STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145458	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alta Rehab at Oak Brook	2013 Midwest Road Oak Brook, IL 60521

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46409 Based on observation, interview, and record review, the facility failed to place residents' call lights within reach. This applies to 2 of 2 residents (R41, R58) assessed for accommodation of needs in a sample of 23. The findings include: 1. On July 16, 2024 at 1:20 PM, V37 (R41's Family Member) said when she arrived at the facility, R41 was sitting in the wheelchair and her call light was behind her, out of reach. V37 said her biggest concern was the staff would put R41 in the chair and the call light was not in reach, and she wanted her mother to be able to call for help. On July 17, 2024 at 2:05 PM, V37 said she noticed the housekeeping staff do not put the call light within reach of R41 after making the beds and felt the facility staff should attach the call light to the wheelchair. On July 18, 2024 at 9:14 AM, R41 was lying in bed and V39 (LPN/Licensed Practical Nurse) and V30 (CNA/Certified Nurse Assistant) were providing care for R41. After providing care, V39 and V30 left R41's room, and R41's adaptive call light was in a basket behind R41's bed, out of reach to the resident. At 9:20 AM, R41 said she was able to would push the button if she needed help. At 10:19 AM, R41's adaptive call light was still out of reach to the resident. R41's room had a sign above the bed which included the following, The alert button should be attached to one of the pillows on my left. R41's face sheet showed she was admitted to the facility on [DATE] with diagnoses including hemiplegia on the right side, dysphagia, hyperlipidemia, chronic obstructive pulmonary disease, pain, atrial fibrillation, and dementia. R41's MDS (Minimum Data Sheet) dated April 12, 2024 showed R41 required moderate assistance for oral hygiene and eating, maximal assistance for upper and lower body dressing, and was dependent on staff for toileting hygiene, shower/bathing, putting on/taking off footwear, and personal hygiene. R41's care plan initiated on April 10, 2024 showed a focus care plan of Call light touch pad-Resident with right sided weakness uses call light touch pad to alert care staff for her needs by simply pressing the pad placed on her hand, with interventions showing to Adjust call light touch pad on resident's right hand to make it accessible. (continued on next page)

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

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On July 18, 2024 at 1:02 PM, V28 (CNA) said the call light should be placed within the person's reach and accessible to the hand the resident can use. V28 also said the resident should receive a call light pad if they are not able to press the call light button. On July 18, 2024 at 1:10 PM, V30 (CNA) said if a resident was in bed, the call light should be across their chest in an accessible place for them. V30 said the call light should be placed on the side the resident can move. V30 said R41 would not be able to reach the call light if the call light was placed behind her while she was in the bed or the chair. On July 18, 2024 at 12:55 PM, V25 (LPN) said the call light should be within reach of the resident, on the side they are able to use. V31 (Housekeeper) said the call light should be placed on the resident. 2. On July 16, 2024 at 1:01 PM, R58 was sitting in her chair and the call light was out of reach to R58 and it was behind her on the bed. R58 said the housekeeper put the call light on the bed and the CNA had put her in the wheelchair. R58 attempted to reach for the call light, but was unable to reach it and said she would need to call somebody to help her since she could not reach the call light. R58's face sheet showed R58 was admitted to the facility on [DATE] with diagnoses including generalized osteoarthritis, hypertension, shortness of breath, asthma, pain, low back pain, tremors, and repeated falls. R58's MDS dated [DATE] showed R58 was cognitively intact and required set up assistance for eating, oral hygiene, moderate assistance for upper body dressing and personal hygiene, maximal assistance for shower/bathing, and was dependent on staff for oral hygiene. R58's Fall Care Plan initiated March 22, 2024 showed to Keep call light in reach and encourage resident to use it for assistance. On July 18, 2024 at 1:10 PM, V30 (CNA) said R58 would not be able to reach the call light if it was behind her on the bed while she was in the chair. On July 18, 2024 at 1:41 PM, V2 (DON/Director of Nursing) said the call lights should be within reach. V2 also said the call lights should be placed within reach of the resident's dominant and unaffected upper extremity. The facility's Call Light policy revised on February 2, 2018 showed All residents that have the ability to use a call light shall have the nurse call light system available at all times and within easy accessibility to the resident at the bedside or other reasonable accessible location.

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48944 Based on observation, interview, and record review, the facility failed to reassess a resident for an appropriate-fitting device who had a hand wound; failed to ensure skin prevention interventions were implemented for a resident with a known behavior of scratching; and failed to check blood glucose levels prior to a resident eating or wipe the first drop of blood. This applies to 2 of 3 residents (R58, R61) reviewed for quality of care in a sample of 23. The findings include: 1. The EMR (Electronic Medical Record) showed R61 had multiple diagnoses including encephalopathy, dementia, and anxiety. R61's MDS (Minimum Data Set) dated 7/05/2024 showed R61 was dependent on facility staff for activities of daily living (ADLs). On 7/16/2024 at 10:41 AM, R61 was assisted back to bed after his shower for dressing by V17 (Certified Nurse Assistant/CNA). R61 had dressings to his left hand and right anterior thigh; and an open area to his left anterior thigh. V17 said she noticed R61's left thigh open area that morning during his shower. R61's fingernails were not cut and did not appear maintained. R61's left hand was contracted in a closed fixed fist. R61 was observed tugging and pulling at his sheets. At 11:23 AM V16 (Wound Care Nurse/WCN) said she was going to change R61's wound dressings. V16 said R61 had a behavior of scratching and causing open areas to his body including his thighs. V16 proceeded to change R61's dressing to his right thigh; V16 said R61's right anterior thigh wound was an abrasion caused by his scratching. Then V16 changed R61's dressing to his left hand; V16 said R61 had a full-thickness wound between the webbing of his 1st and 2nd fingers. V16 said she was unsure of the cause of R61's left-hand wound. V16 said she was going to assess R61's new open skin on his left thigh. On 7/18/2024 at 11:28 AM, R61 was in bed tugging on his sheets. R61 had protective fabric stockings covering his forearms from his wrists to his elbows. R61 also had a palm protector device on his left hand; the device had a finger separator strap that was over R61's 1st and 2nd fingers. R61 also had a dressing wrapped around his left hand covering his left-hand wound. R61's fingernails remained untrimmed and not maintained. R61 did not have any protective gloves on. On 7/18/2024 at 10:29 AM, V7 (Restorative Nurse) said she assesses residents for restorative programs including for contracture devices. V7 said R61's left hand was contracted and was to always use his left-hand palm protector device. V7 said nursing and restorative staff were responsible for applying R61's hand device and assessing the skin underneath to prevent complications. V7 said she was not aware R61 had a wound to his left hand. V7 said R61 should have not continued to use his left-hand palm protector device due to his open left hand wound. V7 said R61 should have been reassessed for a different hand device. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/18/2024 at 10:56 AM, V15 (Wound Care Coordinator/WCC) said R61 was receiving wound care for ongoing self-inflicted scratch injuries to his body. V15 said R61's plan of care to prevent him from inflicting more injuries included keeping his nails cut and trimmed, applying gloves, and monitoring and redirecting him when observed scratching. V15 said nurses and CNAs were responsible for ensuring R61's gloves and nail care were implemented. V15 said R61's left-hand wound was noticed on 6/10/2024 and believed R61's arm protective elastic sleeves with a thumb loop caused the injury between his fingers. V15 said she changed R61's arm sleeves but was not aware R61 was using a palm protector device with a finger separator strap. V15 said R61 should have been reassessed for an alternative contracture device. V15 was asked to assess R61's hands and fingers. V15 said R61's fingernails did not appear cut and trimmed and he did not have his gloves on. R61's care plan reviewed on 7/18/2024 showed a focus problem for skin impairment and had multiple interventions including Identify potential causative factors and eliminate/resolve when possible . Inform/instruct staff of causative factors and measures to prevent skin tears. The care plan continues to show other interventions related to R61's behavior of scratching and picking at his skin including Per treatment nurse: Bilateral tubi grips (for arms), Bilateral hand gloves and Left palm protector ON at all times, or as tolerated. May remove for hygiene. May use rolled up towel when palm protector is being washed and The resident needs their nails kept short to reduce risk of scratching or injury from picking at skin. R61's Wound Assessment Details Report dated 6/10/2024 showed a trauma laceration wound to R61's left hand between his 1st and 2nd digit. The assessment showed the wound measured 3.0 cm x 1.0 cm x 0.3 cm (centimeters) and had 100% bright pink or red tissue with light amount of serosanguineous drainage. R61's Wound Assessment Detail Report dated 7/17/2024 showed R61's left-hand wound measured 0.4 cm x 0.4 cm x 0.2 cm and had 100% bright pink or red tissue with moderate amount of serous drainage. R61's Wound Assessment Detail Report dated 7/17/2024 showed R61 had a new trauma abrasion wound to his left anterior thigh. The assessment showed the wound measured 2.4 cm x 1.0 cm x 0.1 cm and had 100% bright pink or red tissue with scant amount of serous drainage. R61's Restorative Observation assessment dated [DATE] was assessed for contractures and no new recommendations were done for his left hand. The facility's policy titled Pressure Injury and Skin Condition Assessment with a revision date of 1/17/2018 showed, Purpose: To establish guidelines for assessing, monitoring and documenting the presence of skin breakdown, pressure injuries and other ulcers and assuring interventions are implemented. The facility's policy titled Restorative Services with a revision date of 2/2022 showed, Policy: Each resident will be screened for restorative nursing upon admission, annually, quarterly and with any significant change in function .Splint or Brace Assistance .2) where staff have a scheduled program applying and removing a splint or brace, assess the resident's skin and circulation under the device .Procedure: .Review current restorative programs for appropriateness. Develop an individualized restorative program based on the assessment information and update the resident care plan. 46409 (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. On July 17, 2024 at 8:17 AM, V25 (LPN/Licensed Practical Nurse) was observed during medication pass. V25 went to R58's room and began to do a blood glucose level test. V25 wiped R58's finger with an alcohol swab, then lanced the finger and tested R58's blood glucose level using the first drop of blood. On July 18, 2024 at 12:55 PM, V25 said when checking blood glucose levels, you are supposed to test the second drop of blood to make sure there was not any alcohol on the finger. On July 18, 2024 at 12:53 PM, V27 (LPN) said the procedure was to wipe the first drop of blood and test the second drop of blood. On July 18, 2024 at 1:41 PM, V2 (DON/Director of Nursing) said her expectation of staff was to wipe the first drop of blood away and test the second drop of blood when checking blood glucose levels. R58's face sheet showed R58 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes mellitus, generalized osteoarthritis, hypertension, asthma, pain, low back pain, tremors, and repeated falls. R58's POS (Physician Order Set) showed an order to check her blood glucose twice daily before meals, and an order for Humulin KwikPen Inject 25 unit subcutaneously one time a day for [Diabetes Mellitus].

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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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48944 Based on observation, interview, and record review, the facility failed to report, assess, and obtain treatment orders for a resident identified with a new wound before it became unstageable. This failure resulted in R61 receiving delayed wound care and deterioration of the wound. This applies to 1 of 3 residents (R61) reviewed for pressure ulcers in a sample of 23. The findings include: The EMR (Electronic Medical Record) showed R61 admitted to the facility on [DATE]. R61's EMR showed multiple diagnoses including encephalopathy, malnutrition, intervertebral disc degeneration of the lumbar region, history of malignant neoplasm of the prostate, dementia, anxiety, pain, ataxia, and left foot drop. R61's MDS (Minimum Data Set) dated 3/15/2024 showed R61 required substantial to maximal staff assistance with personal hygiene and bed mobility. The MDS continued to show R61 was at risk for developing pressure ulcers because R61 had acquired an unstageable ulcer at the facility. On 7/16/2024 at 11:23 AM, V16 (Wound Care Nurse/WCN) said she was going to change R61's sacral wound dressing. V16 removed R61's sacral packing dressing and said R61's wound had muscle and bone exposed and there was undermining between 9-2 o'clock. V16 continued to say R61's sacral wound had 30% slough tissue (non-viable tissue). V16 said R61's stage 4 pressure ulcer to his sacrum was facility-acquired. On 7/18/2024 at 12:47 PM, V23 (Certified Nurse Assistant/CNA) said she reports any skin alteration right away to the nurse on duty. V23 said in February 2024, she noticed R61 had a small open area to his sacrum that was covered with a dressing. V23 said she reported the new skin alteration to the nurse on duty. On 7/18/2024 at 10:56 AM, V15 (Wound Care Coordinator/WCC) said she was notified of R61's sacral wound on 2/27/2024. V15 said she assessed the wound, and it measured 4 cm x 5 cm x 0.1 cm (centimeters) and had 90% slough tissue and 10% granulation tissue on 2/27/2024. V15 said R61's sacral wound was determined to be an unstageable pressure ulcer. V15 said she then obtained treatment orders. V15 said the facility has wound care nurses on duty 7 days a week and R61 was being managed for other wounds at that time. V15 said she was concerned and interviewed the staff involved with R61's care. V15 said she interviewed V23 (CNA) and V23 said that she had notified the nurse on duty a week prior to 2/27/2024 of R61's identified skin alteration to his sacrum. V15 (WCC) said she reviewed R61's EMR and was unable to find documentation of when R61's wound was identified, nor if wound care was initiated prior to 2/27/2024. V15 said nursing staff is expected to report any new skin alteration immediately to ensure wounds are assessed and treatments initiated. V15 said R61's sacral wound deterioration could have been prevented if reported appropriately. V15 continued to say R61's sacral wound should have not been identified at an unstageable stage and could have been prevented if reported promptly to the wound care team when it was originally identified. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	On 7/18/2024 at 1:54 PM, V24 (Wound Physician) said she was managing R61's wounds. V24 said R61's sacral wound was identified as an unstageable pressure ulcer. V24 said R61 was at risk for pressure ulcers because he had a history of skin alteration on his prior admission, was non-mobile, incontinent of bowel and bladder, had poor nutrition, and was dependent on staff to reposition him. V24 said she expects facility staff to be checking for skin alteration during routine care and reporting new changes. V24 continued to say if the wound care staff is not notified of new skin alterations and/or treatments are not started promptly, the wounds can worsen. R61's Skin Risk Assessment Tool dated 1/02/2024 showed R61 was at a high risk for pressure ulcers. R61's Care Plan reviewed on 7/18/2023 showed R61 was at risk for impaired skin integrity. The care plan showed multiple interventions including Assess/record changes in skin status and follow facility policies/protocols for the prevention/treatment of skin breakdown. R61's Weekly Skin Observation assessment dated [DATE] showed R61 had a new skin problem observed to his sacral area. The assessment said the new pressure injury to his sacrum was unstageable mesuring 4.0 cm x 5.0 cm x 0.1 cm with 90% slough and 10% granulation. R61's Physician Order dated 2/27/2024 showed Apply to sacrum topically one time a day for pressure injury cleanse wound with NSS. Pat dry. Apply santyl and alginate. Cover with dry dressing daily. R61's Wound Visit Report dated 2/28/2024 said R61 acquired an unstageable pressure ulcer to his sacral area on 2/27/2024. The report said the wound measured 3.5 cm x 3.3 cm x 0.3 cm and had a medium amount of serous drainage noted. The report continued to show the wound was noted to have a foul odor after cleansing and had 67-100% (large amount) of necrotic tissue within the wound bed including slough tissue. The report showed daily treatment orders to R61's sacrum, to apply moist gauze with Dakin's solution to the wound bed and cover it with gauze; and an order to start on antibiotic Augmentin 875 mg BID x 14 days for sacral wound infection. R61's Wound Assessment Details Report dated 7/17/2024 said R61's sacral wound measured 6.5 cm x 4.0 cm x 2.5 cm with an undermining of 5.0 cm between 9-6 o'clock. The report continued to say R61's wound had 10% deep maroon tissue, 80% bright pink or red tissue, and 10% slough loosely adherent tissue with moderate serosanguineous drainage. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	The facility's policy titled Pressure Injury and Skin Condition Assessment with a revision date of 1/17/2018 showed Purpose: To establish guidelines for assessing, monitoring and documenting the presence of skin breakdown, pressure injuries and other ulcers and assuring interventions are implemented .1. A skin condition assessment and pressure ulcer risk assessment (Braden) will be completed at the time of admission .2. Residents identified will have a weekly skin assessment by a licensed nurse. 3. A wound assessment will be initiated and documented in the resident chart when pressure and/or other ulcers are identified by licensed nurse. 4. Each resident will be observed for skin breakdown daily during care and on the assigned bath days by the CNA. Changes shall be promptly reported to the charge nurse who will perform the detailed assessment .6. Care givers are responsible for promptly notifying the charge nurse of skin breakdown. 7. At the earliest sign a pressure injury or other skin problem, the resident, legal representative, and attending physician will be notified. The initial observation of the ulcer or skin breakdown will also be described in the nursing progress notes . The facility's policy titled Pressure Ulcer Prevention with a revision date of 1/15/2018, showed Purpose: To prevent and treat pressure sores/pressure injury. Guidelines: . 2. Inspect the skin several times daily during bathing, hygiene, and repositioning measures .5. Turn dependent residents approximately every two hours or as needed and position residents with pillow or pads protecting bony prominences as indicated .8. If redness does not disappear within 30 minutes the turning schedule may be shortened to 1 hour .

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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** 46003 Based on observation, interview, and record review, the facility failed to prevent a resident's decrease in range of motion. This applies to 1of 3 residents (R36) reviewed for range of motion in a sample of 23. Findings include: R36 was admitted to the facility on [DATE]. R36's primary diagnoses include acute kidney failure, gastro-esophageal reflux disease, hyperlipidemia, major depressive disorder, hypertension, gout, dementia and poly-osteoarthritis. On 7/17/24 at 1:58 PM, R36 was lying in bed and her left hand was contracted; R36 was unable to extend the fingers of her left hand. R36 stated she did not have a splint for her hand. On 7/17/24 at 2:02 PM, V6 C.N.A (Certified Nursing Assistant) stated R36 did not have hand splint on her plan. On 7/17/24 at 2:06 PM, V7 Restorative Nurse stated when R36 was admitted to the facility, she should have had an OT (Occupational Therapy) and PT (Physical Therapy) assessment. The assessments direct the staff on how she transfers and the care assistance she requires. V7 stated R36 did not have any documentation of contractures on admission. V7 stated R36 is seen by the restorative aide. If the restorative aide observes any changes, they should document it in the EMR (Electronic Medical Record) and notify the Restorative Nurses so a referral to therapy services can be obtained. On 7/17/24 at 2:13 PM, V7 Restorative Nurse accompanied surveyor to R36's bedside. V7 stated R36 had contractures to her left middle and ring fingers. V7 stated a palm protector will prevent R36's fingers from further contracting and possibly causing injury to her palm from her nails digging into her skin. On 7/17/24 at 2:19 PM, V8 Restorative Aide stated R36 has contractures to her left hand. V8 stated she does not know how long R36 has had the contracture. V8 stated she documents in the EMR and verbally notifies V7 Restorative Nurse of any changes she observes. V8 stated R36 is supposed to receive restorative services on Monday Wednesday and Friday. V8 stated if there are too may other residents to see or the restorative aide is pulled to work as a CNA, R36 will not receive a restorative visit. V7's restorative observation assessment of R36 dated 2/21/24 does not document contractures or limited range of motion in R36's left hand. V7 documented R36 would benefit from active range of motion through the restorative programs. There is no Restorative Aide documentation for R36 before 4/21/24. No documentation was found or provided regarding change in R36's left hand fingers. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/18/24 at 11:12 AM, V34 Director of Rehab Services stated residents are assessed OT and PT within the first week in the facility. V34 stated she was unable to access R36's OT and PT assessments. On 7/18/24 at 11:19 AM, V35 OT (Occupational Therapist) stated she evaluated R36 on 7/18/24 (during the survey) related to tightness and decreased ability to extend the middle, ring and pinky finger. V35 stated R36's history of gout, osteoarthritis and dementia may cause her not to extend her fingers, causing the muscles to become tighter, more difficult to extend and more painful. V35 stated restorative services usually works with the residents for range of motion to all their extremities. Interventions to keep R36 from developing the difficulty extending her finger are engagement and restorative activities because she may not be able to self-initiate. R36's MDS (Minimum Data Set) dated 5/27/24 states R36 has functional limitations in range of motion on both sides of her body upper and lower extremities. R36 requires substantial / maximal staff assistance with her activities of daily living. R36's care plan dated 6/16/24 includes R36 will maintain existing ADL (Activities of Daily Living) self-performance; includes to provide Restorative nursing and report significant changes in ADL status to Medical Doctor and responsible party. Nursing Rehab / Restorative active range of motion exercises on upper and lower extremities as tolerated. Report to nurse immediately for any pain or discomfort. The facility did not have a completed and signed restorative nurse assessment since 2/21/24. The facility policy Therapy- Specialized Rehabilitative Services Guidelines dated 7/16/24 states services shall be provided in accordance with the assessment results, the written comprehensive plan of care in accordance with physician's orders. The facility policy Restorative dated 1/4/19 states the purpose is to promote each resident to maintain or regain the highest degree of independence as safely as possible. Each resident is to be screened for restorative services upon admission, annually, quarterly and with any change in function. A licensed nurse supervises the program. Each resident's progress will be evaluated periodically by the licensed nurse.

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Alta Rehab at Oak Brook	2013 Midwest Road Oak Brook, IL 60521

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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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46003 Based on interview and record review the facility failed to act on the pharmacy MRR (Medication Regimen Review) and provide documentation monthly MMR. This applies to 2 of 5 (R44 and R52) residents reviewed for unnecessary medications and Monthly MMR in a sample of 23. Findings include: 1. R44 was admitted to the facility on [DATE]. R44 has diagnoses that include dementia with anxiety and agitation, hyperlipidemia, psychosis, major depressive disorder, osteoporosis, and repeated falls. R44 is currently being followed by hospice and has a physician's order for DNRCC (Do Not Resuscitate Comfort Care). The pharmacist MRR for R44 dated 1/10/24 states resident on psychotropic therapy Mirtazapine 7.5mg at bedtime since 2/2/23. Pharmacist request for physician review for GDR, such as discontinue Mirtazapine via gradual taper and document if any change in therapy is contraindicated. V43 MD written response No changes. Continue Mirtazapine on 3/18/24, more than two months after MRR was submitted by pharmacist. The pharmacist MRR for R44 dated 5/7/24 requesting a stop date for an as needed order for lorazepam did not have a physician signed response to continue the order or rational to continue. The pharmacist MRR dated 9/26/23 requesting a GDR (Gradual Dose Reduction) of Quetiapine 25mg (Milligrams) in the am and 12.5mg at bedtime did not receive a response from V43 MD (Medical Doctor) to decrease Quetiapine to 12.5mg twice a day until 10/12/23. The pharmacist MRR for R44 dated 5/7/24 citing hospice resident experienced a recent fall and receives the following mediation escitalopram and quetiapine may increase the risk of falling. Pharmacist request to reevaluate continued use of the medications at current doses. Pharmacist suggested a GDR of quetiapine. Pharmacist also suggested considering periodic checks for possible orthostatic hypotension. The MRR did not have a physician or prescriber response to pharmacy recommendations. The pharmacist MRR for R44 dated 6/6/24 requesting a stop date for an as needed haloperidol did not have a signed prescriber response. The pharmacist MRR for R44 dated 7/9/24 recommends reviewing the current use of haloperidol and quetiapine, both antipsychotics. R44 has had recent falls. The combined use of 2 or more antipsychotics has not been demonstrated to be more effective than a single agent and can increase the potential for side effects. The MRR did not have a physician or prescriber response to pharmacy recommendations. The pharmacist MRR for R44 dated 7/9/24 requesting a stop date for as needed order for lorazepam did not have a physician signed response to continue the order or rational to continue. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility was unable to provide documentation of MRR conducted for July 2023, August 2023, October 2023, November 2023, December 2023, February 2024, 2. R52 was admitted to the facility on [DATE]. R52 has diagnoses that include failure to thrive, depression, attention -deficit hyperactivity disorder, bipolar, dissociative amnesia, hyperlipidemia, major depressive disorder, rheumatoid arthritis, dementia, history of falling, mixed anxiety disorder, tremors and history of transient ischemic attack. The facility was unable to provide documentation of MRR conducted for March 25, 2024, with pharmacy EMR documentation to see report for noted irregularities and recommendations. The pharmacist MRR for R52 dated 5/7/24 recommends reviewing the use of quetiapine and Abilify- two antipsychotics; the use of two or more antipsychotics has not been demonstrated to be more effective than a single agent and can increase the potential for side effects. R43 MD (Medical Doctor) did not sign order to discontinue Abilify until 6/3/24. The facility did not provide the entire MRR for July 7, 2024, with irregularities and recommendations.The pharmacist MRR for R52 dated 7/9/24 provided by the facility was missing pages 1,2 and 4. The recommendations to nursing on page 3 states R52 has an order for Seroquel. The diagnosis associated with the medication in the EMR (Electronic Medical Record) of antipsychotic. The medication class is not an appropriate indication for use. The requesting to clarify the supporting indication and update medication order in the EMR (Electronic Medical Record) did not have a written response. Review of R52's physician orders show the order date with updated indication for agitation on 7/15/24. On 7/17/24 at 2:42 PM, V2 DON (Director of Nursing) when the pharmacist makes recommendations the physician is to write the response directly on the MRR sign and date. V2 stated the monthly pharmacy MRR are sent to V10 RN (Registered Nurse) Subacute Coordinator. V10 sends recommendations for psychotropics to V9 RN Psychotropics Nurse. V2 stated recommendations from the pharmacist should be submitted to the Physician or NP (Nurse Practitioner) within 24 hours or the next business day. V2 DON stated she or V3 ADON (Assistant Director of Nursing) are responsible for making sure the pharmacy MRR's are addressed. V2 stated she verbally follows up with V9 and V10 to assure the MRR have been addressed. On 7/18/24 at 10:21 AM, V9 RN Psychotropic Nurse stated she does not address the pharmacy MRR's for hospice residents and she did not know who was responsible for them. V9 stated she sends recommendations to V43 MD on Thursdays. V9 stated V43 reviews recommendations when V43 rounds on the residents. V9 stated V43 sees residents every three months if they are on an antipsychotic or antidepressant. V9 stated she did not know if there was a policy directing the time frames in which a MRR should be sent to the physician or the time frame in which they should respond. V10 RN (Registered Nurse) Subacute Coordinator was not in the facility during the survey and was not available for interview. The facility did not provide a policy related to the Medication Regime Review as requested.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46409 Based on observation, interview, and record review, the facility failed to prime an insulin pen prior to administration. This applies to 1 of 3 residents (R58) reviewed for significant medication error in a sample of 23. The findings include: On July 17, 2024 at 8:17 AM, V25 (LPN/Licensed Practical Nurse) was observed during medication pass. V25 said he was going to administer 25 units of Humalog insulin and after cleaning the pen and attaching the needle, turned the pen to administer 25 units. V25 did not prime the insulin pen prior to administration. V25 then administered the 25 units of Humalog insulin to R58. On July 18, 2024 at 12:55 PM, V25 said you have to prime the needle before giving a dose using the insulin pen. On July 18, 2024 at 12:53 PM, V27 (LPN) said the procedure is to prime the insulin pen with two units of insulin prior to administration. On July 18, 2024 at 1:41 PM, V2 (DON/Director of Nursing) said the insulin pen should be primed with two units of insulin prior to administration. R58's face sheet showed R58 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes mellitus, generalized osteoarthritis, hypertension, asthma, pain, low back pain, tremors, and repeated falls. R58's POS (Physician Order Set) showed an order for Humulin KwikPen Inject 25 unit subcutaneously one time a day for [Diabetes Mellitus]. The facility's Insulin Pen Procedure reviewed on August 4, 2020 showed to prime the insulin pen. Priming means removing air bubbles from the needle and ensures that the needle is open and working. The pen must be primed before each injection. To prime the insulin pen, turn the dosage knob to the 2 units indicator. With the pen pointing upward, push the knob all the way. At least one drop of insulin should appear.

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F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46409 Based on interview and record review, the facility failed to provide dental services to a resident requesting and requiring dentures. This applies to 1 of 1 resident (R41) reviewed for dental services in a sample of 23. The findings include: On July 16, 2024 at 1:20 PM, V37 (R41's Family Member) said R41 had dentures that no longer fit and she had asked for a new set. V37 said a dental hygienist came to visit R41 and said she needed dentures, but no dentist came to see her. V37 said the visit happened two months ago. V37 said R41 was on a mechanical soft diet because she needed new dentures and had passed the swallow test to have a regular diet. On July 18, 2024 at 2:10 PM, V37 said a dental hygienist came in and cleaned and sanitized R41's dentures, gave her oral swabs, and tested out R41's dentures and said they were the wrong size and she needed to be seen by the dentist. V37 said R41 had a stroke, and she was told by the staff who assisted with testing her feeding ability that R41 could be seen by a dentist while in the facility to be fitted for new dentures. V37 said she filled out a form to see the dentist a few months ago, but no dentist had come to see R41. V37 said she was told by the dental hygienist that they may need to pay for dentures out of pocket, and she told the hygienist R41 had Medicaid. On July 19, 2024 at 2 PM, V41 (Registered Dental Hygienist) said she had two notes regarding R41. V41 said she was probably rounding with R41's roommate and offered to clean R41's dentures. V41 said with the second visit, the family wanted to be seen by the dentist to get fitted for dentures, and as she left the facility, tried to find the facility coordinator, but was told they had left for the day. V41 said she submitted her notes, which get emailed to the facility coordinator as well as the [Dental Program] and expected there to be follow up because the note showed R41's family requested a visit by the dentist. V41 said even if a family member refused the dental hygiene plan, they are still allowed and able to see the dentist. On July 18, 2024 at 2:46 PM, V40 (Clinical Support for [Dental Program]) said all residents can be seen by the dental hygienist, whether or not they are on the program. V40 said usually, facility staff would have called to ask for a dentist if a resident or family requested one, and V40 said they never received a call. V40 said the facility sends the [Dental Program] a face sheet when a resident or family is interested. V40 said it was a free service to have a dentist visit the resident as the dentist needed to evaluate whether the resident was a good candidate for dentures, and to ensure the resident did not have any other dental issues. On July 19, 2024 at 12:30 PM, V40 said she expects that the reports submitted are reviewed by the facility staff responsible for overseeing and reviewing the dental program. On July 17, 2024 at 1:14 PM, V42 (Social Services Director) said she was not aware of any denture needs for R41. V42 said nursing makes the follow up appointments and V39 (Medical Records) would schedule the appointments. At 1:32 PM, after reviewing the dental hygienist notes, V42 said R41's family member did not want to follow up because of the cost. (continued on next page)

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F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On July 18, 2024 at 2:20 PM, V39 (Medical Records Director) said the dentist comes every month and R41 had not been visited by the dentist. V39 said the Dental Program was first set up in March 2024. V39 said when a resident is a new admission, they are told about the programs the facility offers, but if the resident was admitted before the program began, they were notified of the program by word of mouth. On July 18, 2024 at 1:53 PM, V2 (DON/Director of Nursing) said R41 did not wear the dentures because they did not fit correctly or she did not like wearing them, which was one of the concerns for why she was put on a mechanical soft diet, due to not having any teeth. V2 said R41's family member was interested in seeing the dentist but not the hygienist because she did not have any teeth. V2 said R41 did not sign up for the program but she was not sure what the enrollment process was, as it was a new program. V2 said she was not sure what the missing piece was between signing up for the program and scheduling the dental appointment but was under the impression there was a monthly fee. V2 was unable to provide any documentation showing R41 or R41's family member refusing to be a part of the program and who was in charge of following up with the dentist when a resident requested to be seen by the dentist. V2 was unable to provide the application V37 had filled out. R41's face sheet showed she was admitted to the facility on [DATE] with diagnoses including hemiplegia on the right side, dysphagia, hyperlipidemia, chronic obstructive pulmonary disease, pain, atrial fibrillation, and dementia. R41's MDS (Minimum Data Sheet) dated April 12, 2024 showed R41 required moderate assistance for oral hygiene and eating. R41's EMR (Electronic Medical Record) showed two notes uploaded under the miscellaneous tab. The first note was dated May 3, 2024 and written by V41. The note showed, Needs better fitting dentures. Edentulous swab. The second note was written by V41 on June 6, 2024, and showed the following: Spoke to daughter and she requested not to be charged for dental services but wants DDS (Doctor of Dental Surgery) to look at/make new dentures. Will let facility coordinator know and tell them to follow up with the patient. The facility's undated [Dental Program] pamphlet showed For eligible Medicaid recipients, this program is fully reimbursed and does not cost the resident or facility any money out of pocket.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46003 Based on observation, interview and record review, the facility failed to discard outdated food items and maintain the kitchen in a manner that prevent food borne illness. This applies to 108 of 109 residents serviced by the dietary services. Findings include: 1. On [DATE] at 10:10 AM, the kitchen was toured with V4 Dietary Manager. On [DATE] at 10:29 AM, the vent covers over the stove were covered with grease and lint / dust. On [DATE] at 10:32 AM, the covered meat slicer had smears of grease on the blade and crust on slicers base. On [DATE] at 10:35 AM, V4 Dietary Manager stated testing logs were not maintained for the three sanitizing buckets. On [DATE] at 1:17 PM, V5 Dietary Staff stated the kitchen staff was responsible for maintaining the unit refrigerators cleaning, discarding outdate items, and the temperature logs. On [DATE] at 1:30 PM, V4 stated the same sanitizer that is used for the three-compartment sink is used for the disinfecting buckets. V4 stated the policy the facility follows for the three-compartment sink applies to the sanitization buckets. The label on the sanitizer used is sink and surface cleaner sanitizer with active ingredients of dodecylbenzenesulfonic acid, lactic acid and other ingredients. The facility policy Manual Sanitizing dated 2010, states equipment, utensils and tableware will be washed and sanitized in a method that complies with federal food code and any state or local ordinances. The policy does not direct the frequency of testing or documentation for the dishwasher, three compartment sink or sanitization buckets. The policy does not document the disinfecting product utilized by the facility, it's ppm (Parts Per Million) concentration, or surface contact time. 2. On [DATE] at 10:29 AM, a three-gallon concentrate of orange juice and a three-gallon concentrate of strawberry kiwi had expired on [DATE]. On [DATE] at 11:57 AM, the garden level refrigerator had one 236 ml (Milliliter) of whole milk and two 236ml of chocolate milk that expired on [DATE]. Two cups of a creamy white substance in brown bowls were not labeled or dated. Signage on the refrigerator read anything after 3 days is thrown out. Any items without information will be discarded. On [DATE] at 1:14 PM, the main level refrigerator had three cups of applesauce with a use by date of [DATE]. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On [DATE] at 1:19 PM the bistro refrigerator had a 16-ounce store bought container of sour cream that expired on [DATE] and did not have a name or date. On [DATE] at 11:46 AM, V4 Dietary Manager stated food that is expired should be thrown out. The expiration date maybe overlooked and served to the resident(s). V4 stated the kitchen staff is responsible for discarding expired and unlabeled food items. 3. On [DATE] at 11:37 AM, V4 dietary manager was observed conducting food holding temperatures on the garden level. V4 did not perform hand hygiene prior to conducting temperatures. On [DATE] at 11:50 AM, V4 dietary manager was observed conducting food holding temperatures on the main level. V4 did not perform hand hygiene prior to conducting temperatures. The facility did not provide a policy for kitchen staff hand hygiene and head coverings.

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48944 Based on interview and record review, the facility failed to explain and obtain an appropriate arbitration agreement contract from a resident (R67) with impaired decision-making. This applies to 1 out of 5 (R67) residents in a sample of 23. The findings include: R67's Electronic Medical Record (EMR) showed R67 admitted to the facility on [DATE] with multiple admission diagnoses including dementia. R67's MDS (Minimum Data Set) dated 2/16/2024 showed R67 was severely cognitively impaired. On 7/17/2024 at 2:05 PM, R67 was in bed. R67 was confused and unable to engage in an interview. V13 (Registered Nurse/RN) said R67 was very confused and unable to make decisions. On 7/16/2024 at 3:55 PM V12 (Admissions Assistant) said she was responsible for obtaining arbitration agreement contracts for residents. V12 said she shows the residents or residents' representatives an arbitration video and at the end of the video she asks them if they want to sign or decline the arbitration agreement contract. V12 said if a resident has a cognitive deficit like dementia, she contacts the next of kin or the resident's identified decisional maker. On 7/18/2024 at 9:01 AM, V11 (Admissions Director) said an arbitration agreement contract is when a resident or resident's representative agrees to an arbitrator to assist if there is a dispute between the resident or resident's representative and the facility rather than going to court. V11 said if a resident has dementia or is cognitively impaired, the facility must review and obtain the arbitration agreement contract from the resident's representative because the resident has impaired decision-making. R67's Arbitration Agreement Rider to the Admission Contract dated 2/13/2024 showed R67 signed on 3/08/2024 and agreed to an alternative means of resolving a dispute in place of court litigation .Binding Arbitration is private, less costly and less time-consuming than traditional litigation. The parties agree to submit their dispute to an impartial authorized to resolve the controversy(s) by rendering a final and binding decision(s). Which can be enforced by the court. NEITHER PARTY WILL BE ENTITLED TO DEMAND A JURY IN ARBITRATION. The facility's policy titled Resident Rights with a reviewed date of 1/04/2019 showed Purpose: To promote the exercise of rights for each resident, including any who face barriers (such as communication problems, hearing problems, and cognition limits) in the exercise of these rights.

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F 0916 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident has a room at or above ground level. 48944 Based on observation, interview, and record review, the facility failed to ensure residents' rooms were located at or above ground level. This applies to 25 residents (R65, R59, R2, R55, R44, R81, R54, R52, R74, R18, R17, R26, R68, R67, R7, R33, R10, R51, R36, R40, R24, R61, R82, R50, and R354) reviewed for facility environment. The findings include: On 7/16/2024 at 10:32 AM during the initial tour of the facility, 25 residents (R65, R59, R2, R55, R44, R81, R54, R52, R74, R18, R17, R26, R68, R67, R7, R33, R10, R51, R36, R40, R24, R61, R82, R50, and R354) were observed residing on the lower-level floor in rooms located below ground level. The facility's Resident Roster report dated 7/16/2024 showed R65, R59, R2, R55, R44, R81, R54, R52, R74, R18, R17, R26, R68, R67, R7, R33, R10, R51, R36, R40, R24, R61, R82, R50, and R354 were all residing in rooms on the lower floor below ground level. On 7/16/2024 at 10:24 AM, V14 (Regional Administrator) said she was aware of the facility's noncompliance with having residents residing in rooms below grade level on the lower-level floor. V14 said the facility had not received a building waiver for the rooms located below ground level (100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, and 114).