she wanted the AlgaeCal left at her bedside because she took the supplement with her meals. She said the bottle of AlgaeCal was labeled with her name and the facility knew she had the medications next to her. C. Record reviewThe self-administration of medications care plan, initiated 3/17/26 (during the survey), revealed Resident #15 could self-administer medications per physician's orders. Interventions included assessing/monitoring the resident's ability to self-administer medications, monitoring the residents' self-administration frequently and obtaining an order from the physician to self-administer medication.-However, the care plan failed to specify what medications the resident was able to self-administer.Review of Resident #15's March 2026 CPO revealed the following (continued on next page)

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	physician's order:Patient may self-administer and keep medications at bedside two times a day for vitamin deficiency. -However, the physician's order failed to specify which medication Resident #15 was able to keep at her bedside.-Review of Resident #15's EMR failed to reveal that a self-administration of medications assessment had been completed to determine if the resident was clinically appropriate to self administer medications. VI. Staff interviews Licensed practical nurse (LPN) #1 was interviewed on 3/18/26 at 4:30 p.m. LPN #1 said medications left at the residents' bedsides needed to have a physician's order and an assessment had to be completed for safe administration. Registered nurse (RN) #1 was interviewed on 3/18/26 at 12:35pm. RN #1 said in order to have medications left at residents' edsides, a physician's order needed to be obtained and an assessment for safety of self-administration of medications had to be completed. The director of nursing (DON) was interviewed on 3/19/26 at 10:25 a.m. The DON said the residents often asked to have their own medications at their bedside. She said the process for residents to be able to keep medications at their bedside was to obtain a physician's order and to complete a self-administration medication assessment for evaluation of safe administration. VII. Facility follow-upOn 3/18/26 at 4:30 p.m. the medical records director provided the following information via email:For Resident #1:Resident #1's self-administration of medications care plan was revised on 3/18/26 to include the self-administration of fluticasone propionate nasal suspension per physician's orders.-However, the care plan was not updated until the concern was brought to the facility's attention during the survey (see record review above). -Additionally, the 3/18/26 revised care plan failed to include the self-administration of Voltaren cream, which was the medication observed at the resident's bedside on 3/16/26, 3/17/26 and 3/18/26 (see observations above).-There was no documentation provided by the medical records director to indicate that a self-administration assessment was completed to include the self-administration of Voltaren cream.For Resident #28:A self-administration of medications was care plan was initiated on 3/18/26 (during the survey) and indicated Resident #28 could self-administer medications per physician's orders. Interventions included completing a self-administration evaluation to ensure the resident was able to self-administer medications safely, assessing/monitoring the resident's ability to self-administer medications, monitoring the residents' self-administration frequently and obtaining an order from the physician to self-administer medication.-However, the care plan failed to specify what medications the resident was able to self-administer. -Additionally, the care plan was not initiated until the concern was brought to the facility's attention during the survey (see record review above).The following physician's order was obtained for Resident #28:Okay to keep Ayr nasal gel and saline nasal spray at bedside, ordered 3/18/26 at 4:01 p.m. (during the survey).-However, the physician's order was not obtained until the concern was brought to the facility's attention during the survey (see record review above).A self-administration assessment was completed by the DON on 3/18/26 at 4:05 p.m. (during the survey). The assessment indicated Resident #40 was able to self-administer her albuterol inhaler.-However, the self-administration assessment was not completed until the concern was brought to the facility's attention during the survey (see record review above).For Resident #15:A self-administration assessment was completed by the DON on 3/18/26 at 2:26 p.m. (during the survey). The assessment indicated Resident #15 was able to self-administer AlgaeCal two times daily. -However, the self-administration assessment was not completed until the concern was brought to the facility's attention during the survey (see record review above).On 3/23/26 at 6:28 p.m. (after the survey exit) RN #2 provided the following information via email:For Resident #40:A self-administration of medications was care plan was initiated on 3/19/26 (during the survey) and indicated Resident #40 could self-administer medications per physician's orders. Interventions included completing a self-administration evaluation to ensure the resident was able to self-administer medications safely, assessing/monitoring the resident's ability to self-administer medications, monitoring the residents' self-administration frequently and obtaining an order from the physician to self-administer medication.-However, the care plan failed to specify what medications (continued on next page)

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the resident was able to self-administer. -Additionally, the care plan was not initiated until the concern was brought to the facility's attention during the survey (see record review above).The following physician's order was obtained for Resident #40:Okay to have albuterol inhaler at bedside for self-administration, ordered 3/19/26 at 8:32 a.m. (during the survey).-However, the physician's order was not obtained until the concern was brought to the facility's attention during the survey (see record review above).A self-administration assessment was completed by the DON on 3/19/26 at 8:33 a.m. (during the survey). The assessment indicated Resident #40 was able to self-administer her albuterol inhaler.-However, the self-administration assessment was not completed until the concern was brought to the facility's attention during the survey (see record review above).-There was no documentation provided by RN #2 to indicate that a physician's order had been obtained and a self-assessment had been completed to determine if Resident #40 was clinically appropriate to administer the Ayr nasal gel medication observed at the resident's bedside on 3/17/26 and 3/18/26 (see observations above).

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews the facility failed to ensure antibiotics were not ordered or administered prior to receiving culture and sensitivity for three (#20, #60 and #72) of nine residents reviewed for antibiotic stewardship out of 33 sample residents. Specifically, the facility failed to ensure the urinalysis culture and sensitivity (a test that detects bacteria or yeast in urine, identifies the specific organism causing an infection, and determines which antibiotics will treat it effectively) test results were obtained prior to starting Resident #20, Resident #60 and Resident #72 on antibiotics for potential urinary tract infections (UTI).Findings include:I. Facility policy and procedure The Antibiotic Stewardship policy and procedure, revised 1/29/25, was provided by the medical records director on 3/19/26 at 1:44 p.m. The policy read, The Antibiotic Stewardship Program has been developed to promote appropriate use of antibiotics while optimizing the treatment of infections, at the same time reducing the possible adverse events associated with antibiotic use. The goal of this policy is to limit antibiotic resistance in the post-acute setting, while improving treatment efficacy and patient safety. Antibiotic stewardship activities should, at a minimum, include these basic elements: leadership, accountability, drug expertise, action to implement recommended policies or practices, tracking measures, reporting data, education for clinicians, nursing staff, patients and families about antibiotic resistance and opportunities for improvement. The infection preventionist (IP) or designee will be responsible for infection surveillance and monitoring, detecting and reporting multi-drug resistance organisms (MDRO) tracking. The IP will collect and review data such as:-Type of antibiotic ordered, and route of administration;-Whether appropriate tests such as cultures were obtained before ordering antibiotics; and,-Whether the antibiotic was changed during the course of treatment. Patients that are admitted from the hospital will also be tracked. The infection preventionist or designee will assess if the resident meets criteria to continue antibiotics from the hospital. If the resident does not meet criteria, the physician is to be notified to see if they want to continue with the antibiotic as ordered or discontinue it.II. Resident #72 A. Resident statusResident #72, age [AGE], was admitted on [DATE]. According to the March 2026 computerized physician orders (CPO), diagnoses included metabolic encephalopathy, heart failure, acute respiratory failure and diabetes.The 3/18/26 minimum data set (MDS) assessment revealed the resident was moderately cognitively impaired with a brief interview for mental status (BIMS) score of 12 out of 15. She required minimum assistance with activities of daily living (ADL). B. Record review-Review of Resident #72's comprehensive care plan review revealed no care plan focus for a UTI. Review of the urinalysis (UA) results for Resident #72, dated 3/17/26 at 4:04 p.m. revealed the resident's urine was positive for urine nitrites (typically indicate a urinary tract infection (UTI), where bacteria convert dietary nitrates in the urine into nitrites) and urine leukocytes (white blood cells which typically indicate an immune response to UTIs, kidney infections or inflammation). Review of Resident #72's urine culture and sensitivity (C&S) final test results, dated 3/19/26 at 8:08 a.m., revealed multiple bacterial morphotypes present, indicating probable contamination. The laboratory suggested appropriate recollection of another urine specimen with timely delivery to the laboratory, if clinically indicated.Review of Resident #72's March 2026 CPO revealed the following physician's orders:Macrobid (antibiotic) 100 milligrams (mg), give one tablet by mouth two times a day for seven days for a urinary tract infection (UTI), ordered 3/18/26 at 4:41 p.m.-However, the physician's order was obtained prior to the facility receiving the UA C&S test results on 3/19/26 (which indicated the resident's urine sample was likely contaminated and required recollection (see C&S test results above). Please check urinalysis for dysuria on 3/20/26, ordered 3/10/26 at 11:58 a.m Review of Resident #72's March 2026 medication administration record (MAR) revealed the resident received two doses of Macrobid 100 mg (on 3/18/26 at 8:00 p.m. and 3/19/26 at 8:00 a.m.).III. Resident #20 A. Resident statusResident #20, age [AGE], was admitted on [DATE]. According to the 1/20/26 CPO, diagnoses included fusion of the spine, muscle weakness and spinal (continued on next page)

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