STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106103	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gulfport Nursing Center	1430 Pasadena Ave S Pasadena, FL 33707

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on record review and interviews, the facility failed to notify the Long-Term Care Ombudsman in writing of transfers and discharges for five residents (#48, #34, #304, #302, and #17) out of eight residents reviewed. Findings included: Review of the Resident #302's admission record showed 5/8/25, admission date. Review of Resident # 302's Nursing Home Transfer and Discharge Notice (NHTDN), dated 5/19/25 did not show the local Long Term Care Ombudsman was notified of the transfer to the hospital. Review of the Resident #48's admission record showed 5/19/25, initial admission date and 6/3/25 admission date. Review of Resident # 48's NHTDN notice dated 5/27/25 did not show the local Long Term Care ombudsman was notified of transfer to the hospital. Review of the Resident #34's admission record showed 7/22/24, initial admission date and 5/17/25 admission date. Review of Resident # 34's NHTDN notice dated 4/22/25 did not show the local Long Term Care Ombudsman was notified of transfer to the hospital. Review of the Resident #17's admission record showed 6/26/25, initial admission date. Review of Resident #17's NHTDN notice dated 6/3/25 did not show the local Long Term Care Ombudsman was notified of transfer to the hospital. Review of the Resident #304's admission record showed 6/5/25, initial admission date. Review of Resident # 304's NHTDN notice, dated 6/6/25 did not show the local Long Term Care Ombudsman was notified of the transfer to the hospital. Review of the facility's Admission/ Discharge report, discharges between 5/11/25 and 6/11/25 showed nine residents were transferred to an acute care the hospital. (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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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 6/11/25 at 4:30 P.M. the Social Services Director said he has not notified the local Long Term Care Ombudsman of the names of the residents transferred to the hospital. During an interview on 6/11/25 at approximately 5:10 P.M. the Nursing Home Administrator said the facility does not have documentation regarding the local Long Term Care Ombudsman notification of hospital transfers. On 6/13/25 the following email was received from the local Long-Term Care Ombudsman Program District Manager. The email showed, I really have no way to determine when we last received their discharges (notifications) The system is in the process of changing, but until official they should send the documents to our fax . they should complete the forms as instructed. Review of the facility's admission and Discharge/Transfer Notice Policy, undated:, showed the following: Purpose- the policy outlines the procedures to ensure timely, lawful and compassionate communication regarding the admission, discharge and transfer of residents in accordance with Florida law . and federal CMS regulations. 4D. Notice recipients .Florida Long Term Care Ombudsman .8. Staff Training-Relevant staff will be trained at hire and annually on Florida and CMS discharge/transfer regulations. Enforcement and Compliance .The administrator or their designee is responsible for oversight of all admissions discharge/transfer procedures and compliance.

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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 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** Based on record review and staff interview, the facility failed to complete/update the Pre-admission Screening and Resident Reviews (PASARRs) for residents with a mental disorder and individuals with intellectual disability following qualifying mental health diagnoses for two (#39, #40) of six residents reviewed for PASARRs. Findings included: 1 Review of the admission record showed Resident #40 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses to include anxiety disorder-1/14/25 and bipolar II disorder. Review of a level I PASARR for Resident #40 dated 11/12/24 revealed a substance abuse diagnosis was the only qualifying diagnoses checked. The review showed the Level I PASARR was incomplete, and a level II was not submitted for consideration following qualifying diagnoses. 2. Review of Resident #39's admission record revealed an admission date of 02/14/2025. Resident #39 was admitted to the facility with diagnosis to include major depressive disorder, recurrent, moderate, and generalized anxiety disorder. Review of Resident #39's PASRR dated 01/21/2025 revealed Section I: A. Mental Illness (MI) or suspected MI was blank. During an interview on 06/12/2025 at 11:36 a.m., the Social Services Director confirmed Resident #39's PASARR did not reflect any diagnosis. Review of the facility's undated policy titled PASARR Completion Policy revealed: Policy: The Center will make sure that all admission have the appropriate Patient Assessment and Resident Review (PASRR) 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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to provide Activities of Daily Living (ADL) transfers for one resident (#101) of fourty sampled residents related to choosing to get out from bed and to the wheelchair. Findings included: On 6/9/2025 at 11:15 a.m. Resident #101 was visited while in his room. Resident #101 was observed to be large in stature and was noted lying under the covers in a large bed. His over the bed table was placed in front of him with various things to include electronic phone devices, magazine, full cup of hydration that was dated for the current day 6/9/2025. The call light was placed within his reach and he was not presenting with any behaviors, pain or discomfort. Resident #101 revealed he was admitted at the facility about two weeks ago and that he came from the hospital to receive Physical Therapy for his right foot. He revealed he had broken his ankle and at this point he needs staff to assist him with transfers from out of bed to his wheelchair and needing assistance with showering/bathing, and dressing. Resident #101 revealed since his admission, and in the first few days, two staff members with use of a mechanical lift would assist and transfer him out from bed and to his wheelchair so he could go outside his room and to resident group activity of choice. Resident #101 expressed as of late and within the past week, he has been having problems getting staff to assist him up out from bed. He believed that since he was large in stature, staff did not want to take the time to get the mechanical lift and get him up out from bed. He revealed there have been times when he wanted to get up out from bed and staff would keep telling him they would get back to him and they never got back to him. He revealed he has been lying in bed all the time lately. Resident #10 confirmed there are days where he does not want to get out of bed due to pain in his right foot, but he can think of at least three times the past week where he wanted to attend Bingo activities and staff did not get him up out of bed to his wheelchair. On 6/10/2025 at 8:13 a.m., 11:00 a.m., 2:00 p.m. and 3:30 p.m. Resident #101 was observed in his room and lying in bed under his covers. He was noted with the call light placed within his reach. Resident was utilizing his personal electronic phone device and permitted another interview. Resident was asked if staff asked if he wanted up out from bed at all today and he revealed that he had noted to the aide this morning that he wanted to go to a group activity Bingo, and they never came back to get him out from bed to the wheelchair in time. On 6/10/2025 at 11:34 a.m. an interview was obtained with two Certified Nursing Assistants, Staff C and K, who worked on the same hall where Resident #101 resided. Staff C and K both revealed resident always refuses to get up from bed and to the wheelchair. Staff C revealed she offers but he refuses to get out of bed. Staff C and K both confirmed Resident #101 requires a mechanical lift with two person assist with transfers. Both Staff C and K revealed Resident #101 requires a large sling and mechanical lift, which is always available to use. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/11/2025 at 10:33 a.m. Resident #101 was visited while in his room. He appeared upset and was tearing up. He mentioned he was just feeling overwhelmed with family things and overwhelmed with his foot cast. Resident #101 revealed he was asked today if he wanted out from bed to the wheelchair and he was surprised they asked, but declined today because of the way he was feeling. The resident confirmed again that staff would not get him up and out from bed to the wheelchair many days since his admission on [DATE]. He again revealed that he would have liked to go to various group activities but staff would never come to get him out from bed to his wheelchair. On 6/12/2025 the monthly activities board for the month of 6/2025 was observed near the activities room, as well as in Resident #101's room. This activity calendar was gone over with Resident #101 and he confirmed the following activities he would have liked to get up out from bed to attend. However, staff had not offered and assisted him out from bed to his wheelchair. a. On 6/1/2025 - 3:30 p.m. Puzzles/Games. Resident #101 was not assisted up out from bed for this activity. b. On 6/3/2025 - 10:30 a.m. Arts/Crafts, 2:00 p.m. Bingo. Resident #101 was not assisted up out from bed for this activity. c. On 6/4/2025 - 2:00 p.m. Bingo. Resident #101 was not assisted up out from bed for this activity. d. On 6/6/2025 - 10:30 a.m. Wii Bowling, 2:00 p.m. Ice Cream Social. Resident #101 was not assisted up out from bed for this activity. e. On 6/7/2025 - 3:30 p.m. Puzzles/Games. Resident #101 was not assisted up out from bed for this activity. f. On 6/8/2025 - 3:30 p.m. Puzzles/Games, 6:30 p.m. Movie. Resident #101 was not assisted up out from bed for this activity. g. On 6/9/2025 - 2:00 p.m. Bingo. Resident #101 was not assisted up out from bed for this activity. 6/11/2025 at 11:15 a.m. an interview with the Activities Director revealed she is responsible for maintaining and conducting all activities as prescribed on the Activities calendar but it's the direct care staff responsibility to get the residents up an dressed for the day. She confirmed for those residents who require assistance getting up out from bed to a wheelchair, direct care staff do that as well. The Activities Director revealed she was aware of Resident #101 and has a good rapport with him. She revealed he is in his room a lot, and when he was first admitted , he would be up and out from bed and had attended many group activities. She revealed the past few weeks he has been in his room more. The Activities Director confirmed Resident #101 is larger in size and requires the use of a mechanical lift with two person assist out from bed and back into bed. The Activities Director revealed there have been times that she could remember of her inviting Resident #101 to an activity and with the resident accepting of the activity. She would tell the direct care staff to include the Certified Nursing Assistant (CNA), but would find out he never was assisted up and out from bed. She revealed there have been several occasions where she could remember he wanted to get up out from bed, but staff did not assist him. The Activities Director revealed Resident #101 will at times refuse to get out from bed due to pain in his foot, but she can remember times where he was excited to get up out from bed, but was never assisted out and to his wheelchair. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review off Resident #101's medical record revealed he was admitted to the facility for rehabilitation/therapy on 5/29/2025. Review of the advance directives revealed Resident #101 was his own decision maker. Review of the diagnosis sheet revealed diagnoses to include but not limited to: Fracture of Right lower leg, Morbid Severe Obesity, Acute and Chronic Respiratory Failure, Pain in leg, Need for assistance with personal care, Muscle weakness, Difficulty with walking, COPD, Major Depression. Review of the current admission Minimum Data Set (MDS) assessment revealed it had not been completed and was still in process. Review of the hospital discharge assessment (form 3008) dated 5/26/2025, revealed Resident #101 was able to make his own health care decisions and was alert and oriented. Review of the Admission/Data collection nursing assessment dated [DATE] revealed; Resident was alert/oriented x3 with memory Ok. Review of the nurse progress notes/assessments dated, revealed; a. 6/2/2025 09:58 Evaluation - Brief Interview Mental Status or BIMS summary score = 15, which indicated the resident was interviewable and able to make his medical and daily decisions. b. 6/2/2025 13:06 Community Life note - Is fully alert an oriented times three. Has good long short term memory, good attention span, makes needs known. This writer spoke to him at length about his leisure interests and writer brought him a new large print bible to keep and as well, a new word search puzzle book, adult coloring pages and a new box of colored pencils, which he thanked writer and was glad to have the items. He is passive, sedentary individual. He likes to surf the internet, loves sports on tv, is a football fan, wrestling fan, baseball fan, basketball fan, plays Bingo on his phone, likes horror movies and will participate in Bingo and games once he gets acclimated to the facility. Review of the current care plans with a next review date 8/27/2025 revealed; 1. Resident is independent for meeting emotional, intellectual , physical, and social needs. Is a b ig fan of horror and comedy movies. Plays tv games to include bingo, monopoly on his phone, does social media, surfing the internet. Enjoys games such as Bingo. Welcomes visits for social interaction and reminiscing. Is willing to try out activities of his choice, with interventions in place to include: All staff to converse with resident while providing care, Establish and record the resident's prior level of activity involvement and interests by talking with the resident, caregivers, and resident's representatives on admission and necessary, Introduce the resident to residents with similar background, interests and encourage/facilitate interaction, Invite the resident to scheduled activities, Provide a program of activities that is of interest and empowers the resident by encouraging choice, self expression and responsibility, Provide with a community calendar. 2. Resident has nutrition problems related to morbidly obese status, limited mobility, actual skin breakdown, Status Post fracture, on therapeutic diet, and at high risk for future nutrition alterations. Resident refuses to follow fluid restrictions at present, with interventions in place. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Resident has an Activities of Daily Living (ADL) self care performance deficit related to fatigue , limited mobility with interventions in place to include: TRANSFER = The resident is totally dependent on 2 staff for transferring, requires Mechanical Lift with 2 staff assistance for transfers. There was no documentation in the resident's medical record to include any of the activities assessments, social service assessments, nurse progress notes, and or care plans that supported he refuses to get up out from bed daily. Further, there were no Certified Nursing Assistant ADL task sheets that supported Resident #101 refuses to get up out of bed for the day. On 6/12/2025 at 9:00 a.m. an interview with the Director of Nursing (DON) confirmed she was knowledgeable with Resident #101 and his ADL staff assistance requirement. She revealed he is morbidly obese, has a cast on his right lower leg and he cannot get up out from bed on his own. She revealed he requires two person staff assistance with the use of a mechanical lift. The DON revealed she had seen the resident up and out from bed and at group activities at times during the first week or so of his admission. She confirmed she had not seen him out of bed and at activities the past couple of weeks. The DON revealed the shift direct staff and staff who are assigned to the resident are to offer and assist him out of bed per his choice, but did not know if her staff had been offering him on a daily basis. The DON confirmed due to the resident's size, that should not stop staff from offering and assisting him up out from bed on a daily basis. She revealed Resident #101 does refuse to get up out from bed at times, but was not able to show documentation to support this. On 6/12/2025 at 10:00 a.m. the Director of Nursing (DON) provided the Activities of Daily Living (ADL), Supporting Policy and Procedure with a last revision date of March, 2018 for review. The Policy Statement revealed; Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. The Policy Interpretation and Implementation section revealed; 1 . Residents are provided with care, treatment, and services to ensure their activities of daily living (ADLs) do not diminish unless the circumstances of their clinical condition(s) demonstrate diminishing ADLs are unavoidable. 5 . Appropriate care and services are provided for residents who are unable to carry out ADLs independently, with the consent of the resident, and in accordance with the plan of care, including appropriate support and assistance with: a . Hygiene (bathing, dressing, grooming, and oral care); b . Mobility (transfer and ambulation, including walking). 7 . A resident's ability to perform ADL is measured using clinical tools, including the MDS. Functional decline and improvement are evaluated using the following MDS definitions: (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	e . Substantial/maximal assistance - if the helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure a contracture management program was provided for one resident (#20) of four sampled residents related to donning a hand splint/carrot splint to prevent further range of motion decline. Findings included: On 6/9/2025 at 10:30 a.m., 12:50 p.m., 2:00 p.m., and 2:50 p.m., Resident #20 was observed noted in her room and lying in a low bed and under the covers. Her legs were observed sticking out from the bed linen and with the Head Over Bed (HOB) at approximately twenty degrees. Resident #20 was observed flailing her hands in the air, but did not appear to be in any distress. Resident #20's Left upper extremity (Left Hand) was observed contracted. Neither of her hands were observed with splints, hand carrots or orthotics on. Further observations in her room revealed there were no splints/hand carrots laying on them. Resident #20 was not able to be interviewable. On 6/9/2025 at 2:55 p.m. an interview with the resident's assigned Certified Nursing Assistant (CNA) Staff E, confirmed Resident #20 did not have a palm guard/splint or hand carrot in her left hand today. She revealed that is something the Restorative Aide puts on in the a.m., and not the CNAs. She was not sure why the resident was not wearing the hand splint/carrot and has seen her with it on during other days. On 6/10/2025 at 7:24 a.m. Resident #20 was observed in her room and lying in bed and under the covers with HOB approximately thirty-five degrees. During the observation and interview with the the Restorative Aide Staff F, he revealed it was his job to come in and check out the resident for positioning and to include her hand splint/hand carrot. Resident #20 was observed with a wool hand splint/hand carrot on her left hand and Staff F was inspecting/assessing her hand with the splint/carrot. Staff F revealed the splint should be on all the times during the day shift and as the resident tolerates it. Staff F confirmed he was the only Restorative Aide at the facility and it is his responsibility to assess, apply/don splints and report the status of the resident with her left hand contracture splinting on a daily basis. Staff F confirmed he was not at the facility on Monday, 6/9/2025 and/ was not aware if the splint was on or not. He revealed nobody had mentioned to him of the splint/orthotic status from the day before. Staff F confirmed Resident #20 would not have the ability to don and doff the left hand splint/hand carrot herself. On 6/10/2025 at 11:10 a.m. an interview with the floor nurse Staff G confirmed Restorative Aide Staff F was off on Monday, 6/9/2025 and she did not remember if other staff had donned her left hand splint/carrot on that day. Staff G further revealed usually nursing would put don/doff hand splints/carrots for those who require them, when the Restorative Aide Staff F is off and not working at the facility. Further interview with Staff G revealed the Medication Administration Record (MAR), and Treatment Administration Record (TAR) are documented to show if the resident accepted and wore the splint during the day. She was not aware Resident #20 was not wearing her left hand splint/hand carrot on Monday 6/9/2025, but revealed it was documented in the MAR and TAR that it was. She was not able to answer why the MAR and TAR was documented as Resident #20 was wearing her splint/hand carrot, when she did not have it on that day. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/11/2025 at 7:08 a.m., 8:00 a.m., 8:41 a.m., and 8:51 a.m. Resident #20 was observed in her room, lying in bed under the covers and with the call light placed within her reach. Both of Resident #20's upper extremities were exposed out from the bed linen and positioned upwards and with hands next to her face. Her left hand was noted without any splint/hand carrots in place. Further observation revealed no splint/hand carrot lying on the bed, top of the bed dressers or top of the over the bed table. At 8:59 a.m. the Restorative Aide Staff F was observed to come out from the resident's room, and had gone in the room after the resident was observed last by the State Surveyor at 8:51 a.m. The room was approached again and from the hallway Resident #20 was observed in bed and with both of her extremities exposed, to include her hands. Her left hand was observed now with the splint/carrot in place. She was not presenting with any behaviors, pain or discomfort at the time of that observation. Review of Resident #20's medical record revealed she was admitted to the facility for long term care on 10/30/2019 and readmitted on [DATE]. Review of the advance directives revealed Resident #20 had a responsible party to make her medical and financial decisions. Review of the diagnosis sheet revealed diagnoses to include but not limited to: Epilepsy, Need for assistance with personal care, Contracture of muscle, Muscle weakness, Lack of coordination, Abnormal posture, Acute pain due to trauma, Adjustment disorder, Seizures or Convulsions. Review of the current Physician's Order Sheet (POS) dated for the month 6/2025 revealed orders to include but not limited to: 4. Patient to wear resting hand splint on LUE 4-6 hours or as tolerated. Checking skin and pain before and after (every DAY shift) and with order date (4/9/2025). 5. Restorative maintenance program as indicated with order date 2/5/2024. Note: There was nothing specified as to what the program entailed. Review of the current Minimum Data Set (MDS) Annual assessment, dated 3/25/2025, revealed; (Cognition/Brief Interview Mental Status or BIMS score 00 of 15, which indicated the resident is not able to speak related to her care and services, medical needs); (Mood - None documented as exhibited during this timeframe); (Behaviors - None documented as exhibited during this timeframe); (ADL - UPPER EXTREMITIES - Impairment to one side, LOWER EXTREMITIES - Impairment one side, All ADLs require Substantial/Maximal assistance from staff); (Skin - Use of pressure relieving device for bed); (Active dx. included - Contracture of muscle unspecified). Review of the Quarterly data collection dated 2/11/2025 section (H) for Physical Functioning, revealed the resident utilizes splint/brace (splint to left upper extremity), Other (Bolsters, while in bed, on each side for safety). Review of the Quarterly data collection dated 5/11/2025 section (H) for Physical Functioning, revealed the resident utilizes splints/brace (splint) to left upper extremity. Review of the nurse progress notes dated from 2/1/2025 though to 6/11/2025 revealed: 1. (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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4/8/2025 10:59 - IDT met today to review and discuss the resident's skin impairment. Yesterday, the restorative aide trimmed the resident's left hand fingernails to prevent digging in her left palm. Resident has left hand/left fingers contracture. Treatment orders in place and therapy provided with screen. 2. 5/31/2025 06:30 Med Admin - Left Palm: Gently cleanse palm and between all fingers. Dry thoroughly, apply small roll of gauze or cloth between pam and curled fingers two times a day for skin integrity. Note: There were no notes dated from 2/1/2025 though to 6/11/2025 with any type of documented evidence of Resident #20 ever refusing to wear her left hand splint/hand carrot. Review of the current care plans with a next review date 9/21/2025 revealed the following but not limited to: a.) Cognitive impairment deficits dependent on staff for ADLs with interventions in place as reviewed. b.) Restorative: Resident has actual contractures/impaired functional range of motion to the left hand. Palm guard/splint or a left hand carrot. PROM BUE and BLE with interventions in place to include: Observe skin condition under splint and report any areas of concern, Restorative nursing apply left hand splint in the am and remove in the afternoon. c.) Dependent on staff and has contractures in her extremities, with interventions in place as reviewed. d.) Has limited physical mobility r/t contractures, weakness, with interventions in place to include: LOCOMOTION - Resident is totally dependent on staff for locomotion using a wheelchair, Nursing Rehab/Restorative : Passive ROM program #1 PROM to BUE and BLE, palm guard/splint or left hand carrot. The observation on 6/9/2025 revelaed Resident #20 was observed not wearing or provided with assistance to wear her left hand splint/hand carrot. It was noted through review of the care plan and physician's orders, that she wear the splint/carrot daily in the a.m. and to remove in the afternoon. Further, on 6/10/2025 Resident #20's left hand splint/carrot was to donned or assisted with until 9:00 a.m., and should have been offered and assisted with it on earlier in the morning. Review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR) for the month of 6/2025 revealed: 1. Patient to wear resting hand splint on LUE 4-6 hours or as tolerated. Checking skin and pain before and after every day shift with start date 4/9/2025. Review of dates 6/1/25 - 6/10/2025 revealed documentation as this task was completed. However, on 6/9/2025 revealed resident was not wearing the splint at all, during the entire 7-3 shift. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/11/2025 at 9:24 a.m. an additional interview was obtained with the Restorative Aide Staff F, who again confirmed he was the only Restorative Aide working at the facility. Staff F revealed it's his responsibility to maintain PROM, ROM and Contracture management on the handful of residents that have contractures in the building. He revealed he follows the care planning interventions and documents when he dons and doffs the splints/hand carrots, etc. Staff F revealed for Resident #20, he evaluates her hands and assesses for pain or skin problems. He then revealed if skin is clear and the resident will let him, he will apply the splint. Staff F revealed he documents the status of the splint if he is able to apply it or not in the electronic medical record. He did not know how the nurse identifies and documents whether it was applied on or not. Staff F revealed on the days he is not here at the facility, pertaining to his days off, usually the CNAs or Nurses can apply the splints/carrots. He did not know how they would know what to look out for as part of skin assessment, but he believed the aides should apply those contracture management splints/hand carrots. Staff F was unaware of Resident #20 not having her splint/carrot on her Left hand on 6/9/2025, when he had a day off that day and confirmed on 6/11/2025 Resident #20 should have had her left hand splint/carrot on earlier in the a.m. Staff F revealed Resident #20 has at times refused to wear the splint/hand carrot, but there had not been many times. He did not have any type of documentation to support Resident #20 ever refused to wear the splint/hand carrot. On 6/11/2025 at 9:43 a.m. another interview with the floor nurse Staff G, and who had had Resident #20 on her routine assignments, was interviewed with relation to her contracture management program. Staff G was aware Resident #20 has contractures, specifically on her Left hand. She confirmed Resident #20 is on a Restorative Nursing contracture management program. She confirmed the facility only has one Restorative Aide Staff F, who conducts PROM/ROM and doning and doffing of splints/orthotics/hand carrots. Staff G revealed she remembered Staff F was off on Monday 6/9/2025 and so nursing would have applied the Left hand carrot. She revealed she believed Resident #20 was refusing the hand carrot, but she did not reflect this in any progress notes in the past. Staff F revealed Resident #20 does refuse the hand carrot but she was not aware that behavior needed to be documented. She confirmed if it was not documented then there would not be any opportunity for the Interdisciplinary Care Plan team to evaluate and figure out alternative interventions. She confirmed there were no notes/documentation regarding behaviors of Resident #20 refusing to wear hand splints/carrots. On 6/12/2025 at 10:00 a.m. the Director of Nursing (DON) provided the Contracture Management Program coding information policy and procedure, with no date, for review. This policy refers to billing and coding. However, the DON confirmed this would be the policy they use for contracture and splinting program. The policy revealed; You can pick up patients just for splinting but it needs to be tied into a functional component. Identifying patients for contracture management program; - Routine therapy screens (ROM assessment) - Referrals from nursing (increased difficulty performing care, skin breakdown, etc.) Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Checkout for orthotic/prosthetic use, established patient. Therapy process to include 4 . OT/PT discharge a . Complete splint care plan and wearing schedule and give to nursing/restorative.

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. Based on observations, record reviews, and interviews, the facility failed to provide care and services according to professional standards of practice and facility policy, failed to prepare IV (intravenous) medications immediately before administering and failed to prime IV tubing for one resident (#301) of one resident observation of parenteral fluids administration. Findings included: During an observation on 6/10/25 at 8:14 A.M., Staff L, Licensed Practical Nurse (LPN) preparing and administering IV antibiotic to Resident #301. Staff L, LPN removed a reconstituted vial labeled Cefepime 2 gm (grams)containing clear liquid fluid, which was attached to a medication bag containing clear liquid. Staff L, LPN said she combined the powered antibiotic and fluid in the medication bag at the beginning of her shift. While standing at the medication cart, Staff L, LPN, spiked the IV bag with IV tubing and was unable to remove all the liquid from the vial. Staff L, LPN disposed of the medication and retrieved a different vial containing a Cefepime (white powder) and a new medication bag of fluid. Staff L, LPN prepared the antibiotics for a second time. She spiked the medication bag IV tubing and attempted to prime the tuning over the trash can where she was unable to clear the air from the tubing. Staff L, LPN attached the medication bag on the IV pole hook and completed the process air removal. Next she flushed Resident #301's right upper arm midline with the normal saline 10 ml and connected tubing to and bag containing Cefepime 2 gm. Staff L, LPN started the medication infusion by IV pump. During an interview on 6/10/25 at 12:29 A.M. the Director of Nursing (DON) said Staff L, LPN is expected to prepare medications immediately before administering and follow the facility policy when administering medications. Review of policy provided by the facility, untitled and undated, showed Policy: once a physician's order for intermittent infusion therapy, the nurse must verify the identity of the patient and the ordered medication. Procedure includes .7. Hand the container from the IV pole, apply pressure to the drip chamber, and fill 1/3 to ½ full. 8. Slowly open roller clamp which allows solution to fill the IV tubing, clearing it of air.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on record review and interviews, the facility failed to have eight consecutive Registered Nurse (RN) hours 7 days a week. Findings Included: Review of Payroll Based Journal (PBJ) Data for Fiscal Year (FY) Quarter 1 2025 (October 1-December 31) revealed no RN Hours were Triggered on 10/05/2024; 10/12/2024; 10/13/2024; 10/19/2024; 10/26/2024; 10/27/2024; 11/09/2024; 11/10/2024; 11/16/2024; 11/23/2024; 11/24/2024; 11/30/2024 and 12/15/2024. Review of Daily timecard reports dated 10/05/2024, 10/12/2024, 10/13/2024, 10/19/2024, 10/27/2024, 11/09/2024, 11/10/2024, 11/16/2024, 11/23/2024, 11/24/2024, 11/30/2024 and 12/15/2024 revealed no RN Hours. During an interview on 06/12/2025 at 11:58 a.m., Staff R, Staffing Coordinator, stated she is responsible for making the schedules for the RN's and Certified Nursing Assistants (CNA). She siad, It's been a while since I have had any training. Human Resources (HR) is responsible for submitting the data to PBJ. She stated they do not have enough RNs and currently have concerns with nursing hours. She stated in October and November of 2024 they had a hard time retaining nurses to work and were utilizing agency nurses. She stated in October and November of 2024 there was a nurse who did not work on Saturdays because of religious reasons and the other nurse they had only worked Monday through Friday. During an interview on 6/12/2025 at 12:24 p.m., Staff S, HR, stated their payroll company submits the hours to PBJ. She stated she was responsible for ensuring that all the staff's hours are put into the payroll system if staff miss clocking in or out. She stated they did not have any more than normal turnover with nurses in October and November of 2024. She stated this was during the hurricanes and a lot of the staff were working in a different building. She reviewed the timecard reports and stated there were no RN Hours on the reports for 10/05/2024, 10/12/2024, 10/13/2024, 10/19/2024, 10/27/2024, 11/09/2024, 11/10/2024, 11/16/2024, 11/23/2024, 11/24/2024, 11/30/2024 and 12/15/2024. During an interview on 06/12/2025 at 12:43 p.m., the Nursing Home Administrator (NHA), stated he started in April 2025 with the building. He stated they had recently discovered there were opportunities for improvement to ensure they were encompassing all their nursing hours. They recently discovered there were agency nursing hours that were not submitted to the payroll company, making their PBJ hours incorrect. He stated for October and November 2024 he was not at this facility, but can only guess that the hurricane had something to do with their hours not being recorded correctly. He siad, Maybe the power was out and the time clock system may not have been able to capture all of the staff's hours. The NHA stated his expectations were for the building to meet and exceed the requirements for nursing hours. (continued on next page)

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the facilities undated policy titled Staffing revealed, Policy Statement showed - Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans in the facility assessment. Policy Interpretation and Implementation 1. Licensed nurses and certified nursing assistants are available 24 - hours a day to provide direct resident care services 4. Direct care staffing information per day (including agency and contract staff) it submitted to the CMS Payroll-Based Journal system on the schedule specified by CMS (Centers for Medicare and Medicaid Services), but no less than once a quarter.

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder. Based on observations, interviews and record reviews the facility failed to develop a Post-Traumatic Stress Disorder (PTSD) care plan for one resident (#44) of two reviewed for mood and behavior. Findings included: Review of Resident 44's admission record revealed an admission date of 4/5/25 with diagnoses to include multiple fractures of the femur, acetabulum, ulna, left foot, lung contusion, and a diagnosis of PTSD was not listed. The review showed the injuries were sustained during a motor vehicle collision with one casualty. Resident #44's order summary report, dated 6/11/25 showed Prazosin HCL 4mg (milligrams) at bedtime for PTSD nightmares, Temazepam 15mg at bedtime for insomnia. Review of Resident #44's Minimum Data Set (MDS) admission, dated 4/12/25, Section C, Cognitive Pattern showed Brief Interview for Mental Status (BIMS) summary score of 15, indicating intact cognition. Review of Resident #44's Preadmission Screening and Resident Review (PASARR), Level 1 screen, section I, did not show diagnosis for Mental Illness (MI) or suspected MI. A follow-up PASARR was not completed. Review of Resident #44's care plan, last review completed on 5/1/25 did not show a care plan focused on mood/behavior or PTSD. Review of Resident #44's social services progress note, dated 4/7/25 showed he was involved in a very bad accident that resulted in the death of his [family member]. The intervention showed refer to psych services. Review of Resident #44's Behavioral Science Note, dated 4/10/25, diagnosis include adjustment disorder with anxiety and major depressive disorder (MDD). Order to continue Melatonin for insomnia. Continue to monitor moods and behaviors. Plans included .discuss plans with nursing staff to assist with implementation and treatment plan. Review of Resident #44's Behavioral Science Note, dated 4/17/25, showed panic attacks, excessive worry/anxiety. Order to discontinue Melatonin and start Remeron for depression. Continue to monitor moods and behaviors. Plans include .discuss plans with nursing staff to assist with implementation and treatment plan. Review of Resident #44's Behavioral Science Note, dated 5/15/25, showed, panic attacks, excessive worry/ anxiety mostly in the evening sleep. Additional diagnoses include generalized anxiety disorder (GAD) and insomnia disorder, with non-sleep disorder mental comorbidity, episodic. Orders include continue Temazepam for insomnia, increase Prazosin to 4mg for PTSD related to nightmares. Continue to monitor moods and behaviors. Plans include .discuss plans with nursing staff to assist with implementation and treatment plan. (continued on next page)

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview and observation on 6/9/25 at 10:08 A.M. Resident #44 was observed lying in bed, using gestures and limited words said, speaks [Language] only and is at the facility for therapy. During an interview and observation on 6/10/25 at 5:00 P.M. Resident #44 was lying in bed eating dinner. An electronic translations program was used to communicate. Resident #44 said, sometimes he gets anxious, and he is not sure the medication is working much. The anxiety goes away after a while, nothing helps it just hits me. Resident #44 said the anxiety goes away after a while, and he does not have anxiety related triggers. During an interview on 6/10/25 at 2:58 PM the Social Service Director (SSD), said he on admission reviews and looks for accuracy of the PASARR. If there is a discrepancy he notifies the Director of Nursing (DON) to resubmit the PASARR form to [vendor]. When residents have new MI diagnoses he revises the form and submits it to the [Vendor]. The SSD said he attends the monthly meeting with the behavioral health provider. The SSD said he was not aware of Resident #44's PTSD diagnosis and a care plan related to the diagnosis should have been created. The SSD said the MDS coordinator is responsible for updating care plans. During an interview on 6/10/25 at 3:20 P.M. the MDS coordinator, said on admission she reviews each residents Medical Certification for Medicaid Long-Term Care Services (3008 form), hospital discharge summary and other paperwork for diagnoses. The MDS coordinator stated it is her responsibility to update care plans, and she does not routinely review the behavioral health provider's notes. She said a care plan should have been developed for Resident #44's PTSD diagnosis. The MDS coordinator said, I missed the Prazosin order. Review of the facility's PASARR Completion Policy, undated, policy statement: The Center will make sure that all admissions have the appropriate Patient Assessment and Resident Review completed. Practice Guidelines: Center Administrator will designate either the admission director or social worker to make sure that PASARR .is done on all potential residents. The facility's PASARR Completion Policy did not include a process to update the PASARR when a resident has a new diagnosis for MI or suspected MI.

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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. Based on observations, interviews and manufacture recommendations, the facility failed to ensure two of the two washing machines' chemical levels adhered to regulations and industry standards. Findings included: During an interview and observation of the laundry room conducted on 6/11/25 at 1:53 P.M., the Environmental Services (EVS) Director said he did not know when the washing machines' chemical dispensers were checked/calibrated to ensure the appropriate amount of chemicals were dispensed into each load. The EVS director was not aware of scheduled maintenance of the chemical dispensers by the vendor. During an interview on 6/11/25 at 2:38 P.M. the Nursing Home Administrator (NHA) was unable to provide invoices showing the chemical dispensers were checked/calibrated and stated the vendor was not scheduled to calibrate the chemical dispenser on a routine basis. During a follow-up interview on 6/11/25 at 3:14 P.M. the NHA said the chemical dispenser vendor had been scheduled to check and service the chemical dispensers. The NHA could not show regular machine inspections were completed prior to this day. Review of a [Name of Vendor] service form dated 6/12/25 showed: Request description: Chemical did not seem to be correctly pulling from the buckets to the machine. A Review of [Name of Vendor] Chemical Dispenser Manual retrieved on 6/14/25 revealed: A Comprehensive Guide section titled operations and usage, showed .Understanding the operating principles and usage guidelines is crucial for maximizing performance and minimizing potential risks .The monitoring and maintenance section showed . Regular monitoring and maintenance are crucial for optimal performance and extended lifespan. This includes checking chemical levels, cleaning the dispenser, and inspecting any signs of wear or damage. Always consult the [name of Vendor] chemical dispenser manual for specific instructions .the manual will provide detailed information on dispensing modes, dilution ratios, safety precautions, and maintenance procedures. (Photographic Evidence obtained). A policy related to maintaining facility equipment was requested and was not provided during the survey.