STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145460	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thrive of Lake County	850 E US Highway 45 Mundelein, IL 60060

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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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** Based on observation, interview, and record review, the facility failed to ensure residents that needed a Level 2 PASARR assessment received a Level 2 PASRR for 4 of 8 residents (R52,R130,R134,R97) reviewed for Pre-admission Screening and Resident Review in the sample of 31.The findings include: 1. On 06/08/2026, R52 was on a locked unit in the facility. On 06/10/2026 at 1:36PM, V11, admission Director, said R52 does not have a level 2 PASARR. R52's Medical Record on 06/08/2026 shows R52 was admitted to the facility on [DATE] with a diagnosis of depression. On 11/15/2023, R52 was given diagnoses of restlessness/agitation, anxiety disorder, and insomnia. R52's PASARR dated April 25, 2023 shows, No level 2 required-No severe mental illness. 2. On 06/08/2026, R130 was on a locked unit in the facility. On 06/10/2026 at 1:36PM, V11, admission Director, said R130 does not have a level 2 PASARR. On 06/08/2026, R130's Medical Record shows R130 was admitted to the facility on [DATE], with a diagnosis of anxiety disorder. R130's PASARR, dated 4/24/25 shows no level 2 required-No severe mental illness. 3. On 06/08/2026, R134 was on a locked unit in the facility. On 06/10/2026 at 1:36PM, V11, admission Director, said R134 does not have a level 2 PASARR. R134's Medical Record on 06/08/2026 shows multiple diagnoses including a diagnosis of psychosis on 02/27/2017. R134's PASARR, dated 11/20/25, shows no level 2 Required-No Severe Mental Illness. 4. R97's electronic medical records showed R97 was admitted to the facility on [DATE]. R97's PASARR Level I screening outcome report, dated 7/18/22, showed R97 had mental health diagnoses including major depression and anxiety. The report showed, A 30 day or less stay in the nursing facility is authorized. Re-screening must occur by or before the 30th day if the individual is (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	expected to remain in the nursing facility beyond the authorization timeframe. On 6/9/26 at 12:05 PM, V11, Director of Admission, stated, PASARR I screening should be completed on all residents prior to admission to the facility. Ifa PASARR I shows the resident needs a PASARR II, the PASARR II is to be ordered and completed as soon as possible to ensure the resident receives the required services for their diagnosis of serious mental illness or developmental disability. A repeat PASARR I and an initial PASARR II were never completed on (R97). (R97) should have had a PASARR II done due to her diagnosis of serious mental illness. On 6/10/26 at 12:46 PM, V1, Administrator, stated the facility did not have a policy on PASARR screenings.

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** Based on interview and record review, the facility failed to inform the resident or his or her representative of their right not to sign the arbitration agreement as a condition of admission to, or as a requirement to continue to receive care at the facility and failed to explained the agreement to the resident and his or her representative in a form and manner that he or she understands, including in a language the resident and his or her representative understands for 4 of 4 residents (R25, R83, R159 and R172) reviewed for arbitration agreements in the sample of 31.The findings include:1. R25's Face Sheet shows she was admitted to the facility on [DATE] and resides on the dementia unit. R25's Brief Interview for Mental Status, performed on 5/19/26, shows she has a memory problem and is moderately impaired in making decisions regarding tasks of daily life. R25's Arbitration and Limitation of Liability Contract shows she agreed to arbitration and the contract was signed by herself on 2/19/26. On 6/8/26 at 2:22 PM, R25 stated, What is an arbitration agreement? I never agreed to arbitration.2. R83's Face Sheet shows he was admitted to the facility on [DATE]. R83's Brief Interview for Mental Status performed on 1/12/26 shows his cognition is moderately impaired. R83's Arbitration and Limitation of Liability Contract shows that he agreed to arbitration and the contract was signed by himself on 11/17/25. On 6/10/26 at 10:55 AM, R83 resident stated he does remember signing things when he came into the facility and does not remember anyone talking about what lawyer he wanted to use. R83 said that he did not know what the word arbitration meant and his primary language is Tajlogy (Philippines).3. R159's Face Sheet shows he was admitted to the facility on [DATE]. R159's Brief Interview for Mental Status (BIMS) performed on 3/25/26 shows his cognition is moderately impaired. R159's Arbitration and Limitation of Liability Contract shows he agreed to arbitration and the contract was signed by himself on 3/25/26. On 6/10/26 at 10:04 AM, R159 said he does not remember the admission process or if they talked to him about an arbitration agreement. R159 said he does not even remember anything from yesterday. 4. R172's Face Sheet shows he was admitted to the facility on [DATE]. R172's Arbitration and Limitation of Liability Contract shows he agreed to arbitration and the contract was signed by himself on 6/2/26. On 6/9/26 at 12:30 PM, R172 said he does not remember signing anything during the admission process and he does not remember the facility saying anything about an arbitration agreement. On 6/9/26 at 1:35 PM, V16 (Human Resources Assistant) said the admission contract is on her tablet and she verbally goes through the contract with newly admitted residents and fills in all of the required information for them, and then the resident or resident representative signs on her tablet at the end and it puts their signature in all of the appropriate places for them. V16 said if the resident is not verbal, cannot physically sign, or has a BIMS below 10 (moderate impairment), she has the resident's representative verbally go through the forms with her and sign. V16 said for the Arbitration Agreement Form she states to the resident, This is a litigation question. If legal action needs to take place, would you like your own lawyer or the facility's lawyer? V16 said if they say the facility's lawyer, she marks that they accept to the Arbitration Agreement and if they say they would want to use their own lawyer, she marks that they decline the arbitration agreement. V16 said she does not verbally provide any other information or details about the agreement to them.V1 (Administrator) said that the facility does not have a policy on Arbitration Agreements.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on observation, interview, and record review, the facility failed to ensure R18's as needed psychoactive medication had a stop date for 1 of 5 residents (R18) reviewed for chemical restraints in the sample of 31. The findings include:On 06/08/2026 at 10:00AM and on 06/09/2026 at 1:10PM, R18 was on a locked unit of the facility sitting in a wheelchair, calm and relaxed. On 06/10/2026 at 10:40 AM, V6, RN-Registered Nurse, said, The stop date on the medication ensures the resident is re-evaluated by the physician for the continued need of the medication. R18's Physician Order, start date 02/03/2026 End date, indefinite shows lorazepam oral concentrate 2 milligrams per milliliter give 0.25 milliliter by mouth every 4 hours as needed for RESTLESSNESS OR AGITATION. R18's Medication Administration Record, dated 6/1/26, to 6/30/26, Resident Specific Targeted Behavior shows, R18 has no documented behaviors from 6/1/26 through 6/8/26.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a current and accurate PASARR 1 screening (Preadmission Screening and Resident Review screening) was completed on a resident for 1 of 8 residents (R13) reviewed for PASARR I screenings in the sample of 31.The findings include:R13's admission report showed R13 was admitted to the facility on [DATE], with diagnoses including major depression, unspecified psychosis, and schizophrenia. R13's PASARR I screening, dated 11/17/2018, showed R13 had no serious mental health diagnoses at that time of the screening.On 6/9/26 at 12:05 PM, V11, Director of Admission, stated, PASARR I screening should be completed on all resident, prior to admission to the facility to ensure a resident is placed in the appropriate setting to treat not only their medical needs but also for treatment of any mental health disorders. If a PASARR I showed the resident needs a PASARR II screening due to a diagnosis of serious mental illness, the PASARR II should be ordered and completed as soon as possible to ensure the resident receives the required services for their diagnosis of serious mental illness. (R13) should have had a repeat PASARR I assessment completed prior to her admission in May 2020 due to her new mental health diagnoses of depression, psychosis, and schizophrenia.On 6/10/26 at 12:46 PM, V1, Administrator, stated the facility did not have a policy on PASARR screenings.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to provide hand hygiene and nail care to a resident for 1 of 31 residents (R14) reviewed for activities of daily living (ADLs) in a sample of 31.The findings include:R14's Facility Assessment, dated 3/1/26, showed R14 was admitted to the facility with diagnoses which included hemiplegia affecting left side. This assessment showed R14 needs assistance with personal hygiene and has no behaviors of refusing cares.On 6/8/26 at 11:00 AM, R14 was in bed. R14's right hand fingernails were approximately a half inch long. R14's fingernail cuticles were stained brown with brown and tan stains on the underside of the nails. R14's nails on her left hand were half to three-fourth inch long and jagged, with significant areas of thickening. R14 stated she did everything with her right hand because she could not move her left hand.On 6/9/26 at 8:50 AM, V14, Certified Nursing Assistant, acquired washcloths and was entering R14's room. V14 stated she was cleaning up R14 and changing her gown, and R14 would be available soon.On 6/9/26 at 10:35 AM, R14 was in bed. R14's nails were the same condition as on 6/8/26.R14's current Care Plan showed R14's ADL care plan intervention is to provide nail care a needed.On 6/10/26 at 11:10 AM, V2, Director of Nursing, stated resident's fingernails should be clean and maintained. The facility's ADL Policy, dated 12/2024, showed nail care will be provided as needed. CNAs or Nursing can reduce fingernails.

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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. Based on observation, interview, and record review, the facility failed to ensure residents with limited range of motion had orthotics (splints) in place for treatment of and/or prevention of contractures for 2 of 12 residents (R95, R14) reviewed for range of motion/restorative services in the sample of 31.The findings include: 1. R95's current care plan showed R95 requires the use of splint for contracture management of left hand . The plan showed R95 was to wear the hand splint at night and have it off during the day. The plan showed R95 had hemiparesis and hemiplegia to his left arm and left leg caused by a previous stroke. R95's restorative assessment, dated 5/26/26, showed R95 required daily range of motion exercises and use of a hand splint as part of his restorative programming for treatment of his left-hand contracture. On 6/8/26 at 9:44 AM, R95 was seated in a wheelchair in his room. R95 wore no splint on his left hand. All of R95's fingers on his left hand, except for this thumb, were contacted into the palm of his left hand. R95 was only able to move his thumb on his left hand. R95 stated, I used to have a splint for my hand, but it didn't fit anymore. My fingers became so bent over that the splint didn't fit right. R95 stated he had not worn a splint on his left hand for months. On 6/9/26 at 9:33 AM, R95 was in his room. No splint or padding was noted to the contractures on his left hand. When R95 was asked if he wore a splint on his left hand at night, R95 stated, No, I told you the splint doesn't fit. I haven't worn it a night for at least three months. I'm not even sure where the splint is. On 6/9/26 at 11:21 AM, V11, Restorative Nurse, stated R95 had contractures to his left hand that required the use of a splint to make sure his contractures don't get worse. V11 stated he performed R95's restorative assessment on 5/26/26 but did not assess R95's left hand splint that day to ensure the splint still fit R95's hand. R95 stated on 5/26/26, I didn't even see the splint. 2. R14's Facility assessment, dated 3/1/26, showed R14 is cognitively intact with diagnoses which include hemiplegia affecting left side and bilateral contractures to the ankles. This assessment showed R14 is dependent with assistance for lower body dressing, putting on/taking off footwear, and turning in bed. This assessment also showed that R14 had no behaviors for rejecting care from staff. R14's Physician Orders Sheet, printed on 6/9/26, showed an order for Bilateral ankle brace skin checks before and after use every shift for as tolerated in bed. On 6/8/26 at 11:00 AM, R14 was in bed. R14 had no ankle braces on, and her feet were pointing toward the end of the bed (foot drop). When asked to move her feet, R14 was only able to wiggle their toes on her right foot. R14 stated she does have ankle braces but did not remember the last time she wore them. R14's ankle braces were located in the top shelf of her clothes wardrobe. On 6/9/26 at 8:50 AM, V14, Certified Nursing Assistant (CNA), exited R14's room after providing care. R14's feet could be seen from the doorway. R14 did not have any ankle braces on. R14's ankle braces (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	were in the wardrobe in the same position as seen on 6/8/26. On 6/9/26 at 10:35 AM, R14 did not have her ankle braces on. R14 stated V14 was in earlier to help her change her gown. R14 stated she did not ask or attempt to put on her ankle braces. On 6/9/26 at 11:00 PM, V14 stated R14 does not like to wear her ankle braces and refuses all the time. R14 stated the ankle braces are kept in the cabinet. When we put braces on a resident or if the resident refuses to have braces put on, we document it in their chart. On 6/9/26 11:21 AM, V11 (Restorative Nurse) stated R14 had new order for ankle braces after R14's last hospitalization. V11 stated he was aware R14 would ask staff to take off her ankle braces after having them on but had not been told by other care staff she was refusing to wear them. On 6/9/26 at 1:30 PM, V18, Director of Therapy, stated R14 was on therapy services after her last hospitalization from 2/24-3/20, which included education, stretching (passive range of motion) and placement of R14 ankle braces. The braces in R14's case are to prevent any further contractor from getting worse. R14's Restorative History Report, printed on 6/10/26, showed no entries for resident refusals for the last 30 days (5/11/26). This report also had only 1 entry for R14 wearing the braces for 15 minutes on 5/30/26. On 6/10/26 at 11:10 AM, V2, Director of Nursing, stated braces/splints should be placed as ordered. If a resident refuses to were a brace it should be documented and to let the nurse know of the refusal. At the time of the survey, the facility did not present a Braces/Splint Policy.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to transfer a resident in a safe manner and failed to ensure fall interventions were in place to residents on high risk for falls to 3 of 31 residents, (R141, R82, R24) reviewed for safety in the sample of 31.The finding's include: 1. R141's facility assessment, dated 5/26/26, with BIMS (Brief Interview for Mental Status) of 14; R141 has no cognitive impairment. R141's Fall risk assessment, dated 6/6/26, shows R141 is high risk for falls On 6/8/26 at 9:50 AM, R141 said she had a fall last Saturday (6/6/26) after having a shower. R141 said she was about to be transferred to her bed when the staff helping her could not hold onto her. R141 stated, The staff was telling me repeatedly just fall on your knees! Fall on your knees! So, I did! R141's fall incident report, dated 6/6/26, documents, Pt (patient) was getting to bed with the CNA (Certified Nursing Assistant), [R141] feeling weak and was lowered to the floor slowly, no complaints of pain of injury. On 6/9/26 at 10:21 AM, V8 (Certified Nursing Assistant-CNA) said last 6/6/26, she gave R141 a shower in the shower room located in R141's room. After the shower, R141 was wheeled by her bed in the shower chair. As R141 proceeded to stand up to be transferred to bed, V8 said she pulled the shower chair away from R141 and went behind R141. R141's knees were giving out and R141 wanted to sit. V8 said she was using a gait belt but had to let go of the gait belt to use her arm around R141 as she was lowered to the floor. V8 said R141 used to be a mechanical lift transfer. V8 said R141 needs 2 staff assist for transfer for R141's safety. R141's care plan, dated 3/30/26, shows, The resident has ADL self-care performance deficits and limitations in physical mobility r/t (related to) heart failure, hypertension, requires total x2 assistance for transfers. On 6/10/26 at 10 AM, V2 (Director of Nursing) said R141 will be reassessed by Therapy for safe transfer ability. The facility policy on Fall Prevention, dated 11/2020, shows, A fall is defined as an incident in which the resident intentionally was unable to maintain balance and descended to a lower level. Each resident residing at this facility will be provided with services and care that ensure that the residents' environment remains as free from accidents hazard as possible and its resident receives adequate supervision and assistive devices to prevent accidents. 2. R82's Face Sheet, printed on 6/9/26, showed R82 has diagnoses which include Dementia with other behavioral disturbances, muscle weakness, and acquired absence of right foot. R82's last 3 Fall Risk Assessments, dated 1/23/26, 4/25/26, and 6/1/26, showed R82 has a high risk for falling. These assessments were completed after R82 had a fall on those dates. On 6/8/26 at 9:50 AM, R82 was lying in bed. The fall mat between the beds in the room was on its side (vertical) next to R84's bed. The other fall mat was on its side away from the bed with clothing, (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	an empty wash basin, and a bag of towels on top of it. R84 was alone in the room. At 11:45 AM, the fall mat between the beds was still in the same position. On 6/9/26 at 9:15 AM, R82's fall mattresses were in the same location as they were on 6/8/26. R82 was alone in his room. On 6/9/26 at 9:20 AM, V20 (Registered Nurse) stated R82's fall mats should be lying flat on the ground not turned on their side standing vertically. V20 stated the thick fall mats (R82's) are usually ordered by hospice. R82's Care Plan, printed on 6/9/26, showed fall mats as a fall prevention intervention. On 6/10/26 at 11:10 AM, V2 (Director of Nursing) stated fall mats should be flat on the floor to be a fall intervention. The facility's Fall Policy, dated 11/2024, showed a received adequate supervision and assistive devices to prevent accidents. 3. On 6/8/26 at 1:50PM, R24 was lying in bed. R24's bed frame was not in the low position. R24's fall mat was leaning against the wall by the entry way to the room. On 6/8/26 at 1:56 PM, V6 (RN-Registered Nurse) said, (R24's) bed is not low. (R24) is a fall risk. R24's Care Plan on 6/8/26 shows R24 is at risk for falls. R24's interventions to prevent falls include floor mat initiated 5/26/22 and maintain bed at lowest possible position while in bed initiated 1/5/24.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observation, interview, and record review, the facility failed to ensure a resident, with a history of significant weight loss and continued insidious weight loss, received nutritional supplements as prescribed for 1 of 6 residents (R2) reviewed for weight loss in the sample of 31.The findings include:R2's current care plan showed R2 was at risk for weight loss due to her history of previous significant weight loss and diagnosis of dementia.R2's Weights and Vitals Summary report showed R2 sustained a significant weight loss from 1/3/26-2/12/26 after being diagnosed with Influenza A. The report showed R2 continued to have an insidious weight loss of 3.65% (4.9 pounds) from 4/11/26-5/7/26. R2's Nutrition Assessment, dated 2/22/26, showed, Nutrition Problem: At increased nutritional risk secondary to weight loss, suboptimal PO (oral) intake, diuretics, labs, meds, and diagnoses. Add Magic Cup at lunch for additional nutrition.A physician order, dated 2/22/26, showed an order for R2 to receive Magic Cup (nutritional supplement) every day for lunch.On 6/8/26 at 12:20 PM, R2 was seated in the main dining room with her lunch tray in front of her. No Magic Cup was noted on R2's tray. R2 had consumed a cup of juice and a half bowl of soup off her tray. R2 had not consumed any of her main entree. Staff were present in the dining room but did not offer R2 any encouragement to eat. At 12:55 PM, R2 remained seated in the dining room with her lunch tray in front of her. No Magic Cup was noted on her tray. R2 had consumed approximately 25% of lunch.On 6/9/26 at 12:54 PM, R2 was seated in a wheelchair in her room. Staff delivered R2's lunch tray to R2 in her room. No Magic Cup was noted on R2's lunch tray. R2 was observed from 12:54 PM-1:06 PM. During that time, R2 consumed a small amount of mashed potatoes. R2 did not eat any of the meatloaf, buttered carrots, or brownie on her tray. At no time, were staff present in R2's room. R2 never received her Magic Cup. On 6/9/26 at 1:15 PM, V10 (Dietician) stated she added Magic Cup daily at lunch for R2 after she sustained a significant weight loss in February 2026 due to her contracting Influenza A. V10 stated, I added Magic Cup to give (R2) additional calorie and nutrition because she wasn't eating enough. V10 stated all residents should receive nutritional supplements as ordered. The facility's Supplements policy (undated) showed, Nutritional supplements will be provided as ordered to clients whose nutrient needs may be increased.

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	145460	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thrive of Lake County	850 E US Highway 45 Mundelein, IL 60060

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observation, interview, and record review, the facility failed to ensure a resident's enteral (tube) feeding was administered as per physician order for 1 of 2 residents (R10) reviewed for tube feeding in the sample of 31.The findings include:R10's current care plan showed R10 required enteral feedings via his gastrostomy tube. R10's enteral feedings were his only source of nutritional support/intake. R10 was NPO (ate/drank nothing by mouth). R10 was severely cognitively impaired and dependent on staff for all cares due to his diagnoses of anoxic brain injury and quadriplegia. The care plan showed nursing staff were to administer R10's enteral feedings as ordered.R10's physician order, dated 3/12/25, showed an order for R10 to receive continuous enteral feedings, daily via feeding pump, of Jevity 1.5 (liquid nutritional tube feeding) at 70 milliliters per hour (ml/hr) from 7:30 AM-12:30 PM, 5:30 PM-10:30 PM, and 12:30 AM-5:30 AM. R10's Dietary/Nutrition note, dated 4/22/26, showed R10's enteral feedings were to be administered at 70 ml/hr, during the prescribed times, as per physician order. On 6/8/26 at 9:48 AM, R10 was in bed with his enteral feeding infusing via his gastrostomy tube. R10's enteral feeding pump showed his feeding was infusing at 90 ml/hr, not 70 ml/hr. On 6/9/26 at 9:28 AM, R10 was in bed with his enteral feeding infusing. R10's enteral feeding pump showed R10's feeding was infusing at 90 ml/hr, not 70 ml/hr. On 6/9/26 at 1:15 PM, V10 (Dietician) stated enteral feedings should be administered as per physician order. V10 stated if a continuous enteral feeding is infused at a higher rate per hour than prescribed, it could cause a resident to gain weight due to overfeeding. V10 stated, It could also cause a resident's liver enzymes to elevate and/or cause fluid overload. The facility's Tube Feeding policy, dated 11/2024, showed, An order by the physician or nurse practitioner contains the type of formula and rate. Turn on feeding pump, set prescribed rate and start feeding.

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. Based on observation, interview, and record review, the facility failed to ensure a peripherally inserted central catheter (PICC) line dressing was changed according to standard of care for 1 of 2 residents (R94) reviewed for PICC line care in the sample of 31.The findings include:On 6/8/26 at 9:47AM, R94 was in bed with ongoing total parenteral nutrition (TPN) of multivitamins running at 72.71 milliliters (ml) per hour for 24 hours connected to peripherally inserted central catheter (PICC) line in R94's left upper arm. R94's PICC line dressing was noted to be soiled, and the date of the dressing was 5/21/26 (approximately 2 weeks ago). At 10:30 AM, V9 (Registered Nurse-RN) confirmed R4's PICC line dressing change was last 5/21/26, the date written in the PICC line dressing. V9 (RN) said PICC line dressings are done weekly to prevent infection and keep the site clean and secure. On 6/8/26 at 11 AM, V2 (Director of Nursing-DON) said PICC line dressings should be changed every week and as needed to assess insertion site for signs of infection and to ensure the dressing was clean, dry and intact.The facility policy entitled Central Line Care, dated 11/2020, shows, to ensure the care and management of central venous access device and dressing changes will be completed according to standard care. Following the initial 24-hour dressing change at minimum weekly or anytime the dressing becomes moist, loosened or soiled.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure an insulin pen and an inhaler were dated upon opening, and failed to ensure medications were stored in a secure manner and not accessible to residents to 3 of 31 residents (R48, R56, R161) reviewed for medication storage in the sample of 31.The findings include: 1. On 6/10/26 at 9:08 AM, V9 (Registered Nurse-RN) checked the medication cart for 1000 unit. R48's insulin pen of Lispro (long-acting insulin) was opened but not dated. V9 (RN) said R48 has an order for 70 units of Lispro to be given at bedtime. (V9) said insulin pens should be dated when opened because insulins are only good for 28-30 days after open date. 2. R56's inhaler of Anoro Elipta for 1 puff daily for COPD was also opened but was not dated. V9 (RN) said inhalers were only good for 30-40 days after they were opened. V9 said there was a nurse that used to check the medication carts but was not sure if that was still being done. On 6/10/26 at 11:20 AM, V2 (Director of Nursing-DON) said all medications carts will be audited to ensure all medications including insulin and inhalers were all labelled with the date opened. The facility Policy entitled Medication Labeling and Storage, dated 1/2020, shows medications are labeled as in accordance with facility requirements and state and federal laws. 3. A physician order for R161, dated 2/6/26, showed an order for R161 to be administered Advair Diskus (asthma inhaler) inhale one puff orally once a day. The order showed no documentation that R161 could self-administer the medication. A facility Self Administration of Medication Evaluation form for R161, dated 2/9/26, showed R161 was assessed to self-administer medications. The form showed R161 could safely self-administer vitamins, nasal spray, and eye drops only. The form showed no documentation that R161 could self-administer any inhalers. On 6/8/26 at 9:55 AM, R161 was in bed. An Advair Diskus inhaler was noted on R161's bedside table. R161 pointed to the inhaler and stated, That's my inhaler. I keep it in here. I take it once a day. On 6/9/26 at 9:27 AM, R161 was in bed. Her Advair Diskus inhaler remained on her bedside table. On 6/9/26 at 10:49 AM, V3 (Assistant Director of Nursing) stated R161 had been assessed to safely self-administer her vitamins, a nasal spray, and eye drops only. V3 stated R161 had never been assessed to self-administer any inhalers. V3 stated, Residents can only self-administer meds and keep meds in their rooms if they have been assessed to do so and we have a physician order to do it. The facility's Self Administration of Medications and Treatments policy, dated 11/2024, showed, Self-administration of medications and treatments is determined by physician order after determining that the resident is able to self administer. Medications and treatments for self administration are kept in a locked drawer in the resident room.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, interview, and record review, the facility failed to ensure a resident was served the noon meal in the ordered form for 1 of 31 residents (R4) reviewed for diets in the sample of 31. The findings include:R4's Physician's Order Sheet shows she is on a pureed diet. R4's Meal Ticket showed she was on a pureed diet. The Diet Spreadsheet for the noon meal shows residents on a pureed diet should receive a pureed dinner roll.On 6/8/26 at 12:08 PM, the kitchen staff were plating the noon meal for delivery to the units. R4's tray was in the transportation cart and had a regular dinner roll on the tray. A plate or pureed food was placed on R4's tray. At 12:30 PM, V15 (Certified Nursing Assistant) served R4 her lunch tray with the regular dinner roll still on the tray. V15 stated to the resident, You have a roll here too and started unwrapping the roll. On 6/8/26 at 12:54 PM, V5 (Dietary Manager) said residents on a pureed diet should have received pureed roll for the noon meal and not a regular roll. V5 said the kitchen staff should serve the diet type that is listed on the meal ticket. The facility's Diets and Diet Order Policy shows, Food and nutrition services will serve standard diets which correspond to the diet column on the menu spreadsheet.Pureed-The texture and consistency of the general/regular or therapeutic diet is modified. Food is pureed to a pudding-like consistency.The facility's Diet Orders Policy shows, If the diet received for the resident is different than the order, the nursing staff will alert the dietary department and retrieve the correct diet.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure staff wore the correct Personal Protective Equipment (PPE) when caring for residents on Enhanced Barrier Precaution (EBP) isolation room, which applies to 1 of 31 residents reviewed for infection control in a sample of 31.The findings include:R14's Facility Assessment, dated 3/1/26, showed R14 uses a urinary catheter and has a diagnosis which included history of Escherichia Coli (E. Coli).On 6/9/26 at 8:45 AM, R14 had an EBP sign displayed on the room's door frame. A small 3-drawer cart was next to the doorframe with PPE in it. V14 (Certified Nursing Assistant) was in the hallway gathering washcloths and then entered R14's room without putting on a gown.On 6/9/26 at 12:10 AM, V14 stated she was changing R14's gown and cleaning her up after she spilled some of her breakfast. V14 stated she should have put on a gown to care for R14.On 6/9/26 at 12:30 PM, V13 (Licensed Practical Nurse-LPN) stated EBP is used when a resident has a device (central line, catheter, dialysis catheter) or chronic wounds. PPE for EBP is a gown and gloves when providing care for a resident.On 6/9/26 12:37 PM, V2 (Director of Nursing) stated you must wear gown and gloves-when coming in close contact with the patient. High contact care activities include changing clothes, changing dressings, and providing residents hygiene.The facility EBP Policy, dated 3/2024, showed wearing PPE when entering a resident's room on EBP includes a gown and gloves needs to be worn when performing high-contact resident care.