STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145405	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Westmont	6501 South Cass Westmont, IL 60559

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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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45303 Based on interview and record review, the facility failed to ensure physician orders for life sustaining treatment reflected the resident's POLST (Physician Ordered Life Sustaining Treatment) form. This applies to 2 of 2 residents (R8 and R95) reviewed for advanced directives in the sample of 33. The findings include: 1. The EMR (Electronic Medical Record) showed R8 was admitted to the facility on [DATE], with multiple diagnoses including stroke, immunodeficiency, chronic obstructive pulmonary disease, chronic diastolic heart failure, chronic kidney disease, and epilepsy. R8's POLST form dated August 1, 2017, showed R8 selected DNR (Do Not Resuscitate) and the POLST was signed by a provider on August 1, 2017. R8's EMR showed an order dated July 18, 2024, for Full Code. On September 25, 2024, at 9:38 AM, V21 (Social Services) said he is not sure who is in charge of advanced directives since the SSD (Social Services Director) left a few months ago. V21 continued to say checking advanced directives is a group effort. V21 confirmed R8 had an order for full code but had a valid POLST form in her EMR. On September 25, 2024, at 3:52 PM, V2 (DON/Director of Nursing) said R8 should have had an order in the EMR for DNR since her completed POLST form showed DNR. V2 continued to say R8 should not have had an order for Full Code. 2. The EMR showed R95 was admitted to the facility on [DATE], with multiple diagnoses including dementia, schizophrenia, psychosis, and thrombocytopenia. R95's POLST Form showed R95's resident representative selected DNR on August 22, 2023, and the POLST was signed by the provider on October 4, 2024. As of September 25, 2024, at 10:00 AM, R95's EMR showed an order dated February 7, 2023, for Full Code. The EMR did not show an order for DNR. (continued on next page)

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

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On September 25, 2024, at 3:52 PM, V2 said when R95's POLST was signed by the provider, an order should have been entered in R95's EMR for DNR. The facility's policy titled Advanced Directives and DNR reviewed January 2024, showed General: When a resident is admitted to the facility, a discussion of advanced directives will take place between the resident and family, if the resident is unable to make decisions. This enables the staff to readily and clearly ascertain how to treat the resident in advance of an emergency. Level of Responsibility: Physician, Nursing Staff, Social Services . Guidelines: 1. It is the policy of this facility to follow an individual's physician order made in accordance with state law regarding advance directives limiting life-sustaining treatment. 2. A DNR order is valid with a POLST or IDPH (Illinois Department of Public Health) Uniform DNR form completed and/or a physician order is completed. 3. A Full Code/DNR order will be noted in the resident's medical record a. Orders for DNR will only be entered if signed paper copy is available and scanned. b. Orders will be entered using the DNR template in [EMR]. c. POLST for special instructions will be noted under the 'Special Instructions' in the resident's [EMR] profile .

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45303 Based on interview and record review, the facility failed to refer a resident with a new diagnosis of a mental disorder to the appropriate state-designated authority for level II PASARR (Preadmission Screening and Resident Review). This applies to 1 of 8 residents (R95) reviewed for PASARR in the sample of 33. The findings include: The EMR showed R95 was admitted to the facility on [DATE]. R95's MDS (Minimum Data Set) dated January 19, 2022, showed R95 did not have any psychiatric or mood disorders. R95's MDS dated [DATE], showed R95 had diagnoses of anxiety disorder, depression, psychotic disorder, and schizophrenia. R95's OBRA-I (Omnibus Budget Reconciliation Act) Initial Screen dated January 13, 2022, showed R95 did not have a mental illness at the time of the screening. On September 24, 2024, at 3:05 PM, V15 (Admission Director) said if a resident has a change in condition, like suicidal ideation requiring hospitalization , the resident should be rescreened. On September 25, 2024, at 2:25 PM, V2 said R95 should have been rescreened when she received a new diagnosis of schizophrenia while hospitalized in June 2022. The facility's PASARR Preadmission Screening Resource dated August 2024, showed a resident experiencing a significant change is required to have a Level I PASARR screen and a Level II PASARR screen is required upon receipt of Level II referral and/or validation of a qualifying change.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48308 Based on interview and record review the facility failed to document and hold interdisciplinary care plan conferences, at required intervals, in accordance with facility policy. This applies to 3 of 6 residents (R52, R87, and R116) reviewed for care plan conferences in the sample of 33. The findings include: 1. R116's EMR (Electronic Medical Record) showed R116 was admitted to the facility on [DATE], with multiple diagnoses including seizure disorder, presence of neurostimulator, bipolar disorder and anxiety disorder. R116's MDS (Minimum Data Set) dated July 25, 2024, showed R116 was cognitively intact, and required only supervision with all ADLs (Activities of Daily Living). On September 23, 2024, at 10:56 AM, R116 stated she had been in the facility for 3 months and hadn't gotten any therapy and was waiting to be discharged back home with her brother, where she lived prior to her hospitalization and subsequent admission to the facility. On September 25, 2024, at 1:30 PM, V19 (Social Services) and V20 (Assistant Administrator) stated they were not aware of R116 stating she wanted to be discharged to home. V19 and V20 also stated R116 had not had a care plan meeting documented in the progress notes. V20 stated the process for arranging interdisciplinary care plan meetings was a schedule was made, given to the receptionist, who sends out invitations to the resident and their representative. The facility was unable to produce an invitation to R116's scheduled care plan meetings. Review of R116's care plan showed all goals had a target date of July 25, 2024, with no update or revision as of September 26, 2024. 2. R52's EMR showed R52 was admitted to the facility on [DATE], with multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction, type 2 diabetes, essential hypertension, and adhesive capsulitis of right shoulder. R52's MDS dated [DATE], showed R52 was cognitively intact. The facility provided a care plan invitation letter for R52 dated March 13, 2024. V19 stated there was no additional care plan invitation since that one as of September 25, 2024, a greater than 90-day interval between care plan meetings. Review of R52's care plan showed all had goal target date of September 20, 2024, with no update or revision as of September 26, 2024. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. R87's EMR showed R87 had been admitted to the facility on [DATE], with multiple diagnoses including end stage renal disease with dependence on renal dialysis, diabetes, acquired absence of right and left below the knee, peripheral vascular disease, and anemia of chronic disease. The facility provided care plan invitations for R87, one dated March 28, 2024, and one dated August 21, 2024. V19 acknowledged there were 5 months between the care plan conferences greater than the 90-day required interval. Review of R87's care plan showed all goals had a target date of August 22, 2024, as of September 26, 2024, and had not been revised or updated. The facility's Care Plan Conference policy dated September 2017, showed General: An Interdisciplinary care plan conference, which includes the resident and their significant other, is necessary to coordinate resident needs and establish goals. By inviting the resident and/or significant other to the care plan conference, it ensures their right to participate in planning care and treatment Policy: 3. The initial care plan meeting is held approximately 14 days after admission and approximately 90 days thereafter .7. If the resident/family attend the care conference their input will be recorded by the Care Plan Coordinator in the medical record.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 16746 Based on observation, interview and record review, the facility failed to assist residents identified as needing assistance with personal hygiene. This applies to 5 of 7 residents (R27, R39, R109, R115, and R453) reviewed for ADL (activities of daily living) in the sample of 33. The findings include: 1. R109 had multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting right dominant side and visuospatial deficit and spatial neglect following cerebral infarction, based on the face sheet. R109's quarterly MDS (minimum data set) dated September 18, 2024 showed that the resident was moderately impaired with cognition and required maximum assistance from the staff with personal hygiene. On September 23, 2024 at 10:48 AM, R109 was in bed, alert and verbally responsive. R109 had accumulation of long, unkempt facial hair. R109 stated that he wanted the staff to shave him because he cannot do it himself. On September 24, 2024 at 9:14 AM, R109 was in bed, alert and verbally responsive. R109 had accumulation of long, unkempt facial hair. In the presence of V12 (LPN/Licensed Practical Nurse), R109 stated that he wanted the staff to shave him. V12 stated that R109's facial hair were long and the resident needs the assistance of the staff to shave. R109's active care plan initiated on March 30, 2022 showed that the resident requires assistance with daily care needs. The same care plan showed multiple interventions including, Assist resident with ADLs. 2. R115 had multiple diagnoses including chronic obstructive pulmonary disease and dementia without behavioral disturbance, based on the face sheet. R115's quarterly MDS dated [DATE] showed that the resident was cognitively intact and required assistance from the staff with personal hygiene. On September 23, 2024 at 10:45 AM, R115 was in bed, alert and verbally responsive. R115 had accumulation of long, unkempt facial hair. R115 stated that he wanted the staff to shave him because he was not able to do it on his own. On September 24, 2024 at 9:12 AM, R115 was in bed, alert and verbally responsive. R115 had accumulation of long, unkempt facial hair. In the presence of V12 (LPN), R115 requested for the staff to shave him. According to V12, R115's facial hair was long and needs the assistance of the staff to shave. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R115's active care plan initiated on April 26, 2024 showed that the resident has a self-care deficit. R115's active care plan initiated on April 26, 2024 showed that the resident requires assistance with daily care related to weakness and cognitive impairment. The same care plan showed multiple interventions including, Assist resident with ADLs. 3. R453 has multiple diagnoses including chronic osteomyelitis of the left ankle and foot, type 2 diabetes mellitus and weakness, based on the face sheet. R453's admission MDS dated [DATE] showed that the resident was moderately impaired with cognition and required assistance from the staff with personal hygiene. On September 23, 2024 at 10:28 AM, R453 was sitting in a regular chair outside of his room. R453 was alert and verbally responsive. R453 had accumulation of long, unkempt facial hair. R453 stated that he had asked the staff to shave him several times and no one had assisted him. On September 24, 2024 at 8:56 AM, R453 was sitting in a regular chair outside his room. R453 was alert and verbally responsive. R453 had accumulation of long, unkempt facial hair. According to R453 he needs the assistance of the staff for shaving. R453 stated that he had asked the staff several times to shave him, but no one had assisted him. V12 (LPN) was present during this observation and interview. According to V12, R453 facial hair is long and needs shaving. V12 stated that R453 cannot shave himself and the resident needs the assistance of the staff. R453's active care plan initiated on September 18, 2024 showed that the resident has self-care deficit in grooming. R453's active care plan initiated on September 16, 2024 showed that the resident requires assistance with daily care needs. The same care plan showed multiple interventions including, Assist resident with ADLs. 4. R39 had multiple diagnoses including cervical region spondylosis without myelopathy or radiculopathy and mild dementia with mood disturbance, based on the face sheet. R39's quarterly MDS dated [DATE] showed that the resident was moderately impaired with cognition and required assistance from the staff with personal hygiene. On September 23, 2024 at 11:00 AM, R39 was being wheeled by V13 (Certified Nursing Assistant) to the room. R39 was alert and verbally responsive. R39 stated that he just had his shower. R39 had accumulation of long, unkempt facial hair. R39 stated that he wanted the staff to shave him because his beard is long. On September 24, 2024 at 9:16 AM, R39 was in bed, alert and verbally responsive. R39 had accumulation of long, unkempt facial hair. V12 (LPN) was present when R39 stated that he wanted the staff to shave him. According to V12, R39's facial hair is long, and the resident needs the assistance of the staff to shave. R39's active care plan initiated on November 2, 2021 showed that the resident requires assistance with daily care needs related to weakness and impaired mobility. The same care plan showed multiple interventions including, Assist resident with ADLs. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. R27 had multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting right dominant side and dementia without behavioral disturbance, based on the face sheet. R27's annual MDS dated [DATE] showed that the resident was severely impaired with cognitive skills for daily decision making. The same MDS showed that R27 had functional limitation in range of motion on one side of his upper extremity and required total assistance from the staff with personal hygiene. On September 23, 2024 at 12:35 PM, R27 was sitting in his reclining wheelchair inside the second floor dining room. R27 was alert, verbally responsive but confused. R27 had accumulation of long, unkempt facial hair. R27 stated that he wanted to be shaven. R27's active care plan initiated on January 17, 2022 showed that the resident requires assistance with daily care needs related to weakness and impaired mobility due to hemiplegia/hemiparesis, dementia and contractures. The same care plan showed multiple interventions including, Assist resident with ADLs. On September 25, 2024 at 12:24 PM, V2 (Director of Nursing) stated that it is part of the facility's nursing care and services to assist all residents needing assistance with ADLs including shaving of long unkempt facial hair. V2 added that all residents needing assistance with ADLs should be assisted by the staff to ensure and maintain the residents good hygiene and grooming. The facility's policy and procedure regarding activities of daily living last reviewed by the facility on January 2024 showed that all nursing personnel are responsible to provide ADLs to the residents. Under the guideline of the same policy showed in-part, 2. A program of assistance and instructions in ADL skills is care planned and implemented. Under the procedure it showed in-part, A. Hygiene a. Resident self-image is maintained.

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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** 41855 Based on observation, interview, and record review, the facility failed to follow the treatment recommendations for a resident who was assessed to require the use of a hand splint to prevent further decrease of ROM (Range of Motion) and contractures in that extremity. This applies to 1 of 1 residents (R74) reviewed for splints in the sample of 33. The findings included: R74's EMR (Electronic Medical Record) showed R74 was admitted to the facility on [DATE], with diagnoses that included hemiplegia and hemiparesis following non-traumatic intracerebral hemmorhage affecting the right dominant side and chronic respiratoy failure. R74's MDS (Minimum Data Set) dated September 5, 2024 showed R74 was cognitively impaired. R74 was dependent on staff for all ADLs (Activities of Daily Living) care. R74's care plan showed R74 required the use of a splint relate to right hemiplegia/hemiparesis, chronic respiratory failure, alcoholic cirrhosis, epilepsy, anemia, and hypertension. Interventions included .Staff assistance with right hand splint on (AM) and off (PM). R74's POS (Physician Order Set) with order date of November 14, 2022 and start date of October 25, 2023 showed Apply right hand splint to upper right extremity, splint on (AM) off (PM). R74's OT (Occupational Therapy) Evaluation and Plan of Treatment report dated October 27, 2022 to October 28, 2022 showed Patient and caregiver goals: provide positioning splint on right hand for contracture prevention. On September 23, 2024, at 10:32 AM, R74 was sitting in bed . R74's right had was contracted and R74 was not able to move his right arm or hand spontaneously. R74 was not wearing a splint on his right hand. On September 24, at 8:50 AM, R74 was not wearing his hand splint. On September 24, 2024 at 12:36 PM, R74 was sitting up in bed for lunch, R74 did not have a splint on his right wrist, when asked if he was supposed to wear a splint he nodded his head yes. When asked if he knew where his splint was, he shook his head. no. V3 (CNA/Certified Nurse Assistant) said she knew nothing about a splint for R74's right hand. V3 looked for it in R74's room and was not able to find his splint. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On September 24, 2025 at 12:39 PM, V4 (Assistant Restorative Director) said my restorative CNAs go around in the morning and apply all the splints to the residents that are supposed to be wearing them, but they have been on vacation for the last week. V4 said he would put it on, but he hasn't been able to find R74's splint. V4 said it is here somewhere, but he doesn't know where. V4 went to a basket and she they keep the splints in the restorative gym unless the resident requests to keep it in his or her room. Facility policy titled, Splints, with a revision date of August 2024 showed, Adaptive devices will be used as ordered by the physician to prevent deformities or further contractures.

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16746 Based on observation, interview and record review the facility failed to assess and administer pain medication to the residents as ordered by the physician, to manage pain. This applies to 2 of 5 residents (R20 and R82) reviewed for pain management in the sample of 33. The findings include: 1. R20 had multiple diagnoses including paraplegia, severe morbid obesity and chronic pain syndrome and right hip pain, based on the face sheet. R20's quarterly MDS (minimum data set) dated July 23, 2024 showed that the resident was cognitively intact and required maximum to total assistance from the staff with most of her ADLs (activities of daily living). On September 23, 2024 at 12:10 PM, R20 was in bed, alert, oriented and verbally responsive. R20 stated that on September 20, 2024 during the second shift (3:00 PM - 11:00 PM), an agency nurse (does not know the name) refused to give her the oxycodone pain medication for her back and right leg pain. R20 stated that she asked for the oxycodone pain medication around 9:00 PM and the agency nurse told her that she cannot give the said medication because she already had it. According to R20, she did not receive her oxycodone medication because she had spent most of her time on the first floor and only went to the second floor (unit where she resides) to ask for the pain medication. R20 stated that she only received her oxycodone pain medication on September 21, 2024 at 3:45 AM. R20's pain assessment dated [DATE] showed that the resident had frequent pain characterize by stabbing sharp pain on the lower back and leg. R20's active care plan initiated on October 7, 2021 showed that the resident has a potential for alteration in comfort related to paraplegia and chronic pain syndrome. The same care plan showed multiple interventions including administration of pain medications and treatments as ordered. The facility's medication error report dated September 20, 2024 (11:35 PM) showed that R20 reported that she did not receive her pain medication at 9:00 PM when she asked the nurse for it. The same report showed under resident description, I asked for my pain medications and the nurse stated I already had it, but I didn't because I was downstairs. R20's order summary report showed an order dated March 6, 2024 for, Oxycodone HCl (hydrochloride) 5 mg (milligram), one tablet by mouth every four hours as needed for chronic pain. The same order report showed an order dated November 22, 2023 for, Tylenol Extra Strength 500 mg, one tablet by mouth every six hours as needed for pain. R20's MAR (medication administration record) showed that the resident did not receive any as needed pain medications either Tylenol Extra Strength or Oxycodone HCl on September 20, 2024. The same MAR showed that R20 received Oxycodone HCl 5 mg on September 21, 2024 at 3:00 AM for pain level of 6 which was effective. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R20's controlled drug/record/disposition form for Oxycodone 5 mg, one capsule by mouth every four hours as needed for pain, showed that the resident received this pain medication on September 20, 2024 at 6:00 AM and at 1:00 PM and then on September 21, 2024 at 3:00 AM. On September 25, 2024 at 12:25 PM, V2 (Director of Nursing) stated that on September 21, 2024 at around 3:21 AM, she received a text message from R20's POA (Power of Attorney) indicating that she had concerns with regards to the resident's pain medication. V2 stated that she immediately called R20's POA and she was informed that the resident did not receive her oxycodone pain medication from the agency nurse who worked on September 20, 2024 during the afternoon shift (3:00 PM - 11:30 PM). R20's POA was concern that the agency nurse took the medication. V2 stated that she also called R20, and the resident told her (V2) that she asked for the pain medication oxycodone from the agency nurse on September 20, 2024 at 9:00 PM, but she did not receive it. R20 also stated that she wanted to know what the agency nurse did with her oxycodone medication. According to V2, the facility immediately did the investigation and found out that there was no missing oxycodone medication. The oxycodone pain medication was not taken out or punched out from the blister pack and that there was no documentation that R20 received the oxycodone pain medication at 9:00 PM on September 20, 2024. According to V2, R20 received oxycodone one tablet on September 21, 2024 at 3:00 AM, after the resident complained of pain to V16 (LPN/Licensed Practical Nurse). V2 stated that she attempted to call the agency nurse that allegedly did not give, R20 her oxycodone pain medication but without success and currently the same agency nurse was placed on do not return status to the facility. On September 25, 2024 at 1:24 PM , V16 (LPN) stated he started his shift on September 20, 2024 at 11:00 PM. According to V16 on September 21, 2024 about five to ten minutes before 3:00 AM, R20 complained to him that she had asked for the oxycodone pain medication from the previous shift nurse (3:00 PM - 11:00 PM) but she did not receive it. R20 then complained to him (V16) of generalized pain with a pain level of six. V16 stated that he gave R20 one tablet of Oxycodone HCl on September 21, 2024 at around 3:00 AM. V16 added that he reported to V2 (Director of Nursing) about R20's allegation that she asked for pain medication during the previous shift and did not receive the pain medication. On September 25, 2024 at 2:54 PM, V2 stated that when a resident complain of pain , the resident should be assessed and ordered pain medication should be administered to ensure that the resident's pain is managed. and to promote resident's comfort. 48308 2. R82's EMR (Electronic Medical Record) showed R82 was admitted to the facility on [DATE], with multiple diagnoses including chronic obstructive pulmonary disease, type 2 diabetes, unspecified asthma, essential hypertension, and history of falling. R82's MDS dated [DATE], showed R82 was cognitively intact, and required supervision or touch assistance with ADL's including eating, toileting, bathing, dressing, bed mobility, transfer, and walking 150 feet. On September 23, 2024, at 11:15 AM R82 was alert, lying in bed, and stated he had pain in his knees. Also stated the nurse was aware and he was waiting for the pain medication to work. R82 had facial grimacing and was grabbing at his right knee while he was speaking about his pain. (continued on next page)

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	145405	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Westmont	6501 South Cass Westmont, IL 60559

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On September 24, 2024, at 10:46 AM, R82 states his pain is at 8/10, and he is waiting for the medication to work. R82 is wearing a soft brace to his right knee, with a compression wrap under the brace. R82 said he has had knee pain for a long time and has used the brace himself for a while. R82 stated the pain is especially bad in rainy weather. On September 25, 2024, at 2:28 PM, V18 (LPN) stated R82 had knee pain in the past. V18 stated R82 has acetaminophen 325 mg (milligram) 2 tabs every 6 hours as needed for pain ordered. V18 stated the last time R82 received the acetaminophen for pain was February 12, 2024. R82's care plan for pain revised on May 17, 2023, does not identify R82's knees as a source of pain. R82's care plan showed staff is to monitor for nonverbal indicators of pain, assess pain characteristics: duration, location, quality, administer pain medications and treatments as ordered. The Facility's policy titled Pain Management dated October 2023, showed General: To facilitate and provide guidance on pain observations and management. To facilitate resident independence, promote resident comfort and preserve resident dignity. This will be accomplished through an effective pain management program, providing our residents the means to receive necessary comfort, exercise greater independence enhance dignity and life involvement .POLICY 1. Pain is assessed using the Comprehensive Pain Assessment Form .When existing pain worsens.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 36567 Based on observation, interview and record review, the facility failed to provide mechanical soft and pureed cubed beef steak portions as shown on menu spreadsheet for the lunch meal. This applies to 7 of 7 residents (R1, R24, R27, R36, R50, R81, R88) observed for dining in the sample of 33. On September 23, 2024 at 9:43 AM, V7 (Cook) stated that the meal prepared for the lunch meal that day was cubed steak (Salisbury steak), carrots and mashed potatoes. V7 stated that this meal was supposed to be served on Saturday but got switched as the residents chose to have the meal of the month on Saturday instead. Diet order spreadsheet for the above meal showed to serve #6 scoop of ground cubed steak with onion and gravy for mechanical soft diet and #6 scoop of the pureed steak with broth for the pureed diet. On September 23, 2024 at 11:44 AM, during tray line service, V9 (Dietary Aide) and V8 (Cook) were platting the food on the tray line. The mechanical soft cubed steak had a green colored scoop which was identified as #12 scoop and R1, R24 and R36 received 1 scoop of the same. The pureed meat had a gray colored scoop which was identified as #8 scoop and R50 and R88 received one scoop of the same. R27 and R81 who both had a diet order of double portions pureed received two scoops of the #8 scoop. Facility scoop size portion control chart showed that #6 =5+1/3 oz (ounces), #8=4 oz, #12=2+2/3 oz On September 23, 2024 at 12:06 PM, when V6 (Food Service Manager) was asked why the servers did not use the #6 scoop as shown in the spreadsheet for both mechanical soft and pureed diet consistencies, he stated They are only required to have 4 ounces of protein and not 5 ounces. On September 24, 2024 at 11:33 AM, V5 (Registered Dietitian) stated that the facility should use the scoop sizes as shown on the menu spreadsheet in order to meet the requirements for protein for the day. Facility diet order report showed that R1, R24 and R36 were on mechanical soft diet consistency. The same report showed that R50 and R88 were on pureed diets single portions and R27 and R81 were also on pureed diets with double portions.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36567 Based on observation, interview and record review, the facility failed to serve pureed consistency vegetables to the residents on pureed diets. This applies to 8 of 8 residents (R2, R27, R33, R37, R50, R57, R81, R88) reviewed for pureed diets in the sample of 33. Facility Week at a Glance Menu for September 24, 2024 showed Capri Mix Vegetables as the vegetable option for the lunch meal. On September 24, 2024 at 10:31 AM, the pureed meal prep by V10 (Assistant Food Service Manager) was observed in the facility kitchen. V10 stated that he is making about 12 servings as some of the residents on pureed diets have orders for double portions. V10 measured out twelve 4 oz (ounce) scoops of cooked zucchini into a [NAME] and processed the same. V10 continued to blend the mixture for several minutes, stopping in between to open the lid and stir the product with a spatula. V10 added 1 tablespoon of thickener into the mixture and continued to blend the contents for a few more minutes. V10 then opened the blender lid and poured the contents into a pan stating that it was ready for service. The blended product was noted to have green rinds of the zucchini floating in the contents. When taste tested , the rinds of the zucchini remained hard on the palate and needed to be chewed. V10 also taste tested the same and stated that the pureed consistency should be like pudding or applesauce and acknowledged that the pureed product was not as such. V11(Dietary District Manager) who was in the vicinity also taste tested the final pureed product and agreed that the rinds were intact and not blended smooth. On September 24, 2024 at 11:33 AM, V5 (Registered Dietitian) stated that the pureed consistency should be smooth with no lumps. V5 added that the facility should have pureed the Capri mix vegetables as shown on the menu. Recipe for Capri Mix Vegetables included to place the prepared vegetables in a food processor and to blend until smooth. Facility diet order sheet showed that R2, R27, R33, R37, R50, R57, R81 and R88 were on pureed consistency diets.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48308 Based on interview and record review, the facility failed to document any information pertaining to a resident's death, in the medical record, in accordance with facility policy. This applies to 1 of 33 residents (R150) reviewed for documentation in the sample of 33. The findings include: R150's EMR (Electronic Medical Record) showed R150 admitted to the facility on [DATE], and died in the facility on [DATE]. 2024. R150 was [AGE] years old and had multiple diagnoses including unspecified dementia, chronic diastolic and systolic congestive heart failure, lymphedema, morbid obesity, and pressure ulcer of the right heel. R150's EMR showed the last entry dated [DATE], 07:01 AM, showed follow up dropper for medication found by prior AM nurse [NAME]. Please follow up with hospice regarding gurgling. There was no further clinical assessment, notifications to family, hospice or the physician, no time of death, and no disposition of the body or final discharge note in the medical record. On [DATE], at 12:01 PM, V2 (DON/Director of Nursing) stated it is the expectation, when a resident is transitioning while on hospice, that staff document a resident's assessment, what staff did to intervene, notification of family, hospice and physician, postmortem care, and disposition of the resident's body. The Facility's policy titled Death of a Resident dated [DATE], showed General: appropriate documentation shall be made in the clinical record concerning the death of a resident .and Policy: All information pertaining to the resident's death must be recorded in the nurses' notes.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45303 Based on interview and record review, the facility failed to follow their policy to offer the pneumococcal vaccine. This applies to 5 of 5 residents (R56, R71, R7, R34, and R68) in the sample of 33. The findings include: 1. The EMR (Electronic Medical Record) showed R56 was a [AGE] year-old resident admitted to the facility on [DATE], with multiple diagnoses including type 2 diabetes, heart failure, hypertensive heart disease, and peripheral vascular disease. R56's Immunization Report provided by the facility on September 24, 2024, at 5:14 PM, did not show R56 had previous pneumococcal immunizations or refused the pneumococcal vaccine. On September 25, 2024, at 2:17 PM, V2 (DON/Director of Nursing) said she had provided all R56's immunization records. The facility does not have documentation to show R56 was offered or refused the pneumococcal vaccine. On September 25, 2024, 1:20 PM, V2 said R56 should have been offered the pneumococcal vaccine upon admission to the facility. V2 continued to say the facility follows the CDC's (Centers for Disease Control and Prevention) guidelines for pneumococcal vaccine timing 2. The EMR showed R71 was a [AGE] year-old resident admitted to the facility on [DATE], with multiple diagnoses including cerebral infarction, hypertension, atherosclerotic heart disease, and aortocoronary bypass graft. R71's Immunization Report provided by the facility on September 24, 2024, at 5:14 PM, did not show R71 had previous pneumococcal immunizations or refused the pneumococcal vaccine. On September 25, 2024, at 2:17 PM, V2 said she provided all R71's immunization records. The facility does not have documentation to show R71 was offered or refused the pneumococcal vaccine. On September 25, 2024, at 1:20 PM, V2 said R71 should have been offered the pneumococcal vaccine upon admission to the facility. 3. The EMR showed R7 was an [AGE] year-old resident admitted to the facility on [DATE], with multiple diagnoses including peripheral vascular disease, venous insufficiency, and trigeminal neuralgia. R7's Immunization Report provided by the facility on September 24, 2024, at 5:14 PM, showed R7 refused the PCV13 (13-valent pneumococcal conjugate vaccine). (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On September 25, 2024, at 2:17 PM, V2 said she provided all R7's immunization records, including all consents and refusals. The facility does not have documentation to show R7 refused the pneumococcal vaccine. The facility also does not have documentation to show R7 was offered the pneumococcal vaccine annually. On September 25, 2024, at 1:20 PM, V2 said R7 should have been offered the pneumococcal vaccine according to the facility's policy. 4. The EMR showed R34 was a [AGE] year-old resident admitted to the facility on [DATE], with multiple diagnoses including chronic obstructive pulmonary disease, type 2 diabetes, end stage renal disease, dependence on renal dialysis, pulmonary hypertension, mitral valve insufficiency, and nicotine dependence (cigarette smoker). R34's Immunization Report provided by the facility on September 24, 2024, at 5:14 PM, showed R34 received the PCV13 vaccine on May 21, 2019. On September 25, 2024, at 2:17 PM, V2 said she provided all R34's immunization records, including all consents and refusals. The facility does not have documentation to show R34 was offered or refused an additional pneumococcal vaccine. On September 25, 2024, at 1:20 PM, V2 said R34 should have been offered a second pneumococcal vaccine. 5. The EMR showed R68 was an [AGE] year-old resident admitted to the facility on [DATE], with multiple diagnoses including pulmonary fibrosis, type 2 diabetes, atherosclerotic heart disease, cerebral ischemia, and vascular dementia. R68's Immunization Report provided by the facility on September 24, 2024, at 5:14 PM, showed R68 received the PCV13 vaccine on October 19, 2019. On September 25, 2024, at 2:17 PM, V2 said she provided all R68's immunization records, including all consents and refusals. The facility does not have documentation to show R68 was offered or refused an additional pneumococcal vaccine. On September 25, 2024, at 1:20 PM, V2 said R68 should have received an additional pneumococcal vaccine. (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility's policy titled Pneumococcal Vaccinations reviewed January 2024, showed, General: TO provide information on the process for giving the pneumococcal vaccinations. Responsible Party: Admission Department, Nursing. Guideline: 1. All current residents or the resident's responsible party will be screen annually and offered the PPSV23 (23-valent pneumococcal polysaccharide vaccine) and/or PCV13. The consent serves as the education tool for the vaccine. If the resident has previously received wither PPSV23 and/or PCV13 the date and location will be entered into the Immunization Tab of the EHR (Electronic Health Record). 2. If the resident or resident or responsible party signs the consent, an order will be obtained. If the vaccine is contraindicated or the resident or responsible party refuses the specific reason for refusal of either or both vaccines will be documented in the Immunization Tab of the EHR . 5. When a new resident is admitted , they will be asked if they have received pneumococcal vaccinations(s) which will include PPSV23 and/or PCV13 and the above procedure occurs. If the new admission has previously received either PPSV23 and/or PCV13 the date and location will be entered into the Immunization Tab of the EHR. See Administration Table below: Pneumococcal Vaccine Status: None/Unknown; First Give PCV13 (65 or older); Then give PPSV23 (12 months after PCV13) . The CDC's Pneumococcal Vaccine Timing for Adults dated April 1, 2022, showed, Pneumococcal vaccine timing for adults who previously received PCV13 but who have not received all recommend doses of PPSV23 . Adults [AGE] years or older without an immunocompromising condition, cerebrospinal fluid leak, or cochlear implant: CDC recommends one dose of PPSV23 at age [AGE] years or older. Administer a single dose of PPSV23 at least one year after PCV13 was received. Their pneumococcal vaccinations are complete .