STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085039	A. Building B. Wing	02/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Castle Health and Rehabilitation Center	32 Buena Vista Drive New Castle, DE 19720

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 48409 Based on observation and record review, it was determined that the facility failed to promote R2's dignity by keeping R2's urinary collection bag in a privacy bag. Findings include: 7/1/15 - R2 was admitted to the facility. 10/12/23 - R2 's care plan documented, Requires urinary catheter for the diagnosis of retention with incomplete bladder emptying and obstructive uropathy. 12/28/23 - R2's physicians orders documented, Ensure the Foley bag (urinary collection bag) is covered every shift. 1/17/24 - R2 was observed lying in her bed at 8:30 AM, 10:30 AM, 12:30 PM. The urinary collection bag was not in the privacy bag and was visible from the hallway. 1/17/23 12:45 PM - Findings were confirmed with E52 (UM). 1/29/24 2:37 PM - Findings were reviewed E1 (NHA) and E2 (DON).

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. 32810 Based on interview and record review it was determined that for one (R474) out of one resident reviewed for choices, the facility failed to ensure the right to self-determine when R474's preference for showers were not completed. Findings include: 1. Review of R474's clinical record revealed: 8/2/22 - A significant change MDS assessed R474 as cognitively intact and the preference to choose type of bathing as very important. Review of facility shower schedule revealed that R474 was scheduled to receive two showers a week initially on Tuesdays/Fridays then a change to Monday/Thursday on evening shift. Review of CNA Point of Care [POC] record revealed R474 had the following: June 2022 - Three showers received. July 2022 - One shower received. August 2022 - Two showers received. During an interview on 1/25/24 at 3:18 PM, E2 (DON) explained that residents are supposed to receive two showers a week based on their room location. E2 then confirmed that R474 had not received at least two showers a week. 1/29/24 2:37 PM - Findings were reviewed E1 (NHA) and E2 (DON).

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. 32545 Based on interview and record review, it was determined that for six (R25, R29, R31, R43, R56 and R119) out of six residents reviewed for advance directive, the facility failed to offer the opportunity to formulate an advance directive for each resident. Findings include: 1. R25's clinical record revealed: 5/4/23 - R25 was admitted to the facility. 5/11/23 - R25's admission MDS assessment documented the resident's BIMS as 11. While R25's initial mental status upon admission to the facility was moderately impaired, R25's BIMS was re-evaluated as a 14 on 8/1/23, 14 on 10/24/23 and 13 on 1/3/24, which reflected the resident was cognitively intact. Review of R25's clinical record lacked documented evidence that the resident was offered to formulate an advance directive. 1/25/24 at 10:58 AM - During an interview with E6 (Regional) and E7 (SW), E6 stated that they (the facility) are not doing it (offering residents to formulate an advance directive). 2. R29's clinical record revealed: 5/19/23 - R29 was admitted to the facility. 5/24/23 - R29's admission MDS assessment documented the resident's BIMS as 13. Review of R29's clinical record lacked documented evidence that the resident was offered to formulate an advance directive. 1/25/24 at 10:58 AM - During an interview with E6 (Regional) and E7 (SW), E6 stated that they (the facility) are not doing it (offering residents to formulate an advance directive). 3. R31's clinical record revealed: 10/31/23 - R31 was admitted to the facility. 11/3/23 - R31's admission MDS assessment documented the resident's BIMS as 13. Review of R31's clinical record lacked documented evidence that the resident was offered to formulate an advance directive. 1/25/24 at 10:58 AM - During an interview with E6 (Regional) and E7 (SW), E6 stated that they (the facility) are not doing it (offering residents to formulate an advance directive). (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. R43's clinical record revealed: 3/20/23 - R43 was readmitted to the facility. 7/11/23 - R43's annual MDS assessment documented the resident's BIMS as 15. Review of R43's clinical record lacked documented evidence that the resident was offered to formulate an advance directive. 1/25/24 at 10:58 AM - During an interview with E6 (Regional) and E7 (SW), E6 stated that they (the facility) are not doing it (offering residents to formulate an advance directive). 5. R119's clinical record revealed: 11/10/23 - R119 was admitted to the facility. 11/17/23 - R119's admission MDS assessment documented the resident's BIMS as 14. Review of R119's clinical record lacked documented evidence that the resident was offered to formulate an advance directive. 1/25/24 at 10:58 AM - During an interview with E6 (Regional) and E7 (SW), E6 stated that they (the facility) are not doing it (offering residents to formulate an advance directive). 6. R56's clinical record revealed: 8/1/23 - R56 was admitted to the facility. 8/8/23 - R56's admission MDS assessment documented the resident's BIMS as 15. 1/25/24 at 9:55 AM - During an interview, R56 stated that she was not offered to formulate an advance directive. 1/25/24 at 10:03 AM - During an interview and when asked if she offered R56 to formulate an advance directive, E7 (SW) stated that she completed a DMOST form with R56. E7 stated that she does not coordinate with the Ombudsman's office regarding formulating advance directives for residents. 1/25/24 at 10:58 AM - During an interview with E6 (Regional) and E7 (SW), E6 stated that they (the facility) are not doing it (offering residents to formulate an advance directive). 1/29/24 2:37 PM - Findings were reviewed E1 (NHA) and E2 (DON).

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. 48409 Based on observation, interview, and record review, it was determined that the facility failed to ensure that R106 was free from side rails that were not required to treat the resident's medical condition. A facility policy titled, Bed rail policy, dated 3/10, and revised 4/24/23 documented, The use of bed rails will be limited to circumstances where they are used to treat a medical condition and enhance the residents' functional abilities. 11/7/22 - R106 was admitted to the facility with diagnoses including muscles weakness, and seizure disorder. 11/7/22 - R106's admission side rail assessment documented, No medical needs, and resident does not benefit from the use of side rails. 4/27/23 - R106's quarterly nursing side rail assessment documented, No medical needs for bed rails, and resident does not benefit from side rails. 12/27/23 - R106's quarterly MDS assessment documented that R106 was completely dependent on staff for bed mobility and transfers. 1/1/24 R106's quarterly MDS documented, No bed rails. 1/16/24 9:30 AM - R106 was observed lying in his bed with two long bed rails in the raised position. 1/16/24 11:30 AM - R106 was observed lying in his bed with two long bed rails in the raised position. 1/17/24 10:15 AM - R106 was observed lying in his bed with two long bed rails in the raised position. 1/24/24 9: 15 AM - A review of R106's physician's orders, and Kardex lacked documentation of physician's orders for the two side rails. 1/24/24 10:15 AM - During an interview, E52 (UM) stated, R106 does not use the side rails for bed motility or transfers. He is completely dependent on staff for all his care. E52 (UM) confirmed the presence of the bed rails. 1/24/24 10:30 AM - During an interview E1 (NHA), stated that R106 does not use the bed rails for bed mobility. 1/29/24 2:37 PM - Findings were reviewed E1 (NHA) and E2 (DON).

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 48409 Based on observation, interview, and record review, it was determined for one (R106) out of three residents review for resident assessment the facility failed to accurately document R106's side rails on the MDS assessments. 11/7/22 - R106 was admitted to the facility with diagnoses including muscles weakness, and seizure disorder. 1/24/23 11:29 AM - R106's medical records documented, .[R106's] sister requested that side rails be placed on the bed .care plan updated, nurse practitioner made aware. 1/24/24 9:00 AM - A review of R106's MDS assessments for the dates of 2/7/23, 2/24/23, 5/23/23, 7/25/23, 10/19/23, and 1/1/24 documented, No bed rails. During an interview E52 (UM) stated, I have been working here for about one and a half year, and he [R106] has had those side rails. During an interview with the E53 (LPN RNAC) stated, I did not know that he [R106] had side rails. 1/29/24 2:37 PM - Findings were reviewed E1 (NHA) and E2 (DON).

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 40264 Based on interview and record review it was determined that for one (R84) out of three residents reviewed for PASARR, the facility failed to ensure a referral for a new PASARR screening after changes to R84's mental health diagnoses. Findings include: Review of R84's clinical record revealed: 10/8/20 - A Level II PASARR was completed for R84. 10/2/22 - A progress noted documented that R84 was being seen by psych for new mental health diagnoses including adjustment disorder with depressed mood, major depressive disorder severe with recurrent symptoms and delusional disorders. 1/24/24 1:00 PM - In an interview, E7 (SW) stated that R84 did not have an updated PASARR evaluation. 1/24/24 1:30 PM - During an interview, E1 (NHA) stated that E7 just started doing her PASARR audits. 1/24/23 4:03 PM - In an email correspondence, P1 (PASARR State Authority) confirmed that the facility should have submitted a resident review for R84. 1/29/24 2:37 PM - Findings were reviewed E1 (NHA) and E2 (DON).

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 48409 Based on observation, interview and record review for one (R106) out of three residents reviewed for careplans, it was determined that the facility failed to accurately develop and implement a comprehensive person-centered care plan for R106's use of bed rails. Findings include: 11/7/22 - R106 was admitted to the facility with diagnoses including muscles weakness, and seizure disorder. 1/24/23 11:29 AM - R106's medical records documented, .R106's sister requested that side rails be placed on the bed .care plan updated, nurse practitioner made aware. 1/16/24 9:30 AM - R106 was observed laying on a concave mattress in bed with two long bed rails in the raised position. 1/16/24 11:30 AM - R106 was observed laying on a concave mattress in bed with two long bed rails in the raised position. 1/17/24 10:15 AM - R106 was observed laying in a concave mattress in bed with two long bed rails in the raised position. 1/24/24 9:15 AM - A review of R106's care plans lacked evidence for the use of the bed rails. During an interview E52 (UM) stated, I have been working here for about one and a half year, and he (R106) has had those side rails. During an interview with the E53 (LPN RNAC) stated, I did not know that he (R106) had side rails. 1/29/24 2:37 PM - Findings were reviewed E1 (NHA) and E2 (DON).

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 32810 Based on record review and interview it was determined that for one (R476) out of three residents reviewed for accidents the facility failed to ensure R476 received adequate supervision during a transfer. Findings include: Review of R476's clinical record revealed: R476' care plan for falls last reviewed 3/17/22 included the intervention to transfer the resident with assistance of two staff members. 4/4/22 - A physical therapy discharge summary documented, Staff reports consistent one person transfers, on average moderate assist fluctuates depending on patients level of motivation for the task. There was no documented change in R476's clinical record to change to one person assistance transfers. 8/29/22 - A quarterly MDS assessment documented R476 as being cognitively impaired and requiring total assistance of two staff members for transfers with impairment to one side. 11/21/22 - A quarterly MDS assessment documented R476 as being cognitively impaired and requiring extensive assistance of two staff members for transfers with impairment to one side. 11/30/22 - The facility reported an incident to the State Agency that, On 11/28/22 resident complained of pain in right knee. Area noted to be swollen NP made aware ordered x-ray. Transfer was appropriate per staff who assisted him .Aides suspended pending rule out abuse . 1/25//24 - A Review of the CNA Kardex [undated] indicated R476's transfer status as requiring assistance of two staff members. During an interview on 1/25/24 at 3:22 PM, E20 (CNA) confirmed that on 11/28/22 he transferred R476 from the wheelchair to the bed alone, without the assistance of another staff. E20 denied any fall or other adverse circumstance occurred during the transfer. E20 stated, that R476, was a one person assist. He just stood cried then sat on the bed. I changed him then I notified the nurse about it. During an interview on 1/25/24 at 1:31 PM, E2 (DON) confirmed R476's orders and care plan documented R476 required assistance of two staff members for transfers. During an interview on 1/29/24 at 8:56 AM, E12 (PT) stated residents should be transferred consistent with what the Kardex and careplan's. 1/29/24 2:37 PM - Findings were reviewed E1 (NHA) and E2 (DON).

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 48409 Based on observation, interview and record review, it was determined that for one (R31) out of three residents reviewed for bowel and bladder, the facility failed to ensure that R31 was appropriately assessed on admission to ensure that treatment and services were provided to promote continence of bladder and bowel to the extent possible. 10/31/23 - R31 was admitted to the facility with diagnoses including muscle weakness gait abnormality and diabetes. 10/31/23 - R31's admission bowel and bladder assessment lacked documentation of whether she was continent or incontinent of bowel. R31's bladder assessment documented, no altered bladder elimination. 10/31/23 - R31's Kardex (electronic record for care givers for resident's care) documented, Assist of one (1) with mobility, provide incontinence care as needed. 11/3/23 - R31's admission MDS documented a BIMS score of 13 indicating cognitively intact. 11/7/23 - R31's urinary care plan documented, [R31] is incontinent of bowel and bladder, with interventions including, Check and change as needed. 1/7/24 - R31's admission MDS documented, No trial toileting program .has a trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) been attempted on admission? (No) and frequently incontinent of bowel and bladder. 1/17/24 11:30 AM - During an interview with R31 in her room about bowel and bladder continence, R31 stated, I did not wear this kind of thing (pulling at her pants and pointing to the top of a plastic brief) when I was at home. I used to go on the toilet when I wanted to pee. Sometimes I did not make it to the toilet to poop on time, but I am wet a lot now. Look, I am wet now. During an interview with E54 (CNA) stated she was not aware of any residents on a toileting program. E54 stated, I check them during my shift and change them if they are wet. During another interview with E55 (CNA) stated, I don't know anything about a toileting program. I check to see if they are wet and change them. 1/18/24 12:15 PM - During an interview E2 (DON) stated, the facility does not have a policy for bowel and bladder assessment for new residents, and residents that might have had a change in continence status. E2 stated, The nurses use the bowel and bladder records to evaluate the residents' toileting for the first 3 days after admission, and a care plan is formed based on that information. 1/23/24 8:15 AM - A review of R31's bowel records from 12/25/23 -1/20/24 (a total of twenty- seven days) revealed 14 episodes of continence, and 42 episodes of incontinence. R31's bladder records revealed 23 episodes of continence, and 58 episodes of incontinence. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1/24/24 10:15 AM - During an interview with E53 (MDS LPN) stated, The nurses do the assessments on the floors, and I do the MDS assessments, and care plans based on the flowsheets. 1/29/24 2:37 PM - Findings were reviewed E1 (NHA) and E2 (DON).

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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. 32810 Based on record review and interview it was determined that for one (R475) out of four residents reviewed for nutrition the facility failed to implement interventions related to risk for weight loss when the weekly weights were missed and percentage of supplement consumed was not documented. Findings include: The facility policy on Resident weights, last updated 12/12/23 indicated, Weights will be obtained routinely in order to monitor national health over time. Each residents weight will be determined upon admission/readmission to the facility, weekly for the first four weeks after admission/readmission and monthly or more often if risk is identified, or as ordered. Nursing is responsible for obtaining weights. Review of R475's clinical record revealed: 2/6/23 - 2/16/23 - Hospital records documented, Weight 122.75 pounds [55.8 KG] history and physical reports poor appetite and decreased intake .nutrition problem related to increased nutrient needs. Readmission risk moderate. 2/16/23 - R475 was admitted to the facility with multiple diagnosis including dementia and dysphagia. 2/17/23 - An admission MDS assessment documented R475 as having a poor appetite, weighing 118 pounds and receiving a mechanically altered therapeutic diet. 2/21/23 - A care plan for risk of nutrition was created that included interventions to monitor weight per protocol, monitor intakes, and Boost supplement nightly. 2/22/23 - A physicians order was written for weight on admission and then weekly for four weeks. 2/24/23 - A physicians order was written for house supplement 90 milliliters with meals. 3/3/23 - A physicians order was written for Boost supplement in the evening with dinner tray. Review of R475's weight's revealed the following: 2/16/23 - 118. 2/22/23 - 110. 3/2/23 - No weekly weight obtained. 3/6/23 - 101. February 2023 - Review of R475's MAR revealed amount of supplements consumed was not recorded. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/26/23 at 11:35 AM, E21 (RD) confirmed that supplement intakes for R475 should have been recorded and that one weekly weight was not obtained. 1/29/24 2:37 PM - Findings were reviewed E1 (NHA) and E2 (DON).

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. 48409 Based on observation, interview, and record review, the facility failed to accurately assess R106's medical condition for the necessary use of two (2) bed rails. Additionally, the facility failed to ensure the bed rail padding was provided on the bed rails as documented in R106's medical records. Findings include: A facility policy titled, Bed rail policy, dated 3/10, and revised 4/24/23 documented, The use of bed rails will be limited to circumstances where they are used to treat a medical condition and enhance the residents' functional abilities. 11/7/22 - R106 was admitted to the facility with diagnoses including muscles weakness, and seizure disorder. 11/7/22 - R106's admission side rail assessment documented, No medical needs, and resident does not benefit from the use of bed rails. 4/27/23 - R106's quarterly nursing side rail assessment documented, No medical needs for bed rails, and resident does not benefit from bed rails. 6/29/23 - R106's Kardex, and care plan documented, Bed rail padding. 12/27/23 - R106's quarterly MDS assessment documented that R106 was completely dependent on staff for bed mobility and transfers. 1/1/24 - R106's quarterly MDS documented, No bed rails. 1/16/24 9:30 AM - R106 was observed lying on a concave mattress in bed with two long bed rails in the raised position. The bed rails padding was not observed. 1/16/24 11:30 AM - R106 was observed lying on a concave mattress in bed with two long bed rails in the raised position. The bed rails padding was not observed. 1/17/24 10:15 AM - R106 was observed lying in a concave mattress in bed with two long bed rails in the raised position. The bed rails padding was not observed. 1/24/24 9:15 AM - A review of R106's physician's orders lacked documentation of orders for bed rails, the bed rails padding, and the concave mattress. R106's Kardex lacked documentation of the two bed rails. 1/24/24 10:15 AM - During an interview, E52 (UM) stated, R106 does not use the bed rails for bed motility or transfers. He is completely dependent on staff for all his care. E52 (UM) confirmed the presence of the bed rails, and the lack of the bed rail padding. (continued on next page)

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	085039	A. Building B. Wing	02/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Castle Health and Rehabilitation Center	32 Buena Vista Drive New Castle, DE 19720

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1/24/24 10:30 AM - During an interview E1 (NHA), stated that R106 does not use the bed rails for bed mobility. E1 confirmed the absence of padding on the bed rails. 1/29/24 2:37 PM - Findings were reviewed E1 (NHA) and E2 (DON).

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F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that the resident and his/her doctor meet face-to-face at all required visits. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32545 Based on record review and interview, it was determined that for three (R29, R43 and R99) out of six residents reviewed for physician services, the facility failed to ensure each resident was seen for the required physician visits. Findings include: 1. R29's clinical record revealed: 5/19/23 - R29 was admitted to the facility. 5/25/23 - R29 was seen by E4 (Physician) for the initial comprehensive visit. Review of R29's physician visits revealed that the resident was seen on 7/26/23 by E5 (NP) and the next documented visit was on 11/8/23 by E5 (NP), approximately 104 days later. The nineth day visit was missed. 1/29/24 at 12:01 PM - During an interview with E4 (Physician), E5 (NP) and E1 (NHA), E4 stated that they are catching up on their visits and that going forward they are going to keep a log to ensure that the required visits are completed. 2. R43's clinical record revealed: 1/5/18 - R43 was admitted to the facility. 12/14/22 at 4:28 PM - A progress note documented that R43 was seen by E17 (Physician) for a routine visit. This was the last documented Physician visit until 11/3/23, approximately 324 days later. 3/15/23 to 3/20/23 - R43 was hospitalized for COPD exacerbation and urinary tract infection. Review of R43's clinical record lacked documented evidence that he was seen by the physician for a comprehensive visit upon readmission to the facility on [DATE]. While R43 was seen and evaluated by E5 (NP) on 5/22/23, 6/14/23, 8/9/23 and 10/4/23, he was not seen by a Physician on every 120 days. 10/23/23 to 10/31/23 - R43 was hospitalized for pulmonary embolism. R43 was seen by E4 (Physician) on 11/3/23 upon his readmission to the facility. 1/29/24 at 12:01 PM - During an interview with E4 (Physician), E5 (NP) and E1 (NHA), E4 stated that they are catching up on their visits and that going forward they are going to keep a log to ensure that the required visits are completed. 3. R99's clinical record revealed: 2/11/22 - R99 was admitted to the facility. (continued on next page)

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F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6/23/23 at 8:43 AM - A progress note documented that R99 was seen by E5 (NP) for follow-up of mood and Parkinson's. This note was the last time R99 was seen for the required visits until 12/11/23 by E4 (Physician), approximately 170 days later. R99 missed two 60 day visits: one in August 2023 and one in October 2023. 1/29/24 at 12:01 PM - During an interview with E4 (Physician), E5 (NP) and E1 (NHA), E4 stated that they are catching up on their visits and that going forward they are going to keep a log to ensure that the required visits are completed. 1/29/24 2:37 PM - Findings were reviewed E1 (NHA) and E2 (DON).

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. 47620 Based on record review and interview it was determined that for five (E19, E22, E23, E24 and E25) out of five CNAs (certified nurse's aides) reviewed, the facility failed to provide proof of annual performance reviews. Findings included: 1. E19 was hired on 6/27/22. The facility lacked evidence of a yearly performance evaluation. 2. E22 was hired on 8/1/22. The facility lacked evidence of a yearly performance evaluation. 3. E23 was hired on 7/12/22. The facility lacked evidence of a yearly performance evaluation. 4. E24 was hired on 8/1/18. The facility lacked evidence of a yearly performance evaluation. 5. E25 was hired on 8/3/22. The facility lacked evidence of a yearly performance evaluation. 1/26/24 3:45 PM - During an interview, E1 (NHA) and E2 (DON) confirmed the findings. 1/29/24 2:37 PM - Findings were reviewed E1 (NHA) and E2 (DON).

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 48409 Based on interview and record review, it was determined that for two (R54, R98) out of five residents (R2, R43, R54, R98, R106) reviewed for unnecessary medications, the facility failed to ensure that R54's PRN for Lorazepam Gel 1 mg for anxiety was limited to 14 days, and R98's PRN order for Alprazolam 1 mg for anxiety was limited to 14 days. Findings include: 1. 11/20/23 - R54 was admitted to the facility with diagnosis including muscle weakness, dementia, and major mood disorder. 12/22/23 - R54's physician's orders included, lorazepam gel, apply to skin topically every twelve (12) hours as needed for agitation. 1/18/24 - A review of R54's physician's orders revealed that the PRN order for lorazepam gel was still active for a total of twenty-seven (27) days. 1/22/24 8:30 AM - During an interview E2 (DON), confirmed that R54's clinical record lacked the fourteen (14) days stop date for the use of the PRN antianxiety medication. 2. 12/22/23 - R98 was admitted to the facility with diagnoses including anxiety disorder and depression. 12/26/23 - R98's physician's orders included, alprazolam, give one (1) milligram tablet by mouth every twenty-four hours as needed for anxiety. 1/18/24 11:30 AM - A review of R98's physician's orders revealed that the PRN order for alprazolam one (1) milligram tablet was still active for a total of twenty-three (23) days. 1/22/24 8:30 AM - During an interview E2 (DON), confirmed that R98's physician's orders lacked the fourteen (14) days stop date for the use of the PRN antianxiety medication. 1/29/24 2:37 PM - Findings were reviewed E1 (NHA) and E2 (DON).

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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. 48409 Based on observation, interview and record review, it was determined that the facility failed to ensure that the start dates were documented when over the counter medications (bottles) were opened in four out of four medication carts reviewed during medication administration. 1/22/24 8:25 AM - During the medication administration observations, this surveyor observed multiple opened bottles of over-the-counter medications in the medication drawers. The bottles lacked the dates when they were opened. During an interview, E56 (LPN) stated, I did not know we had to put start dates on the medications. 1/23/24 11:30 AM - During a phone interview E53 (pharmacist) stated, I reviewed the medications carts this month, and gave the report to the administration to take care of. A review of E53's report revealed documentation of medications without start dates on all four medication carts. 1/29/24 2:37 PM - Findings were reviewed E1 (NHA) and E2 (DON).