

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145235	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Lakefront Nursing & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 7618 North Sheridan Road Chicago, IL 60626	

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)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47303</p> <p>Based on interviews and record reviews, the facility failed to ensure that the code status for one resident (R73) was added to his medical chart. This failure has the potential to affect 90 residents that reside in the facility.</p> <p>Findings include:</p> <p>R73 is [AGE] year old with diagnosis including but not limited to: Chronic Myeloid Leukemia, acute thyroiditis, essential hypertension and type 2 diabetes mellitus.</p> <p>On 4/28/2025 at 11:32 PM during investigation, V17 (LPN/ Licensed Practical Nurse) said that she was not sure what R73's code status was because it was not listed in his (R73's) chart and was not documented on the unit.</p> <p>On 4/28/2025 at 1:30 PM, R73's medical chart was noted with no code status listed.</p> <p>On 4/30/2025 at 12:32 PM, V26 (Regional Director of Clinical Services) said, Upon admission, we ensure that there is a code status. Ethically, a person that wishes to be a DNR (Do not resuscitate) should not be resuscitated. If there is no code status posted in the chart, we automatically default to full code and attempt to resuscitate the resident. The family is notified.</p> <p>On 4/30/2025 at 1:20 PM, V3 (DON/ Director of Nursing) said that all residents should have a code status ordered and entered into their chart so that the nurse is aware of the resident's and family's wishes. V3 also said that a code status is a personal choice and right of the resident and family.</p> <p>R73's Admission Record printed 4/29/2025 documents an admitted [DATE] and excludes a code status or advance directive.</p> <p>R73's Physician Order Sheet dated 4/29/2025 documented all active orders as of 4/29/2025; R73's Physician Order Sheet excludes a code status or advanced directive order.</p> <p>Facility Census dated 4/28/2025 documents 90 active residents in the facility.</p> <p>Facility Policy titled Physician Orders and dated 8/16/2024 documents, physician orders must be documented in the Physician Order Sheet section of the patient's clinical records.</p> <p>(continued on next page)</p>

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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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility policy titled Advance Directive and dated 3/21/2025 documents, an advanced directive form shall be completed with resident and/or legal representative to verify treatment options as well as code status; appropriate information will be added to Physician Order Sheet.</p> <p>Facility policy titled In- house DNR Procedure and dated 7/24/2024 documents, It is the facility's policy to ensure that residents who re DNR (Do Not Resuscitate) receive no resuscitation when found without vital signs.</p>

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52232</p> <p>Based on interviews and record reviews, the facility failed to obtain consent for the use of a psychotropic medication according to their policy for one (R1) of four residents, reviewed for unnecessary psychotropic medication regimen in the sample of 60 residents.</p> <p>Findings include:</p> <p>Face Sheet Documents R1 was transferred from acute care hospital to the facility on [DATE] with the following diagnosis but not limited to Psychosis, Cannabis Abuse with Psychotic Disorder Generalized Anxiety Disorder, Mood Affective Disorder, Major Depressive Disorder.</p> <p>Minimum Data Sheet (MDS) dated [DATE], in Section C- Cognitive Patterns documents Brief Interview for Mental Status (BIMS) Summary Score of 15 which indicates intact cognitive function.</p> <p>Care Plan Report, initiated on 10/6/2020, showed in part that R1 demonstrates verbal behavioral distress that is related to mental illness. Problems could manifest by racial ethnic, religious, gender slurs and yelling of certain words in the hallway.</p> <p>Clinical Physician Orders, started date 10/19/2020, showed active orders for Depakote 250mg tablet twice a day and Depakote Delayed Release 500mg tablet, two tablets twice a day.</p> <p>On 4/29/2025 the facility presented consent for Depakote 500mg with 1000mg in parenthesis underneath with frequency BID signed by R1 on 9/28/2017.</p> <p>On 4/30/2025 at 10:11 AM, V1(Administrator), stated that the Psychotropic medication's consent forms should be a teamwork effort and collecting, updating, and maintaining are the responsibilities of all the nurses in the facility. The forms should be obtained and filled out upon admission by the admitting nurse or any other nurse available to help the staff. This includes the Director of Nursing (DON), the assistant of DON, restorative nurse, or a Medical records Nurse. V1 additionally stated that the forms should be updated for all current residents whenever there was a change in regiment.</p> <p>On 4/30/2025 at 10:32AM, V3 (Director of Nursing (DON) stated, that Psychotropic medications consents are filled out and reconciled by all nurses upon admission from other facilities. V3 additionally stated that, when there is increase or decrease in dose or any other changes to medication, a new consent should be filled out and the facility should discard the old consent. V3 stated that R1 should have new consent signed with the dosage changed since the only consent is from 2017.</p> <p>The Facility's policy on Psychotropic Medications Adopted on 5/30/2016 and revised on 2/3/2025 lists under Procedure 2. Obtain consent for each psychotropic medications from the resident or the person responsible for the resident. Obtain consent every time the dose is increased or decreased.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47303</p> <p>Based on interviews and record review, the facility failed to ensure that one resident (R73's) wound treatment orders were entered per Physicians order. This failure has affected one of four residents reviewed for nursing care.</p> <p>Findings include:</p> <p>R73 is [AGE] year old with diagnosis including but not limited to: Acute osteomyelitis, Chronic Myeloid Leukemia, essential hypertension and type 2 diabetes mellitus. R73 has a BIMS (Brief Interview of Mental Status) score of 15, which indicates cognitively intact.</p> <p>On 4/28/2025 at 12:15 PM, R73 stated that his wound care treatment, which was ordered by his doctor, had not been started at the facility yet. R73 said that his new wound treatments were ordered last month after his last Doctor's visit and that his wound should be healing faster so that he can discharge home.</p> <p>On 4/30/2025 at 12:32 PM, V26 (Regional Director of Clinical Services) said that it is sometimes assumed that if the residents don't give paperwork to the nurse, that there is no change in treatment. V26 said that it is expected that a nurse communicates any changes in orders given from doctor's appointment.</p> <p>On 4/30/2025 at 12:35 PM, V1 (Administrator) said that he expects his staff to reach out and follow-up with the doctor's office after an appointment.</p> <p>On 4/30/2025 at 1:20 PM, V3 (DON/ Director of Nursing) said that all resident's orders should always be entered into the residents' medical records to prevent delay in treatment.</p> <p>R73's Wound Evaluation dated 3/15/2025 documents, partial thickness surgical wound on right great toe; cleanse with normal saline, pat dry and apply betadine to the base of the wound and cover with rolled gauze.</p> <p>Facility email dated 3/28/2025 documents, please send orders for R73 to nursing facility; diagnosis of diabetes Mellitus (DM) and post-op wound hallux; order for packing gauze daily (qd) and dressing change with betadine.</p> <p>R73's Physician Order Sheet dated 4/29/2025 excludes orders for packing gauze and dressing change with betadine.</p> <p>Facility Policy titled Physician Orders and dated 8/16/2024 documents, physician orders must be documented in the Physician Order Sheet section of the patient's clinical records; physician orders will be carried out at a reasonable time.</p> <p>Facility Policy titled skin care regimen and treatment and dated 3/24/2025 documents, it is the policy of this facility to ensure prompt identification, documentation and to obtain appropriate treatment for residents with skin breakdowns.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52232</p> <p>Based on observations, interviews, and record reviews, the facility failed to follow prescribed therapeutic diet order and failed to provide supplements for 2 of 4 residents reviewed for nutritional supplements. These failures affected two residents (R1, R38,) of four residents reviewed in the final sample of 60 residents.</p> <p>Findings Include:</p> <p>Face Sheet Documents R1 was admitted to the facility on [DATE] with the following diagnosis but not limited to Psychosis, Cannabis Abuse with Psychotic Disorder Generalized Anxiety Disorder, Mood Affective Disorder, Major Depressive Disorder, Personal history of COVID 19, Gastro-Esophageal Reflux Disease without Esophagitis, Vitamin D Deficiency, Hyperlipidemia, Constipation, Atherosclerotic Heart Disease, Hypertension.</p> <p>Minimum Data Sheet (MDS) dated [DATE], in Section C- Cognitive Patterns documents Brief Interview for Mental Status (BIMS) Summary Score of 15 which indicates intact cognitive function.</p> <p>On 4/29/2025 at 09:25 AM, V7 (Registered Nurse), stated that the facility was out of supplements and that they will substitute with another brand supplement which residents do not like.</p> <p>On 4/29/2025 at 11:57 AM, R1 stated that the food is not good and not enough and got upset when talking about food.</p> <p>On 4/29/2025 at 12:46 PM, R1's food tray was a standard portion size tray, consisted of two half links of sausages and potatoes with a small piece of cake and empty cup for coffee. R1's food tray ticket listed items as follows: hotdogs, potatoes, cake, Peanut Butter and Jelly Sandwich. The food tray did not have a peanut butter and jelly sandwich on it as listed per ticket.</p> <p>On 4/29/2025 At 12:48 PM, V10, (Regional Director of Operation), stated that R1's Peanut Butter sandwich should be on the tray. V10 and V17 (Licensed Practical Nurse), both stated that R1's diet order is general diet with thin consistency liquids with double entree.</p> <p>On 4/30/2025 at 10:29 AM, V3 (Director of Nursing, DON), stated that R1's diet order is general diet with a double entree. V3 stated that the expectation for specialized diets is communicated to the kitchen by sending the pink sheet that describes the special instructions, such as double entree for meals and PBJ sandwich with meals. Once pink sheet is received, kitchen will then update the meal ticket and follow the instructions during meal service. V3 additionally stated, that residents could lose weight if not receiving the correct diet and nutritional supplements as ordered by the physician.</p> <p>On 4/30/2025 at 10:55 AM, V9 (Registered Dietician), stated that there was a miscommunication about R1's diet and V9 was not aware of R1 not receiving double portion food trays. V9 stated that R1 should have been receiving double entrees, but R1 told her that facility has not been providing double entrees.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/30/2025 at 11:30 AM V8 (Dietary Manager), stated, that there was no pink sheet given to the kitchen for R1's meals instructions about double entrees. V8 also stated that the electronic document system and the Meal tracker system that facility uses, did not transfer data and therefore V8 did not see the order for double entrees for R1. V8 additionally stated, that V8 did not check the diet order in the electronic records for R1. V8 indicated that there should be a pink sheet for the resident with special instructions and that V8 should check the electronic records for diet orders. V8 additionally stated that the past employed dietitian would email V8 diet orders for residents, but V8 never received an email update or a change in diet order for R1.</p> <p>Care Plan Report, initiated on 12/5/2023 showed in part interventions including but not limited to dietary health supplement as ordered, offer between meal snacks and meal substitutions, provide/serve the resident's nutritional diet as ordered.</p> <p>Order Summary Report, Active Diet order started date 9/8/2017, showed General diet Regular texture, Thin liquids consistency, Double Entree portions at mealtimes; Two Peanut Butter and Jelly Sandwiches (PBJs) twice a day (BID) at lunch and Bedtime (HS) snack.</p> <p>Order Summary Report, Active Supplements order started date 12/12/2024, showed House Supplement one time a day ensure daily or Medpass 120ml .</p> <p>45644</p> <p>R38's admission diagnoses include but not limited to adult failure to thrive, depression, chronic obstructive pulmonary disease, hypertension, pacemaker, and hypokalemia.</p> <p>R38's (4/18/25) Brief Interview of Mental Status (BIMS) score is 13. R38 is cognitively intact.</p> <p>On 4/28/25 at 11:25 am, R38 stated, I do not get my ensure and have not gotten it but three times this month. Surveyor asked about the ensure on the bedside table. R38 stated, This bottle makes number 3. I am supposed to get it 2 times a day and I need it because I don't always have an appetite. I do not want to lose weight. I am already small.</p> <p>On 4/29/25 at 11:54 am, V8 Dietary Manager stated. In March there was a shortage of ensure but not recently. Staff was giving ensure to residents who was not supposed to be getting it. After the floors get their ensure and run out, they have to get the ensure from the administrator. The administrator keeps ensure in his office. The residents on the weight program get the ensure on their trays. It is not fair for the residents who are supposed to get the ensure not to get it. The ensure is to help sustain weight.</p> <p>On 4/30/25 at 10:25 am, V1 Administrator stated, There is no shortage of ensure in the facility. The goal is to give it to the correct resident. I keep it in the office and pass it out to residents. The ensure is to make sure the resident maintains their weight or gains weight if desirable. If the staff do not have it, they should call me so I can get it. I am not aware of R38 not getting her ensure. It can put her (R38) at risk for not maintaining her weight. R38 should get it based on her orders.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/30/25 at 12:02 pm, V3 DON (Director of Nursing) stated that the expectation for supplements in the facility is to give it as ordered. If the ensure is not available, then the staff should call the administrator. If they (residents) do not get it for a couple of days, it can have a little effect on them if it is given for weight loss. I am not aware of R38 not getting her ensure. Surveyor showed V3 R38's MAR for April regarding the ensure and asked what do UV mean that is documented on the MAR? V3 stated, It means Unavailable, she did not get it.</p> <p>On 4/30/25 at 1:33 pm, V9 Dietitian stated that residents who gets ensure, or a supplement get it because they need more calories. Supplements are ideal for failure to thrive residents. It helps to prevent weight loss and maintain muscle. I was not aware of R38 not getting her supplement.</p> <p>R38's active orders as of 4/29/25 documents in part, house supplement two times a day Ensure or med pass 120 ml (prefers Ensure Plus when available).</p> <p>R38's April MAR (Med Administration Record) documents in part, House Supplement two times a day Ensure or Medpass 120 ml (milliliter)prefers ensure when available. House supplement documented unavailable on 4/2/25, (5 pm), 4/3/25 (5 pm), 4/5/25 (9 am and 5 pm), 4/6/25 (5 pm), 4/12/25 (5 pm), 4/13/25 (5 pm), 4/19/25 (5 pm), 4/20/25 (5 pm), 4/25/25 (5 pm), and 4/27/25 (5 pm).</p> <p>R38's care plan documents in part, Focus: R38 is at risk for alteration in nutritional status related to PMH (Primary Medical History) .Adult failure to thrive .Interventions: Provide general, regular, thin liquid diet. House supplement BID (twice daily). Focus: R38 often refuses to eat/resist feedings .</p> <p>Facility's job description titled Director of Dietary Services dated 12/1/2019, documents in part, Essential Functions: 4. Works closely with facility dietitian to ensure meals meet the nutritional needs of the guest. 5. Ensures supplies are appropriated and places orders when necessary.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41611</p> <p>Based on observation, interview and record review the facility failed to label and date opened multi-dose insulin Kwik pens for 2 residents (R34, R82), failed to date an eye drop for 1 resident (R57) and failed to discard an expired house stock. These failures affected three residents (R43, R57 and R82) and has the potential to affect all residents receiving medications from the second-floor medication cart.</p> <p>Findings include:</p> <p>On [DATE] at 11:09am surveyor observed R34's Kwik Pen with an open date of [DATE].</p> <p>On [DATE] at 11:10am V11 (Registered Nurse) stated R34's blood sugar runs low, and it should have been discarded already because it's passed the 28-day expiration date.</p> <p>On [DATE] at 11:12am surveyor observed R82's Kwik pen with no date on the insulin pen or plastic bag that held the insulin pen.</p> <p>On [DATE] at 11:20am surveyor observed R57's eyedrops with no open date on it.</p> <p>On [DATE] at 11:21am surveyor observed a bottle of Folic Acid 400mcg, containing pills, with an expiration date of ,d+[DATE].</p> <p>On [DATE] at 11:22am V11 stated insulin and eye drops should be labeled with open dates so that the nurse can figure out the discard date and the house stock should be discarded by manufacturers expiration date so I will discard it and order a new one.</p> <p>On [DATE] at 12:13pm V3 (Director of Nursing) stated house stock medications should be discarded if they are expired, based on the manufacturer's deadline, and all insulin pens and eyedrops should be dated when opened. V3 stated the purpose of the dating insulin and eye drops is to determine when it expires.</p> <p>Medication Storage, Labeling, and Disposal policy with a revised date of [DATE] documents, in part, house stocks designed for multiple administration will be labeled with the name of the medication, the strength, instruction, and expiration. The information from the manufacturer is enough to meet this requirement. And the medication automatically expires based on the manufacture's guideline.</p> <p>Medication Pass policy with a revised date of [DATE] documents, in part, all medication vials in the refrigerator should be labeled with the date when it was opened and discarded within 28 days of opening and Insulin vials are to be discarded within 28 days after opening.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43351</p> <p>Based on observation, interview, and record review, the facility failed to ensure equipment used to puree food items was air dried prior to use in an effort to prevent food contamination. This failure has the potential to affect 2 (R21 and R59) residents on puree diet in the total sample of 60 residents.</p> <p>Findings include:</p> <p>On 04/29/2025 at 11:24am, V29 (Dietary Aide) stated we have 2 residents (R21 and R59) on puree diet.</p> <p>On 04/29/2025 at 10:54am, V10 (Aramark Regional Director of Operations) stated we use Quats (Quaternary Ammonium compound) solution on the 'Sanitize' sink of our 3-sink compartment.</p> <p>On 04/30/2025 at 10:35am, during the pureeing of food item observation of V27 (Cook) for 2 residents (R21 and R59). V27 immersed the pitcher blender into the 'wash', 'rinse', and 'Sanitize' sinks of the 3-sink compartment and poured, into the pitcher blender, rice pilaf without air drying the pitcher blender. At this time, V10 (Aramark Regional Director of Operations) was requested to join this surveyor in observing V27. V8 (Dietary Manager) also joined in observing V27. After completing the task of pureeing the rice pilaf, V27 immersed the pitcher blender into the 'wash', 'rinse', and 'Sanitize' sinks of the 3-sink compartment and poured the California blend vegetables into the pitcher blender without air drying the pitcher blender.</p> <p>On 04/30/2025 at 10:39am, V10 stated she (V27) did not let the pitcher blender to dry. She should have dried the pitcher blender. My expectation is for the staff to clean and sanitize the pitcher blender and air dry the pitcher blender prior to pureeing each menu item. The rice pilaf is one menu item, and the California blend vegetable is one menu item.</p> <p>On 04/30/2025 at 10:45am, V8 stated I cannot believe she (V27) did not let the pitcher blender dry prior to pureeing the California blend veggies. My expectation is to air dry the pitcher blender prior to use to prevent food contamination. To prevent the water particles from the sink to go into the food.</p> <p>On 04/30/2025 at 12:22pm, V26 (Regional Director of Clinical Services) stated we only have 2 residents on puree diet. V26 handed R21 and R59's order listing reports and additional records.</p> <p>R21's (Active Order as of: 04/30/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) gastro esophageal reflux disease and chronic obstructive pulmonary disease. Dietary: Regular diet puree texture. Start date: 03/25/2025.</p> <p>R21's (04/10/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15. Indicating R21's mental status as cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R59's (Active Order as of: 04/30/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) gastro esophageal reflux disease and dysphagia. Dietary: Regular diet puree texture. Start Date: 11/06/2024.</p> <p>R59's (02/12/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 11. Indicating R59's mental status as moderately impaired.</p> <p>The (04/30/2025) In-service sign in sheet documented, in part In-service topic: Puree-contamination Process. 1. Breakdown machine with removing blade, bowl and top. 2. Clean and sanitize each machine item blade, bowl and top. 3. Air dry before using. Once complete, proceed to use to puree food item. Repeat with each menu option.</p> <p>The (undated) Puree Process documented, in part Break down blender with removing blade, bowl, and Top. Clean and sanitize thoroughly Blade, Bowl and top. Allow each to air dry completely before use. Once Air dried Blender is ready for next food product use. Will need to repeat process for each menu item.</p>		

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NAME OF PROVIDER OR SUPPLIER Lakefront Nursing & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 7618 North Sheridan Road Chicago, IL 60626	

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>43351</p> <p>Based on observation, interview, and record review, the facility failed to ensure the outside dumpster's lid was closed in an effort to prevent pest migration. This failure has the potential to affect all 90 residents at the facility.</p> <p>Findings include:</p> <p>The 04/28/2025 the facility resident census was 90.</p> <p>On 04/28/2025 at 10:01am, during the outside dumpster observation with V8 (Dietary Manager) and V10 (Aramark Regional Director of Operations). The outside dumpster has 3 lids. An unbroken box kept one of the dumpster's lids open. V8 stated the dumpster lid should be closed at all times to keep rodents from getting into the dumpster and to keep them from getting into the facility. V10 stated I will inservice them again to make sure the dumpster lids are kept closed at all times.</p> <p>The (undated) Outside Dumpster Expectations documented, in part The lid(s) on the outside dumpster serve multiple purposes including preventing rainwater from entering, containing trash to prevent littering and contain our daily waste and pest infestations. 1. Keep lid closed.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52136</p> <p>Based on observation, interview and record review, the facility failed to ensure staff don appropriate Personal Protective Equipment (PPE) while providing care to three residents (R10, R18, R343) in an Enhanced Barrier Precaution (EBP) room on the first floor and failed to decrease risk of cross contamination of linens in the laundry room. These failures have the potential to affect all 31 residents on the first floor and all 90 residents in the facility receiving laundry/linen services.</p> <p>Findings include:</p> <p>On 04/28/25 at 11:52 AM, V5 Certified nursing assistant (CNA) was observed in room transferring R10 without use of gown during care, he (V5) stated he did not use a gown on R10 because a gown was not required for transferring R10 into the wheelchair. When V5 was asked why he didn't use a gown when putting R10 into the wheelchair, he (V5) stated he did not change R10, and that he just transferred R10 into the wheelchair, so he (V5) did not need to use a gown. V5 stated he was educated by the Director of Nursing about reading the EBP sign on the door and about wearing gown and gloves during care to residents.</p> <p>On 04/28/25 at 11:56 AM, V6 (CNA) was observed in room transferring R10 without use of gown during care, she (V6) stated she did not use a gown on R10 because a gown was not required for transferring a patient into the chair. V6 stated she was educated about Enhanced Barrier Precautions (EBP) and when to use personal protective equipment (PPE). V6 stated she did see the EBP sign on the door but did not need to use a gown this time during the transfer because she (V6) was only helping to get R10 out of bed.</p> <p>On 4/28/25 at 12:12 PM V5 was observed in room with R18, he (V5) repositioned R18 from a lying position in bed to a sitting position at the side of her (R18's) bed. V5 did not have or use appropriate personal protective equipment in room with enhanced barrier precautions.</p> <p>On 04/29/25 at 11:07 AM, V22 (Physical Therapist) was observed in the room providing therapy care to R343, she (V22) was observed with gloves on and no gown while providing therapy to R343. V22's uniform and arms were observed touching against the bed while she (V22) was providing therapy to R343 in the bed. V22 did not have on any PPE and stated she (V22) could be wearing a gown, but she was done providing therapy to R343 and getting ready to leave the room. V22 stated to be honest there are signs on most doors, and she (V22) has become desensitized to wearing the gowns. When asked the purpose of wearing the gown V22 stated the gown should be used for protection for herself and residents that I am providing care too.</p> <p>On 04/29/25 at 11:58 AM, V24 (Laundry Aide) was observed in laundry room moving a yellow dirty bin past a grey clean linen cart that had linen in the cart. The yellow bin was in front of the dryer while the clean grey clothes cart was in a bin right next to it. V24 stated she is aware to place clean clothes bin in the clean linen room out of the way before she (V24) brings the dirty clothes bin in laundry room to decrease risk of cross over contamination but today has been so busy and she (V24) was rushing and forgot.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R10's Face sheet dated April 30, 2025, documents that R10 was admitted to facility on January 29,2024 with diagnosis including osteoarthritis, protein calorie malnutrition, bipolar, hypertension, chronic obstructive pulmonary disease, psychosis, major depressive disorder.</p> <p>R10's MDS (Minimum Data Set) dated March 26,2025, shows R10 has a BIMS (Brief Interview for Mental Status) score of 8 which means R10 has moderate cognitive impairment. Section GG (Functional Abilities) shows that R10 has a score of 1 which means that R10 is dependent for all transfers and requires staff to provide all effort to complete the task for transfers.</p> <p>R10's care plan dated April 2,2024, shows R10 is on Enhanced Barrier Precautions related to gastrostomy tube (G-tube) feeding. Task/Interventions: [staff to ensure gown and gloves are used during high contact resident care activities like transferring resident into chair, feeding tube, changing briefs]. R10's care plan dated February 21,2023 shows that R10 utilizes a H** lift (Mechanical lift) for transfers. Task/Interventions: [staff to transfer resident with two staff assistance].</p> <p>R10's physician order review report dated March 12,2025, shows R10 has an Enteral Feed of Jevity1.5, 1 carton 237 milliliters (ml) bolus feeding to be given to patient 3 times per day.</p> <p>R18's Face sheet dated April 30, 2025, documents that R18 was admitted to facility on March 5, 2024, with diagnosis of Dysphagia, moderate protein calorie malnutrition, hypertension, seizures, atrial fibrillation.</p> <p>R18's MDS dated [DATE], shows R18 has a BIMS score of 8 which means R18 has moderate cognitive impairment. Section GG (Functional Abilities) shows that R18 has a score of 1 which means that R18 is dependent for transfers and repositioning in bed and requires staff to provide all effort to complete the task.</p> <p>R18's care plan dated February 8,2025, shows R18 has self-care deficit of impaired bed mobility. Task/Intervention: [staff to assist resident to move and reposition in bed from lying position]. R18's care plan dated December 13,2024, shows Enhanced barrier precautions related to G-tube feeding. Task/Interventions: [staff to ensure gown and gloves are used during high contact resident care activities like transferring resident into chair, feeding tube, changing briefs].</p> <p>R18's physician order review report dated July 18,2024, shows R18 has an Enteral Feed of Jevity1.5 with rate of (60 ml /hour) or until a total volume of 1200 ml infused. Diet order dated March 15,2025, shows R18 has a diet of Regular consistency with thin liquids.</p> <p>R343's Face sheet dated April 30, 2025, documents that R 343 was admitted to facility on April 17,2025, with diagnosis of Hypertension and weakness.</p> <p>R343's MDS dated [DATE], shows R343 has a BIMS score of 15 which means R343 is cognitively intact. Section GG (Functional Abilities) shows that R343 has a score of 1 which means that R43 is dependent for transfers and repositioning in bed and requires staff to provide all effort to complete the task.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R343's care plan dated April 18,2025, shows R343 has self-care deficit of impaired bed mobility. Task/Intervention: [staff to assist resident to move and reposition in bed from lying position]. R343's care plan dated April 19,2025, shows Enhanced barrier precautions related to catheter and wound. Task/Interventions: [staff to ensure gown and gloves are used during high contact resident care activities like transferring resident into chair, urinary catheter, dressing, changing linens, providing care].</p> <p>R343's physician order review report dated April 18,2024, shows R343 has an order for an indwelling catheter. Wound care order dated 4/22/25 shows that R343 has a wound on her right great toe and right medial ankle.</p> <p>On 04/29/25 at 11:18 AM, V25 (CNA supervisor) stated that the Director of Nursing educates the staff about EBP and the use of PPE. She (V25) stated staff is educated to wear PPE in EBP rooms to protect themselves and the residents that they are providing care too, and that the therapy/restorative department has also been educated on EBP and PPE use. V25 stated you are supposed to wear a gown when transferring a patient into the wheelchair who is on EBP.</p> <p>On 04/29/25 at 12:00 PM, V23 (Laundry Manager) stated that dirty clothes bin and clean clothes bin are not supposed to come into contact and laundry staff is aware not to bring dirty clothes bin in laundry if clean clothes are in the path because this could cause cross contamination.</p> <p>On 4/29/25 at 1:38 PM, V3 Director of Nursing (DON) stated she expects all staff to read the Enhanced barrier precautions (EBP) sign outside of the resident's door and follow instructions of EBP while providing care to residents. This includes transferring a patient from bed to wheelchair that is on EBP. She (V3) stated that she provides education too all nursing staff and department directors about EBP and what to wear and give them examples and staff are required to sign the education in-service form. V3 stated she does not in-service therapy department staff because the directors of each department are expected to take the education that she (V3) provides to them and educate their own departments, the therapy director has been educated about EBP. V3 stated the risk of not following EBP and wearing appropriate PPE could result in staff contaminating themselves or other residents.</p> <p>On 4/29/25 at 1:45PM, V3 provided a list titled Residents on Enhanced barrier precautions dated 4/29/25. The residents (R10, R18, R343) where listed on the document as having EBP. V3 also provided an in-service sheet for EBP staff training dated 3/7/25 and (V5 & V6) both signed the in-service form regarding education for EBP.</p> <p>On 04/30/25 at 10:36 AM, V28 (Therapy Director) stated he (V28) has been educated on EBP by the DON. V28 stated he reminds all therapy staff via email and or phone calls when they will be coming into the facility to provide care to residents to wear PPE and adhere to EBP. I expect my staff to wear PPE in rooms that have EBP signs on the door.</p> <p>Facility policy titled, Linen Handling by Laundry Staff, revision date 8/16/24, documents, It is the policy of this facility to wash linens and clothes to produce hygienically clean laundry. Procedures:1). All laundry staff will be trained upon hire how to handle regular soiled linens and isolation linens and clothing properly, to avoid cross contamination.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Facility policy titled, Infection Prevention and Control revision date 11/21/24, documents, Policy statement: The facility has established a policy to identify, record, investigate, control, test and prevent infections in the facility. Procedures: 1). Enhanced Barrier Precautions is an infection control intervention designed to reduce transmission of Multiple drug resistant organisms (MDRO's). The goal is to prevent transmission of MDRO' to others. The facility should use a risk-based approach to determine the type of precaution if any are warranted, 2). Involves the use of gloves and gowns during high contact resident care activities for residents infected or colonized with MDRO's as well as residents with indwelling medical devices.</p> <p>Facility Enhanced Barrier Precautions sign documents in part Providers and staff must: wear gloves and gown for the following high-contact resident care activities: not limited to these care areas with residents transferring, dressing, providing hygiene, feeding tube, urinary catheter, changing linens.</p> <p>Facility's Job description titled, Physical therapist, dated 12/1/2019, documents in part, Assure that established infection control and prevention practices and standard precautions are maintained at all times.</p> <p>Facility's Job description titled, Certified Nursing Assistant, dated 5/20/2022, documents in part, Assure that established infection control and prevention practices and standard precautions are always maintained, 2) attends to individual needs of all guests regarding transferring, incontinent care, range of motion.</p> <p>Facility's Job description titled, Laundry Aide dated 12/1/2019, Summary: Laundry workers main function is to wash, dry, fold and mend clothing while following infection control and safety procedures. Essential functions: 2). sort soiled laundry in accordance with established infection control procedures, 3). assure that established infection control and prevention practices and standard precautions are always maintained.</p>

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>47303</p> <p>Based on observations, interview, and record review the facility failed to provide at least 80 square feet per resident in 6 multiple occupancy resident bedrooms. This affected 17 (R1, R2, R5, R15, R20, R22, R33, R34, R35, R47, R50, R55, R62, R72, R77, R81, R82) residents.</p> <p>Findings include:</p> <p>On 4/28/2025 at 9:45 AM, during the entrance conference with V1 (Administrator), V1 stated that several rooms did not meet the square footage requirements per residents. V1 said that although the facility does not have the required room sizes, the facility follows the guidelines of the State Operations Manual.</p> <p>On 5/1/2025 at 3:30 PM, V2 (Assistant Administrator) said that in addition to rooms 108, 208 and 308, more rooms shall be added to the facility room waiver (107, 207, and 307). V2 said that no construction had been done to rooms 107, 108, 207, 208, 307 or 308, and that all six rooms had three residents in them.</p> <p>On 5/1/2025 at 3:30 PM, V2 said that she did not have the documented square footage of the rooms, but that the measurements of the rooms are the same as previously documented (226 square feet per room; 75.3 square feet per resident).</p> <p>The facility census dated 4/28/2025 documents, 48 rooms in the facility; rooms 107, 108, 207, 208, 307 and 308 are three-resident rooms.</p>