STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145655	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Woodriver	393 Edwardsville Road Wood River, IL 62095

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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33110 Based on interview and record review the facility failed to protect the resident from resident-to-resident physical abuse for 3 of 3 residents (R8, R54, R135) reviewed for abuse in the sample of 40. Findings Include: R54's Minimum Data Set (MDS) dated [DATE] documents that R54 is severely cognitively impaired. R54's Face sheet dated 3/4/22 documents R54 has Alzheimer's Disease, Schizoaffective Disorder, and Psychosis Unspecified. R54's Abuse Care Plan dated 3/15/22 documents R54 is at risk for abuse neglect due to dementia and depression (R54) will have zero episodes of abuse and neglect. Intervention: Assess resident for abuse and neglect. R54's Resident to Resident Abuse Investigation dated 1/15/24 documents an altercation between (R135) and (R54). (R54) was trying to take (135's) bedside table, when (R135) hit (R54) with her cane on the head. (R135) claims that (R54) was trying to take her (R135) over the bed table and said it was hers. (R135) told (R54) that she has had the table since she moved in, because she eats in her room. (R135) stated she only has use of one hand, so she (R135) put the impaired hand up to hold (R54) back from her and used the other hand to pick up her quad cane and lifted it up at (R54) to back (R54) up from her. She (R135) said she doesn't have much strength to hold up a quad cane in one hand, So she didn't hit (R54). (R54) has confusion and her statement changes. (R54)'s son, (V19) understands the situation and asked to be called with any changes. (V18), LPN (Licensed Practical Nurse) reported to (V2), DON (Director of Nursing) that (R135) hit her roommate (R54) with cane, because she was going to go through her drawers. Police were called and no report was generated. (R54) has a hematoma on her head. (V18), LPN stated this writer was called to the resident's room by one staff. Upon entering room (R135) is sitting in her wheelchair holding her cane. (R135) states she hit her roommate (R54) with her cane, because she told her to leave her bedside table alone, and she would not. Educated to use a call light for resident altercation and help needed with ADL's (activities of daily living) resident voiced understanding will continue to monitor. R54's Progress Note dated 1/15/24 documents (R54) have a hematoma (measuring) 0.5 cm (centimeter) x 0. 8 cm to left cranium frontal lobe. (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R135's Face Sheet dated 2/14/24 documents (R135) has a diagnosis of Cerebral Infarction Unspecified Hemiplegia and Hemiparesis. R135's MDS dated [DATE] documents R135 is cognitively intact. R8's Resident to Resident Abuse Investigation dated 3/2/24 documents (R8) claims (R54) was going through her belongings and an argument started over whose belongings they were. She (R8) claims (R54) then walked toward her, while she was in bed and (R8), put her hands up and started yelling and nurse came in and separated them. (R54) denies that she physically touched her roommate and isn't able to describe what happened. (V2), DON (Director of Nursing) states that (R54) gets conversations confused and believes that all belongings in a room belong to her. R8's MDS dated [DATE] documents R8 is moderately cognitively impaired. R8's Electronic Health Record Diagnosis section documents her diagnoses are Schizoaffective Disorder, Depression, Schizophrenia, and Major Depression Disorder. On 09/12/24 12:28 PM, (V18), Licensed Practical Nurse (LPN) stated she cannot recall the incident between (R8) and (R135) On 09/12/24 12:34 PM, (V17), LPN stated they were arguing in the room and (R54) picked up some of (V8) things and she grabbed (V8) hair and (R54) got a scratch on her face. On 9/12/24 at 1:30 PM, (V1), Administrator stated she (R54) has had a decline, and she is no longer able to walk, she is on hospice. The facility Abuse Policy and Prevention Program dated 10/2022 documents physical abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment. Residents who allegedly abused another resident shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement. Considering his or her safety as well as the safety of other residents and employees of the facility in addition the facility shall take all steps necessary to ensure the safety of residents including but not limited to the separation of the residents.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34964 Based on interview and record review, the facility failed to investigate an allegation of abuse for 1 of 5 residents (R73) reviewed for abuse, in the sample of 40. Findings include: On 9/10/24 at 8:35 AM, (R73) stated everything is going ok. She stated she did have a few incidents with some CNAs (Certified Nursing Assistants), one scratched her back with the call light and another one attacked her. She stated she reported the incidents to (V1) administrator and she called the police and one of them went to jail. R73's Progress Note dated 6/20/24 at 6:01 PM documents, Resident c/o (complained of) her night CNA being rough and rude. She didn't know the CNAs name. There were no new skin issues to report. Will continue to monitor. R73's Minimum Data Set (MDS) dated [DATE] documents (R73) is alert and oriented. On 9/10/24 at 4:05 PM, (V1) stated, no staff or (V2), DON (Director of Nursing) informed her of (R73's) allegation on 6/20/24 that a CNA had been rough and rude to her during care. (V1) stated, she would expect staff to report any allegation made by a resident of mistreatment so she can investigate it. The facility' policy, Abuse Policy and Prevention Program 2022 documents, The facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff, or mistreatment. The facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by by staff and mistreatment of residents. Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator or the compliance officer. In the absence of the administrator, reporting can be made to an individual who has been designated to act in the administrator's absence. Supervisors shall immediately inform the administrator or person designated to act in the administrator's absence of all reports of incidents, allegations or suspicion of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property. Upon learning of the report, the administrator or designee shall initiate an incident investigation.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34964 Based on interview and record review, the facility failed to report an allegation of abuse for 1 of 5 residents (R73) reviewed for abuse, in the sample of 40. Findings include: On 9/10/24 at 8:35 AM, (R73) stated everything is going ok. She stated she did have a few incidents with some CNAs, one scratched her back with the call light and another one attacked her. She stated she reported the incidents to (V1),the administrator and she called the police and one of them went to jail. R73's Progress Note dated 6/20/24 at 6:01 PM documents, Resident c/o (complained of) her night CNA (Certified Nursing Assistant) being rough and rude. She didn't know the CNAs name. There were no new skin issues to report. Will continue to monitor. R73's Minimum Data Set (MDS) dated [DATE] documents (R73) is alert and oriented. On 9/10/24 at 4:05 PM, (V1), Administrator stated no staff or (V2), Director of Nursing (DON) informed her of (R73's) allegation on 6/20/24 that a CNA had been rough and rude to her with care. (V1) stated she would expect staff to report any allegation of mistreatment made by a resident so she can investigate it. The facility' policy, Abuse Policy and Prevention Program 2022 documents, The facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. The facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by by staff and mistreatment of residents. Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator or the compliance officer. In the absence of the administrator, reporting can be made to an individual who has been designated to act in the administrator's absence. Supervisors shall immediately inform the administrator or person designated to act in the administrator's absence of all reports of incidents, allegations or suspicion of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property. Upon learning of the report, the administrator or designee shall initiate an incident investigation. All incidents will be documented, whether or not abuse, neglect, exploitation, mistreatment or misappropriation of resident property occurred, was alleged or suspected. Any incident or allegation involving abuse, neglect, exploitation, mistreatment or misappropriation of resident property will result in an investigation. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Any allegation of abuse or any incident that results in serious bodily injury will be reported to the Illinois Department of Public Health immediately, but not more than two hours after the allegation of abuse. Any incident that does not involve abuse and does not result in serious bodily injury shall be reported within 24 hours.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35156 Based on interview and record review the Facility failed to ensure residents did not elope the facility for 1 of 3 resident (R71) reviewed for elopements in the sample of 40. Findings include: On 09/10/24 at 10:09 AM, (R71) was exit seeking and was on one on ones with staff. R71's POS (Physician Order Sheet), September 2024, documents a diagnosis of chronic ischemic heart disease, unspecified protein calorie malnutrition, unsteadiness on feet, other abnormalities of gait and mobility, cognitive communication deficit, anemia, hyperlipidemia, hypokalemia, cannabis abuse with withdrawal, anxiety disorder, elevation myocardial infarction, atherosclerotic heart disease of native coronary artery without angina pectoris, old myocardial infarction, abnormal weight loss, pain, depression, other psychoactive substance, depression, deficiency of other, hypertension, post-traumatic stress, hypertension. (R71)'s POS also documents, check placement of wander guard every shift, every shift equipment Maintenance. Order date 2/29/2024. Check placement of wander guard every shift, every shift Equipment Maintenance.(start date 2/29/2024). Evening room sweep. Every evening shift for safety monitoring. (Order date 6/7/2024). Replace wander guard every 90 days and document location of replacements every day shift every 3 month(s) starting on the 29th for 84 day(s), Equipment Maintenance. R71's Care Plan date initiated 2/29/2024, Behavior is at risk related exit seeking, wandering. Goal: Will remain free from making elopement attempts throughout next review. Date initiated 2/29/2024. Interventions: Check placement of wand guard every shift. May use wander guard to monitor resident for safety. Communication: at risk for communication deficit related being hard of hearing. Date initiated 3/8/2024. Cognitive Status: At risk for impaired cognitive status related BIMS (brief interview mental status) of 12 (moderately impaired), recent intracranial hemorrhage, cerebral infarction, cerebral aneurysm, hydrocephalies. Date initiated 3/8/2024. R71's MDS dated [DATE] documents (R71) was moderately impaired for cognition for activities of daily living. R71's Elopement evaluation effective date 7/24/2024 documents (R71) is at high risk for elopement. On 9/13/2024 at 12:42 PM, (V27), Licensed Practical Nurse (LPN) stated, (R71) wanders around, and at times he is confused and will say he has to go home and anytime he is close to the doors the alarms will go off. I am aware of two occasions that he got out. Anytime he goes out the alarms will go off. I was not working the last time he got out. I know he got out a couple of times. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/13/2024 at 12:49 PM, (V28), Minimum Data Set (MDS) Coordinator stated, (R71) is very confused and is always saying he wants to go home. He is a wanderer. He does have a wandergaurd and anytime he gets close to the doors it will sound, go off. I was not working the day he eloped. I was part of the IDT (Interdisciplinary team) that reviewed his elopement the next day and when (V1), Administrator, viewed the tapes (R71) did leave the building. All I really know is from the meeting we determined he should be placed on one on ones and he is now. R71's Progress Notes dated 8/16/2024 at 8:31 PM, This nurse went on break at 7:10 PM in the parking lot when notified by staff that there was no sign of resident inside the building. Once this writer got back into the building staff members double checked rooms and any door in the facility and still did not note resident. As this writer was proceeding to call 911, 911 called facility and notified facility that resident was at apartment building next door to the facility, and staff members went to get resident, as they were driving around looking for resident and spotted him at the apartments with police officers. Once resident arrived back to the facility resident was immediately assessed, blood pressure 136/81, pulse was 101, temperature was 97.7 F, and oxygen saturations were 95%, and respiratory 20. No new skin injuries were noted, resident had prior scratch to left side of neck that keeps opening due to constantly scratching. Scratch was cleaned off and dry dressing applied to neck. Resident stated, he was tired from walking but that he is okay. Resident is currently on one to one observations by staff members until further notice. R71's Progress Notes dated 8/16/2024 at 7:30 PM, Called to North hall by (CNA), Certified Nursing Assistant on duty, resident was unable to be contacted by staff, all rooms and building were checked with no results. Surround building is being searched at this time. (draft). R71's Progress Notes dated 8/13/2024 at 5:30 PM, Resident exit seeking, wander guard in place, stated he's going to (town). Patient educated on safety, discharge procedures, and health condition. After patient redirected back to room where he is resting quietly. R71's Progress Notes dated 8/14/2024 at 9:30 AM, Replace wander guard every 90 days and document location of replacement every day shift, every 3 month (s) starting on the 28th for 84 days. Equipment maintenance. On 9/13/2024 at 2:30 PM, (V1), Administrator stated, (R71) did get out of the facility. When I reviewed the tapes, he was hanging on the door on the acesss door and then after 15 seconds it opened and he walked out. We were able to find him as he was next door. The Elopement and unsafe wandering prevention and management policy dated 5/13/2023 documents, Our mission to provide safe compassionate care and services to maintain the safety of our residents, and maximize each resident's physical, mental and psychosocial well-being. Access doors on some units are alarmed so that staff can secure the environment rather than the resident and can intercede when a resident wants to leave the unit or safe area. When possible, staff is advised to walk with the resident off the unit area, rather than restrict him from leaving. All staff are responsible for responding to a door/elevation alarm immediately. This response will include visual check of the immediate vicinity surrounding the door/elevator that tripped the alarm, including the stairwells and outside area.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33110 Based on interview, observation, and record review the facility failed to provide timely incontinent care for 1 of 1 resident (R54) reviewed for bowel and bladder incontinence in the sample of 40. Findings Include: R54's Minimum Data Set (MDS) dated [DATE] documents (R54) is always incontinent of urine and frequently incontinent of bowel. R54's Incontinence Care Plan documents (R54) is incontinent of bowel and bladder. (R54)'s goal is to be kept clean, dry, and odor free. (R54)'s intervention provide incontinence care when incontinent. On 9/11/24 at 11:45 AM, (V11), (CNA) Certified Nursing Assistant, (V12), CNA and (V13), CNA all entered the resident's room and told (R54) they were going to clean her up and get her ready for lunch. (V13), CNA pulled down the resident's incontinent brief and wiped each side of her vaginal area and the middle. (V13), CNA then turned the resident over to wipe her buttocks and rectal area. The incontinent brief was heavily soiled with yellow urine from one end of the incontinent brief to the other end of the incontinent brief. The incontinent pad underneath (R54) was also stained with yellow urine. On 9/11/24 at 12:00 PM, (V13), CNA stated, I checked her this morning. I'm all confused I can't remember the time. On 9/13/24 at 7:50 AM, (V21), CNA stated, every two hours. On 9/13/24 at 7:55 AM, (V22), CNA stated, we check every two hours. On 09/13/24 10:12 AM, (V2), Director of Nursing (DON) stated, at least every two hours. On 9/11/24 at 12:00 PM, (V26), (R54)'s Son stated, I have come in and found my mom wet. She (R54) went out to the hospital and was septic with dehydration. The facility's policy Incontinence Care dated 9/2023 documents incontinence care is provided to keep residents as dry, comfortable and odor free as possible. It also helps in preventing skin breakdown.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 35156 Based on observation, interview and record review, the facility failed to ensure opened medications were labeled with open dates, for 5 of 5 residents (R20, R52, R242, R235 and R242), reviewed for medication storage in the sample of 40. Findings include: On 9/10/2024 at 10:00 AM, the 400/500 hall medication cart was observed with (V6), Licensed Practical Nurse (LPN). At this time: There was an Insulin Pen with (R20)'s name on it, there was no date the insulin pen was opened. At this time (V6) stated she didn't know the insulin pen should be dated the date it was open and she didn't know what day the insulin pen was opened because she was an agency nurse. On 9/10/2024 at 10:04 AM, There was an Insulin Pen with (R242)'s name on it, there was no date the insulin pen was opened. On 9/10/2024 at 10:06 AM, There was an Insulin pen with (R235)'s name on it, there was no date the insulin pen was opened. On 9/10/2024 at 10:15 AM, the 100-hall medication cart was observed with (V7), LPN. At that time there was an Insulin pen with (R52)'s name on it, there was no date the insulin pen was opened. At this time (V7) stated she was a new LPN and she didn't know to date the insulin pens when they are opened and she didn't know what day (R52)'s insulin pen was opened. On 9/10/2024 at 10:35 AM, (V2) the Director of Nurses (DON) stated she expects all staff to date insulin pens the date they are opened because they expire after 28 days and the facility needs to know when to discard of the insulin pen. (V2) was not aware there were undated insulin pens in the medication carts. The facility's Medication Storage in the Facility policy with a revision date of 6/2024 documents, Medications and biologicals are stored safely, securing, and properly following the manufacturing or supplier recommendations. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Responsible Party: Nursing.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35156 Based on observation, interview, and record review the Facility failed to ensure food was palatable, attractive, and at a safe and appetizing temperature for 4 of 5 (R6, R24, R47, R66) residents reviewed for food temperatures in the sample of 40. Findings include: 1- R66's MDS dated [DATE] documents (R66) was moderately cognitively impairment for decision making for activities of daily living. On 9/10/2024 at 7:55 AM, during the breakfast meal, all food was being served on Styrofoam plates. The hall trays did not have any insulation for the bottoms and only the top dome was placed on top. The meals were placed on tray and taken to the halls. On 9/11/2024 at 2:42 PM, during the group meeting (R66) stated the food was cold and staff do not pass out the trays and the food gets cold, and staff do not offer to heat the food up. We have been complaining about the food and nothing changes. 2-R47's MDS dated [DATE] documents (R47) was cognitively intact for decision making. On 9/11/2024 at 2:44 PM, (R47) stated, I am the president of the resident council and we have been having complaints about food for at least six months. I believe the Dietary Manager (V26) tried her best, but I do not believe it is her fault. We have formed a special food committee but honestly the food is not getting better. The food is cold, and they ask us every month what meal we would like for the meal of the month, and we vote and tell them, but we never get it. They do not follow up with us let us know why, they just pretend it is not a big deal. Snacks are a joke and I do not believe there are enough snacks for everyone. I do not think they have enough money budgeted for food. 3-R6's Minimum Data Set (MDS) dated [DATE] documents he was cognitively intact for decision making for activities of daily living. On 9/11/2024 at 2:45 PM, (R6) stated he attends every resident council meeting and food has been an issue for at least six months. There was a special committee formed because of all the complaints. The food is not improving and still has issues. Issues with cold food, we have complained but it is not better, and it is still a problem. 4- R24's Minimum Data Set (MDS) dated [DATE] documents she was cognitively intact for decision making for activities of daily living. On 9/11/2024 at 2:47 PM, (R24) was not able to communicate with her mouth, but was able to type out all of her responses on her cell phone. She stated she was not happy with the food. Food was cold, everyone has complained. We have complained at resident council meetings for month after month and nothing has changed. Food is cold. On 9/13/2024 at 8:11 AM, kitchen staff was serving breakfast. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/13/2024 at 8:15 AM, Breakfast hall trays went out for the 100 hall. The trays remained on the cart and no staff attempted to pass out the trays when they arrived on the halls. On 9/13/2024 at 8:20 the kitchen staff ran out of bowls and the breakfast service stopped. On 9/13/2024 at 8:23 AM, (V26), Dietary Manger stated we do not have enough bowls but we have ordered bowls, but they are not here yet. We are waiting for bowls to finish the service. On 9/13/2024 at 8:35 AM, the hall trays started being passed out on the 100 and 200 halls at 8:29 AM. On 9/13/2024 at 8:41 AM, after the last tray had been passed a sample tray was taken. The tray was not attractive all of the hues were gray and slight yellowish hue. The food was not palatable and or appetizing. The flavor was bland and not seasoned well. The oven casserole egg was not palatable or flavorful. On 9/13/2024 at 8:42 AM, The following temperatures were taken with a metal calibrated thermometer, pureed eggs 126.4 Fahrenheit (F), oatmeal 133.4F, brown unidentified brown substance 80.0F, oven baked eggs 166.5F. Only one of the six items was within the acceptable range of 135 F or higher. On 9/13/2024 at 10:27 AM, (V23), Activity Aid stated, I have had some complaints from resident regarding the food being cold. I know we formed a food council on top of the resident council. I know they still complain about the food being cold. On 9/13/2024 at 10:30 AM, (V24), Activity Director, when I took over in April/May of this year they had already had a food counsel to address any concerns regarding dietary. There were a lot of complaints related to food. (V20), Dietary Manager completes those forms. During resident council we go over all of the departments and the main concern that I have heard voiced has been the vegetables, being overdone and portions. There has also been a couple times of resident voicing concerns regarding cold food. R185's Grievance dated 9/5/2024 documents, Went to breakfast biscuits and gravy had a good taste wanted to eat but was cold. Result of action: He said to cook sausage longer but the taste was good just needed to be hotter. Talked to cook. Was concern resolved? Yes, The Food Committee Meeting Minutes dated 6/25/2024, Are foods served at the proper temperature? Back and forth. The Food Committee Meeting Minutes dated 7/22/2024 documents, Are foods served at the proper temperature? His and Miss/Most said No. No August and or September Meeting Minutes were available for August or September. The Food Preparation Policy with a revision date of 2/2023 documents, The Dining Services Director/Cook (s) will be responsible for food preparation techniques which minimize the amount of time that food items are exposed to temperature greater than 41 degrees F and/or less than 135 F (Fahrenheit), or per state regulations. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145655	A. Building B. Wing	09/13/2024

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The Dining Services Operations Policy with a revision date of February 2014 documents, This is an audit tool to evaluate the accuracy of meal assembly and the qualities aspects of the meal. Data should be reviewed to identify any patterns of deficient practices that would trigger a quality improvement project. Testing includes the following criteria: Temperature of foods, appearance of food.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 33110 Based on interview, record review, and observation the facility failed to follow infection control policy and guideline for 4 of 4 residents (R65, R58, R54, R20) reviewed for infection control in the sample of 39. Findings include: 1.R54's Physician Order Sheet (POS) dated 8/23/24 documents (R54) has a wound to her coccyx. R54's POS dated 9/4/24 documents (R54) has a wound to her right heel. On 9/12/24 at 1:15 PM there was signage on the door stating that someone in the room is on enhanced precautions. Along with what should be worn. On 9/12/24 at 1:30 PM, (V11), Certified Nursing Assistant (CNA), (V12), CNA, and (V13), CNA all entered (R54)'s room and told her (R54) they were going to clean her up and get her ready for lunch. That room was on enhanced precautions, and they went in to do incontinent care and were not wearing gowns. On 9/12/24 at 1:30 PM, (V140, Wound Nurse and (V16), Wound Nurse Practitioner entered the room with (V15), CNA and told the resident that she was going to do her dressings. (V15), CNA went in and got on the other side of the bed and held (R54) over. (V14) removed all old bandages from her coccyx, right heel, and upper thigh, and then cleansed the areas with wound cleanser. She then sanitized her hands and removed her gown and left the room. (R14), Wound Nurse, did not hand sanitize or change gloves after removing the old dressings. On 9/13/24 at 7:50 AM, (V21), CNA stated, we should wear gowns, gloves, and eye protection. On 9/13/24 at 7:55 AM, (V22), CNA stated, we should wear PPE (personal protective equipment). 35156 2. On 9/12/2024 at 12:50 PM, (V14), Wound nurse was doing treatments on (R20). During the treatment (V14), removed the old bandages from (R21)'s wounds, and cleaned the wound with a saturated gauze. The wounds were open, and they were bleeding. After (V14) cleaned the wound, (V14) removed her gloves and put on a new pair of gloves but did not wash her hands and or apply any disinfectant in between before donning a new set of gloves. (V14) then began touching the clean bandages and applying them to (R21)'s leg. 34964 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. On 9/12/24 at 12:00 PM, (V14), LPN/Wound Nurse provided pressure ulcer treatment for (R58) who has pressure ulcers on her sacrum, right ischium and left ischium. (V14) donned gloves and gown (already wearing an N-95 mask related to COVID outbreak). She removed the soiled dressings from all three pressure ulcers and cleansed all three pressure ulcers with wound cleanser and gauze. (V14) cleansed the infected pressure ulcer to (R58)'s sacrococcygeal area first, then cleansed the pressure ulcer on her left ischium and then the pressure ulcer on her right ischium last. (V14) went directly from one wound to the next when cleaning the pressure ulcers without changing gloves or performing hand hygiene between sites. R58's Face Sheet documents she has a diagnosis of Osteomyelitis of Vertebra, Sacrum and Sacrococcygeal Region. R58's Physician Order dated 9/4/24 documents: Vancomycin intravenous solution 1000 mg (milligrams)/200 ml (milliliters) every 12 hours related to other Acute Osteomyelitis, unspecified site. On 9/12/24 at 12:40 PM (V16), Wound Nurse Practitioner, stated by not changing her gloves between cleansing each of (R58)'s separate pressure ulcers, (V14) increased the risk of cross contaminating the wounds with infection. She stated there is a chance she has the same etiology in each wound but it is only established she has osteomyelitis in her sacral wound. (V16) stated (V14) should have washed her hands and changed her gloves between each wound. 4. On 9/11/24 at 3:17 PM (V10), LPN provided medication to (R65) via her g-tube . (V10) did not perform hand hygiene or don a gown prior to entering (R65)'s room. The water was running in (R65)'s bathroom when (V10) first entered (R65)'s room and (V10) partially filled two cups with water, but did not wash her hands. She donned gloves and proceeded to administer medication via (R65)'s g-tube. After completing g-tube medication administration, (V10) left room without performing hand hygiene, went to computer to verify amount of insulin (R65) was to receive, re-entered the room and washed her hands, donned gloves, and administered insulin per order. (V10) then left room and used alcohol hand sanitizer. There was a sign on the door documenting (R65) is on Enhanced Barrier Precautions due to having a g-tube and documented a gown and gloves are required to be worn by staff when performing High-Contact Resident Care Activities. When asked why she did not wear a gown while administering medications via (R65)'s g-tube, (V10) stated, (R65) does not have anything going on that requires barrier precautions. It's her roommate who is on precautions because of her wounds and I think she has (C-Diff), Clostridium Difficile Colitis. The facility's policy, Enhanced Barrier Precautions (EBP), revised 10/16/23 documents, Our facility employs the use of EBP to reduce transmission of MDRO's (Multidrug-resistant organisms) to staff hands and clothing that employs targeted gown and glove use during high-contact resident care activities. EBP are indicated (when Contact Precautions do not otherwise apply) for residents with any of the following: open wounds that require a dressing regardless of MDRO status or an indwelling medical device regardless of MDRO status, or colonization with a targeted MDRO/XDRO (Extensively Drug-Resistant Organisms). Process: Staff utilize gowns and gloves for high-contact resident care activities when residents require EBP; high-contact resident care activities may include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, and wound care: any skin opening requiring dressing. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility's policy, Skin Management: Pressure Injury Treatment/General Wound Treatment reviewed 1/2023, documents, General Treatment Guidelines: 5. Remove and discard dressing and gloves. Perform hand hygiene and apply new gloves. When treating an individual with multiple pressure injuries, treat the most contaminated area last.