STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145730	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Continental Nursing & Rehab Center	5336 North Western Avenue Chicago, IL 60625

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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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49486 Based on observations, interviews, and record reviews the facility failed to obtain a physician order and to determine if self-administration of medication was appropriate for one (R117) out of one resident observed for safety on the total sample of 28. Findings Include: R117's Minimum Data Set (MDS) dated [DATE], Brief Interview Score (12) indicates R117 is moderately cognitively intact. R117's Face sheet shows he is [AGE] years old, admitted to the facility on [DATE] with diagnosis not limited to Guillain-Barre syndrome, disorder of the autonomic nervous system, sixth nerve palsy right eye, pain in right knee, and pain in left knee. On [DATE] at 11:35 AM, R117 up in bed, working on the computer, surveyor and V6 (Registered Nurse/RN) observed a bottle of 15 Milliliter/ml of Opcon-A eye drop, a tube of expired 15 Gram/gm of Pevisone topical cream (written in foreign language), a bottle of vitamin B-12, 5000 microgram/mcg containing thirty-two pink with speckles lozenges, and he stated that he ordered the medications online few weeks ago. He takes one tablet of Vitamin B-12 daily, since last year, he has been taking the eye drops and the topical cream as needed for his eye and skin allergy. Surveyor showed R117 the expiration date of ,d+[DATE] on the Pevisone, he stated he knows, he ordered it long time ago online. V6 (Registered Nurse) stated that there is no order to keep the medications at bed side or to self-administer the medication, (R117) can overdose on the medication, V6 will remove the medications, and follow up with the physician. On [DATE] at 3:37 PM, V2 (Director of Nursing/DON) stated, for resident to keep medication at bed side for self-administration, there should be a medication self-administration safety assessment and a physician order for safety and to prevent an overdose. R117's clinical records had no documentation showing physician order to keep medication at bed side, safe to administer his own medication, and a review of his clinical records do not show a self-administration of medication assessment was completed. R117's laboratory test for Vitamin B12 level dated [DATE], result shows out of range, greater than 2000 picograms/ml (Pg/ml) while the normal reference range is ,d+[DATE]pg/ml. (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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy titled, Bedside Storage of Medications dated ,d+[DATE], reads in part: The physician must specify in writing on the resident's chart that the resident may self-medicate. A written order for the bedside storage of medication is placed in the resident's medical record.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44103 Based on interviews and record reviews, the facility failed to follow their policy and procedure by not obtaining a physician's order for code status and develop a comprehensive person-centered care plan for one (R114) reviewed for advance directives on the total sample of 28. Findings Include: R114's face sheet shows an initial admitted [DATE] and the advance directive section was blank. R114's minimum data set (MDS) dated [DATE] shows R114 is cognitively intact with BIMS (Brief Interview for Mental Status) of 114. R114's order summary report printed on 5/28/25 shows no physician order for R114's code status. R114's comprehensive care plan does not address R114's advance directive/code status. On 5/28/25 at 12:42 PM, V27 (Social Service Director) stated that upon admission, the resident or representative is asked for code status preference and is reviewed quarterly and with every significant change. The POLST (Physician Orders for Life-Sustaining Treatment) form is completed for DNR (Do Not Resuscitate) and Full Code statuses and should be uploaded in the resident's electronic medical records. V27 stated that residents' code status should be in the physician orders, should show on the residents' face sheets and should be in their care plans. The facility's Guidelines for Resident's Rights - Advance Directive(s) dated 6/24/24 documents in part: At all times- the resident's wishes for advance directives(s) must match the physician orders which must match the resident's care plan. A facility-wide Advance Directive Audit should be completed at least quarterly and as indicated.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 40061 Based on interviews and record reviews, the facility failed to follow their policy and ensure the accuracy of three (R70, R81, R112) residents' MDS (Minimum Data Set) assessments for 3 of 28 residents reviewed for assessments. Findings include: 1. R70's 5/08/2025 Quarterly MDS assessment documents in part oxygen therapy, suctioning, tracheostomy care, and invasive mechanical ventilator use. V18 (Nurse) completed this section of the MDS (section O) on 5/06/2025. V19 (MDS Coordinator) verified R70's 5/08/2025 Quarterly MDS assessment completion on 5/13/2025. R70's Admission Record and Order Summary Report do not document diagnoses or contain orders for oxygen therapy, suctioning, tracheostomy care, or ventilator use. Reviewed R70's progress notes during the 14-day look back period from the MDS Assessment Reference Date (ARD). No mention of oxygen, tracheostomy, or ventilator use. On 5/27/2025 at 12:39 PM, V10 (Nurse) stated no oxygen, tracheostomy or vent use for R70. On 5/27/2025 at 2:49 PM, R70 stated never been on ventilator while in the facility or had a tracheostomy stoma. R70 was not on oxygen and no observation of tracheostomy stoma or scar. 2. R81's 2/17/2025 Quarterly MDS assessment documents in part trunk restraint use. V18 (Nurse) completed this section of the MDS (section P). V37 (Nurse) verified R81's 2/17/2025 Quarterly MDS assessment completion on 3/03/2025. On 5/27/2025 at 10:57 AM, R81 did not have any restraints and did not recall facility ever using physical restraints on R81. R81's active and discontinued orders did not contain trunk restraint orders. On 5/27/2025 at 1:02 PM, V20 (Nurse) stated working with R81 at least twice a week. V20 does not recall R81 previously being on restraints and later describing R81 as a nice and cooperative resident. On 5/27/2025 at 3:06 PM, V38 (Certified Nurse Aide) stated working with R81 at least four times a week. V38 did not recall R81 having restraints in the past. Reviewed R81's progress notes during the 7-day look back period from the MDS ARD. No mention of trunk or physical restraints. On 5/27/2025 at 3:14 PM, V2 (Director of Nursing) stated facility has not used any physical restraints in 2025 and none for R81. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. R112's 4/25/2025 Quarterly MDS assessment documents in part external and indwelling catheter use. V19 completed this section of the MDS (section H) on 5/21/2025. V19 verified R112's 4/25/2025 Quarterly MDS assessment completion on 5/21/2025. On 5/27/2025 at 10:05 AM, R112 stated indwelling urinary catheter was discontinued after a March procedure. R112's 3/22/2025 9:15 PM progress note documents in part that it was removed at the hospital after a transurethral resection of the prostate (TURP) surgery on 3/20/2025. Following progress notes during the 7-day look back period from the MDS ARD do not document that an indwelling catheter was re-inserted. On 5/28/2025 at 9:35 AM, V19 (MDS Coordinator) stated being head of the MDS Department. V19 stated after reviewing R81 and R112's MDS during date of the survey, the facility noted miscoding/errors in the assessment. V19 stated R81 never had a restraint and R112's indwelling urinary catheter was discontinued in March 2025. During the time of interview, V19 was not aware that facility coded/assessed R70 for oxygen therapy use, suctioning use, tracheostomy, and ventilator use. V19 stated R70 never had a tracheostomy or used a vent. V19 stated that was also an inaccurate assessment. V19 stated during the residents' review periods, the nurses are to review everything including the residents' diagnoses, physician orders, medication administration records, treatment administration records, and progress notes. V19 stated the MDS nurse must verify the accuracy of all the assessments charted prior to submitting a completed MDS. V19 stated they must follow the RAI (Resident Assessment Instrument) Manual. Facility's undated Minimum Data Set (MDS) Completion Policy documents in part: The purpose of this policy is to ensure the accurate and timely completion of the Minimum Data Set (MDS) assessments in accordance with federal and state regulations. Proper MDS documentation is essential for quality resident care, reimbursement, and compliance with regulatory requirements. It is the Policy of [Facility] to follow the instructions and guidelines set forth in the RAI manual for MDS data collection and MDS completion. All entries must be complete, accurate, and supported by clinical documentation. Data must reflect the resident's actual condition over the designated observation period. Section H, O, and P of CMS's (Centers for Medicare & Medicaid Services) RAI Version 3.0 Manual document in part to examine the residents and review their medical records during the assessment period.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 49486 Based on observations, interviews, and record reviews the facility failed to follow professional standards of care for one (R117) resident out of a sample of 28 reviewed for medication administration. Findings Include: R117's Physician Order Sheet (POS) with active orders as of 5/27/25 shows Gabapentin oral capsule 300mg (milligrams), give 1 capsule by mouth three times a day for nerve pain, start date 4/19/25. On 5/27/25 at 11:35 AM, R117 was up in bed working on the computer, surveyor and V6 (Registered Nurse/RN) observed a medication bottle containing thirty-four yellow oblong capsules on R117's bed side table, and V6 acknowledged the capsules as being Gabapentin 300 milligram/mg that had been administered to him. R117 stated that he told the nurses he does not want the medication, and V6 stated that the nurses should have monitored him to ensure he swallowed the medication to achieve well-being. On 5/27/25 at 3:37 PM, V2 (Director of Nursing/DON) stated that it is his expectation that nurses will monitor resident during medication administration to ensure medication is swallowed so the resident will achieve the benefit of the medication. On 5/28/25 at 10:03 AM, V22 (RN) stated that he has been in the facility for eight years, he has been administering Gabapentin 300mg to R117 and he never told V22 that he does not want the medication. V22 stated that nurses should stay with resident to ensure the medication is swallowed so that resident can achieve the purpose for which the medication is prescribed. Gabapentin is for nerve pain so having thirty-four capsules at bed side may keep him in pain. R117's Medication Administration Record (MAR) from 5/1/25 to 5/27/25 shows that nurses have been signing Gabapentin oral capsule 300mg as given. The facility policy titled: Medication Administration, documents read in part: Remain with the resident to ensure that the medication is swallowed.

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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** 40061 Based on observations, interviews, and record reviews, the facility failed to coordinate services for a resident (R81) with diagnoses of chronic liver disease and Hepatitis C and failed to follow physician order and policy and procedure to ensure peripherally inserted central catheter (PICC) line dressing was changed weekly for R246. These failures affected 2 out of a total sample of 28 residents reviewed for quality of care. Findings include: 1. R81's Admission Record documents in part diagnoses of hepatomegaly (enlarged liver) and viral Hepatitis C. R81's initial admitted was 1/25/2021. V28's (Physician) 5/22/2025 3:36 AM progress note for R81 documents in part: Hepatitis C - Chronic liver disease requiring careful monitoring of liver function and viral load. Plan: Monitor liver enzymes and viral load regularly. Coordinate with hepatology [doctor that specializes in treating liver diseases/conditions] for continued care and treatment recommendations. Continue to assess liver function and ensure that any therapies or medications the patient is on do not exacerbate liver damage. Provide education regarding potential complications, including medication interactions and liver health. Reviewed previous six months (December 2024 to current) of provider progress notes for R81. Multiple progress notes from V28 and V34 (Physician) document in part hepatology consult and to monitor liver enzymes, Hepatitis C viral load, and Hepatitis C genotype as part of R81's plan of care for Hepatitis C diagnosis. On 5/27/2025 at 1:07 PM, V20 (Nurse) reviewed R81's listed providers on the electronic medical record. V20 stated none were hepatologist. V20 did not know when the last time R81 saw a specialist for [R81's] diagnoses of Hepatitis C or hepatomegaly. V20 also did not know when the last time the facility checked R81's liver function or viral load. V20 stated no lab results in R81's electronic medical records. R81's discontinued lab orders document in part that the last liver and hepatitis panel orders were from 2021. On 5/27/2025 at 3:16 PM, V2 (Director of Nursing) reviewed R81's provider list and stated there was no doctor listed that specialized in monitoring R81's chronic liver disease. V2 did not know if R81 saw anyone in the community for Hepatitis C monitoring or when R81 last had labs drawn to monitor liver enzymes and viral load. Surveyor requested R81's last doctor visit to a hepatologist and R81's last labs pertaining to Hepatitis C monitoring. None received at the completion of the survey. On 5/28/2025 at 10:38 AM, V20 stated the facility did not order any recent liver function labs or specialist consult for R81 until date of the survey. V20 stated the facility put new orders for liver panel, Hepatitis C, and hepatic function profile on 5/27/2025. Per Order Summary Report, facility also added new orders for hematologist, hepatology, and gastroenterology consult for R81's hepatomegaly and Hepatitis C on 5/27/2025 and 5/28/2025. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility's undated Resident Rights policy document in part: Accommodation of Needs - You have the right to receive services with reasonable accommodations to individual needs and interests. 44103 2. On 5/27/25 at 10:38 AM, R246 was noted lying in bed alert and able to verbalize needs. R246 was noted with left upper arm PICC line with a transparent dressing dated 5/14/25. R246 stated he does not remember when the last time was [R246's] PICC line dressing was changed. On 5/27/25 at 3:36 PM, V2 (Director of Nursing) stated that PICC line dressing is changed weekly to keep the site clean and prevent infection or contamination. V2 stated PICC line dressing is dated when it was changed. R246 face sheet shows R246's initial admitted [DATE]. R246's Minimum Data Set, dated dated dated [DATE] shows R246 is cognitively intact. R246's order summary report shows an order for PICC Left Arm change transparent dressing on admission, then weekly and PRN [as needed] thereafter every day shift every Tue for Infection (ordered 5/20/25). The facility's CATHETER INSERTION AND CARE policy and procedure dated 7/2016 documents in part: Central venous catheter dressings will be changed at specific intervals, or when needed, to prevent catheter-related infections that are associated with contaminated, loosened, soiled, or wet dressings. Change transparent semi-permeable membrane (TSM) dressings at least every 5-7 days and PRN (when wet, soiled, or not intact).

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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** 44103 Based on observation, interview and record review, the facility failed to ensure fire hazard equipment was not located in a resident's room for one (R7) of one residents reviewed for accidents and hazards in a sample of 28 residents. Findings Include: R7's clinical records show an admitted [DATE]. R7's Minimum Data Set, dated dated dated [DATE] shows R7 is cognitively intact. On 5/27/25 at 10:48 AM, surveyor entered R7's room and noted two countertop microwaves at bedside. R7 stated [R7] uses them to warm up his food. On 5/27/25 at 12:59 PM, V1 (Administrator) stated residents cannot have microwave in their rooms because it is not safe and it's a fire hazard. V1 stated there's microwave available in the break room that the nurse can use to heat up residents' food. V1 stated will remove R7's microwaves from [R7's] room immediately. The facility's Admission Agreement page 9 of 14 dated 11/24/23 documents in part: In an effort to make the Facility more homelike, residents may be allowed by Facility to bring in items such as dressers, chairs, pictures, mementos, and other personal items as regulations, space, sanitation, safety considerations, and similar matters allow. Regulations may specifically prohibit some items, such as rugs, hot plates, microwaves, and heating pads. Items in question should first be discussed with and approved by the Director of Nursing or the Administrator prior bringing them into the Facility.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44103 Based on observation, interview, and record review the facility failed to ensure on multiple occasions medications were administered as scheduled per physician orders for one (R109) of four residents reviewed for medication administration. Findings Include: On 5/27/25 at 10:29 AM, R109 stated he does not get his Amlodipine on time on certain days. R109 stated for five days in the last twenty days, R109 did not receive his Amlodipine as scheduled in the morning. R109 remembers not getting it on time yesterday, Sunday, and other days but R109 does not remember exact days. R109 stated Amlodipine is ordered once a day to take in the morning. R109 stated some days the nurses don't give the medication to him until evening time. On 5/27/25 at 9:25 AM, V10 (Licensed Practical Nurse) stated that R109's Amlodipine is scheduled to be administered at 9:00 AM and nurses have two hours before and two hours after the scheduled time to administer medications to residents. V10 stated medications should be administered according to the doctors' orders. On 5/27/25 at 3:19 PM, a phone interview conducted with V26 (Licensed Practical Nurse) and stated [V26] does not remember if he gave R109's Amlodipine yesterday or not. V26 stated, Probably I offered it to [R109] and maybe he refused. I forgot to document. I don't remember if I gave the Amlodipine to him or not. If I administer the medication I would document as given in the MAR [Medication Administration Record]. Usually, I would put see progress notes if the resident refuses or does not take it. Sometimes [R109] has moods that he does not take his medications. If they refuse medications I would call the doctor. I would also document. V26 stated that the standard nursing practice is that if it's not documented, that means it did not happen. On 5/27/25 at 3:36 PM, V2 (Director of Nursing) stated that medication administration is done one hour before and one after the scheduled administration times. V2 stated that if the nurses give the medications late or if resident refused, they must call the doctor. V2 stated that after a resident takes their medications, the Nurses are documenting the time they administered the medications in the EMAR (Electronic Medication Administration). R109's face sheet included diagnoses but not limited to Essential Hypertension and Atherosclerotic Heart Disease. Minimum Data Set (MDS) dated [DATE] shows R109 is cognitively intact with BIMS (Brief Interview for Mental Status) of 15. R109's Medication Admin Audit Report reviewed from 5/1/25 to 5/27/25 and it revealed R109's physician's order for Amlodipine 5 mg tablet to be given one time a day for Hypertension to be administered at 9:00 AM (Hold if systolic blood pressure is less than 110, diastolic blood pressure less than 60, and heart rate less than 60 beats per minute). This audit report revealed on 5/1/25 R109's Amlodipine was administered at 9:30 PM, on 5/2/25 it was administered at 12:51 PM, on 5/5/25 it was administered at 12:26 PM, on 5/6/25 it was administered at 11:24 AM, on 5/10/25 it was administered at 10:40 AM, on 5/16/25 it was administered at 11:56 AM, on 5/18/25 it was administered at 2:13 PM, on 5/19/25 there was no documentation it was administered, and on 5/26/25 it was administered at 1:09 PM. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R109's progress notes from 5/1/25 to 5/16/25 do not show any documentation the reason why R109's Amlodipine was administered late and if R109's physician was notified. Facility provided surveyor R109's progress notes for 5/18/25, 5/19/25, and 5/26/25 documented on 5/27/25 as late entries for R109's Amlodipine being refused. R109's May vitals summary revealed no morning shift blood pressure and heart rate readings on 5/18/25 and 5/19/25. No readings of systolic blood pressure (BP) below 110, diastolic BP of below 60, and heart rate of below 60 beats per minutes. The facility's MEDICATION ADMINISTRATION policy (no date) documents in part: Review the resident's Medication Administration Record (MAR). Read each order entirely. The facility's PHYSICIAN ORDERS--(FOLLOWING PHYSICIAN ORDERS) (no date) documents in part: It is the policy of the facility to follow the orders of the physician. The facility will have orders to provide essential care to the resident, consistent with the resident's mental and physical status upon admission.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 44103 Based on observation, interview and record review, the facility (a) failed to properly discard multi-dose insulin pen on expiration date and to properly store unopened insulin pen for 1 resident (R10), (b) failed to label and date opened multi-dose inhalers for 2 residents (R121, R95), and (c) failed to discard house stock medication on expiration date from two of three medication carts inspected for medication storage and labeling. This failure had the potential to affect all 28 residents receiving medications from third floor medication cart one. Findings Include: On 5/27/25 at 9:29 AM, third floor team one medication cart was inspected with V10 (Licensed Practical Nurse) and found R121's opened Trelegy Ellipta inhaler without the date opened written on the label (label reads to discard 6 weeks), R10's opened Fiasp Flextouch (insulin aspart) with date opened 4/28/25 written on the label, R10's unopened Fiasp insulin pen with refrigerate until opened written on the label, and a bottle of house stock Zinc 50 mg medication with best by date 4/25 written on the label. V10 stated insulin and inhalers are dated upon opening. V10 stated insulins are discarded after 28 days of opening and unopened insulin vials and pens should be stored inside the refrigerator. V10 further stated that expired medications should be discarded and not be stored inside the medication cart. On 5/27/25 at 11:40 AM, second floor 2-East medication cart was inspected with V12 (Licensed Practical Nurse) and found R95's Breo Ellipta inhaler without the date opened written on the label (label reads to discard 6 weeks). On 5/27/25 at 3:36 PM, V2 (Director of Nursing) stated that insulin pens and vials are dated upon opening and should be discarded after the 28 days. The last day would be the 28th day. V2 stated unopened insulin pens and vials should be refrigerated when they receive from pharmacy. V2 stated that inhalers should also be dated upon opening so nurses would know when to discard it. V2 further stated that all expired medications should not be stored inside the medication cart to prevent giving them to the resident. The facility's 3.1: MEDICATION STORAGE IN THE FACILITY policy and procedures dated 5/24 documents in part: Medications and biologicals are stored safety, securely, and properly following the manufacture or supplier recommendations. Outdated, contaminated, or deteriorated drugs and those in containers, which are cracked, soiled or without secure closures will be immediately withdrawn from stock by the facility. They will be disposed of according to drug disposal procedures, and reordered from the pharmacy if a current order exists. The facility's Insulin Reference Chart (no date) documents in part: 28 days expiration for opened Fiasp insulin. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility's EXPIRATION GUIDELINES FOR INHALATION PRODUCTS (7/2013) documents in part: Once these products are opened, they must be used within a specific timeframe to avoid reduced potency and, potentially, reduced efficacy.

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F 0790 Level of Harm - Actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. 45110 Based on observation, interview, and record review the facility failed to follow their dental policy to meet the need for dental services and to address negative dental findings immediately for one [R61] resident out of a sample of 28 reviewed for dental services. This failure resulted in a delay of a recommended dental procedure resulting in ongoing dental pain. Findings include: R61 medical diagnosis not limited to; paraplegia, type II diabetic, absence of right leg below the knee, need for assistance with personal care, and open left foot wound. R61 's Dental Consults [Facility Dentist] Recommendations documented in part: 10/18/23: R61 root tips in all four quadrants to be extracted referral made. 11/8/23: R61 still waiting for extractions. Facility needs to make arrangements for transportation. 12/12/23: Facility states R61 missed two appointments for extraction, due to blood thinner was not discontinued. 4/9/24: Several referrals have been made for extractions. He has been to V42 [Dentist] office and was recommended 11 extractions. Arrangements for transportation need to be made. These teeth are difficult to do in facility. 9/16/24: R61 still need extractions, will update referral. On 5/28/25 at 12:09 PM, V39 [Ombudsman] stated, I been communicating with V1 [Administrator] and V2 [Director of Nursing] regarding R61's tooth ache since last year around September 2024, nothing has been done. R61 has seen the facility's dentist, and he recommended several teeth extractions, this has been going on for a long time and still is not resolved. On 5/28/25 at 1PM, R61 stated, I been having a toothache for over a year. The facility's dentist told me I needed some extractions, but he was unable to pull my teeth here in the facility. I have been asking for an appointment, and nothing has been done. The physician ordered me pain medication for my tooth ache and body pains as well. On 5/29/25 at 1:14 PM, V40 [Licensed Practical Nurse] stated, R61 has been complaining about his toothache since last year around September. I remember the facility dentist assessed him last year and recommended a tooth extraction but could not be done here at the facility. R61 complains of his toothache all the time. R61 receives scheduled pain medication of Morphine Sulfate 15mg (milligrams) every eight hours, and Tylenol Extra Strength 500mg every eight hours for his toothache and body pains. I am not sure why R61 has not been to a dentist, I do not schedule appointments. (continued on next page)

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F 0790 Level of Harm - Actual harm Residents Affected - Few	On 5/29/25 at 2:30 PM, V41 [Appointment Scheduler/Escort/Certified Nurse Assistant] stated, I went back in my books to September 2024 to present, and R61 has not seen a dentist. I was made aware on 5/28/25, that R61 needed a dental appointment. I been calling around to a few places, but none of the offices accepts R61's health insurance. I called R61's health insurance company, but I have not gotten anywhere with them. I will let the director of nursing know. On 5/29/25 at 11:27 AM, V2 [Director of Nursing] stated, The nursing staff placed in an order for dental consult on 5/28/25. I cannot remember if I was made aware of R61's tooth ache before 5/28/25. We will work on getting R61 a dental appointment. On 5/30/25 12:46 PM, V1 [Administrator] stated, I started working here on 4/22/24. I do not recall if V39 told me if R61 need to see a dentist. The facility dentist has seen him, several times since last year. Policy document in part: Guidelines For Dental Services: [6/18/23] It is the policy of the facility to provide medically related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This includes meeting any need for dental, denture care to include routine as well as emergency indicated services. Assessments of dental will be conducted upon admission, quarterly, annually, and significant change that affects the oral cavity. Negative findings will be immediately addressed.

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F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. 46342 Based on observation, interview, and record review the facility failed to follow standardized pureed recipe during food preparation. This failure has the potential to affect eight residents (R11, R27, R53, R65, R72, R99, R102, R115) receiving pureed diets prepared in the facility's kitchen. Findings Include: On 05/28/25 at 11:10 AM, during pureed preparation observation V15 (Cook) stated he follows a recipe so that he know how to prepare the pureed food. V15 pointed to a recipe titled Pureed Beef Lasagna located in a binder near the prep area. V15 stated the consistency of the pureed should be smooth with no lumps and the consistency should be in between nectar and honey consistency. On 05/28/25 at 11:15 AM, V15 stated he needed to prepare eleven portions of pureed lasagna and was going to do the process in two batches. V15 measured out 5-eight ounce portions of beef lasagna into an industrial blender and then added a large unmeasured amount of water into the same blender. V15 stated he does not measure out the water, he just fills up the blender container halfway with water. V15 turned on the blender to puree the lasagna and the consistency was very watery and thin. V15 stated he needed to add food thickener because the consistency was too thin. On 05/28/25 at 11:22 AM, V15 measured out 6-eight ounce portions of beef lasagna into the industrial blender and then added large unmeasured amount of water into the same blender. The amount of water added into the blender completely covered the beef lasagna and the container was more than half filled. V15 turned on the blender to puree the lasagna and the consistency was very watery and thin. V15 added multiple scoops of food thickener to make the pureed lasagna less thin. On 05/28/25 at 11:38 AM, V29 (Regional Director of Kitchen Operations) stated the recipes should be followed by the cook when preparing food. V29 stated when preparing pureed food, the smallest amount of liquid should be added so that the nutrition in the pureed food does not get watered down. V29 stated if too much water or liquid is added then the residents may not receive the required amount of nutrition and/or full serving of protein. On 05/28/25 at 3:15 PM, V31 (Registered Dietitian) stated the pureed diets are designed to provide a certain amount of calories, protein and fat based on serving size so if the resident is not getting the correct portion size they would not be receiving adequate nutrition. V31 stated it is important for the pureed recipes to be followed because if too much liquid is added it would dilute the amount of calories and protein the resident would receive and this means they would not be meeting their nutritional needs. Facility job description for position title [NAME] undated, documents in part responsibilities included but not limited to prepared food for therapeutic diets in accordance with planned menus and prepares food in accordance with standardized recipes and special diet orders. Facility provided copy of physician order sheets for R11, R27, R53, R65, R72, R99, R102, R115 which document in part pureed diet texture as part of diet order. (continued on next page)

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F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Facility provided copy of Menu Extensions dated 05/28/25 which documents in part for pureed diets to receive pureed skillet lasagna 8 ounces with extra sauce. Facility provided copy of recipe titled Beef Lasagna, Pureed which documents in part, gradually add liquid starting with the smallest amount and add more liquid only if needed. For 10 portions add total of 2.5 cups liquid and add liquid slowly and only entire amount if needed. Facility provided policy titled Standardized Recipes undated which documents in part, a standardized recipe shall be used for the preparation of each menu item and standardized recipes are followed throughout the production process. Facility provided policy titled, Characteristics and Procedure for Consistency Modified Food undated which document in part, liquid and thickeners should be added a little at a time to achieve the above characteristics. It should not be necessary to add liquid after adding thickener or thickener after adding liquid as this dilutes the nutrient density of the finished product.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 46342 Based on observation, interview, and record review the facility failed to follow standardized pureed recipe during food preparation. This failure has the potential to affect eight residents (R11, R27, R53, R65, R72, R99, R102, R115) receiving pureed diets prepared in the facility's kitchen based on list of residents receiving pureed diets dated 05/27/25. Findings Include: On 05/28/25 at 11:10 AM, during pureed preparation observation V15 (Cook) stated he follows a recipe so that he know how to prepare the pureed food. V15 pointed to a recipe titled Pureed Beef Lasagna located in a binder near the prep area. V15 stated the consistency of the pureed should be smooth with no lumps and the consistency should be in between nectar and honey consistency. On 05/28/25 at 11:15 AM, V15 stated he needed to prepare eleven portions of pureed lasagna and was going to do the process in two batches. V15 measured out 5-eight ounce portions of beef lasagna into an industrial blender and then added a large unmeasured amount of water into the same blender. V15 stated he does not measure out the water, he just fills up the blender container halfway with water. V15 turned on the blender to puree the lasagna and the consistency was very watery and thin. V15 stated he needed to add food thickener because the consistency was too thin. On 05/28/25 at 11:22 AM, V15 measured out 6-eight ounce portions of beef lasagna into the industrial blender and then added large unmeasured amount of water into the same blender. The amount of water added into the blender completely covered the beef lasagna and the container was more than half filled. V15 turned on the blender to puree the lasagna and the consistency was very watery and thin. V15 added multiple scoops of food thickener to make the pureed lasagna less thin. On 05/28/25 at 11:38 AM, V29 (Regional Director of Kitchen Operations) stated the recipes should be followed by the cook when preparing food. V29 stated when preparing pureed food, the smallest amount of liquid should be added so that the nutrition in the pureed food does not get watered down. V29 stated if too much water or liquid is added then the residents may not receive the required amount of nutrition and/or full serving of protein. On 05/28/25 at 3:15 PM, V31 (Registered Dietitian) stated the pureed diets are designed to provide a certain amount of calories, protein and fat based on serving size so if the resident is not getting the correct portion size they would not be receiving adequate nutrition. V31 stated it is important for the pureed recipes to be followed because if too much liquid is added it would dilute the amount of calories and protein the resident would receive and this means they would not be meeting their nutritional needs. Facility job description for position title [NAME] undated, documents in part responsibilities included but not limited to prepared food for therapeutic diets in accordance with planned menus and prepares food in accordance with standardized recipes and special diet orders. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Facility provided copy of physician order sheets for R11, R27, R53, R65, R72, R99, R102, R115 which document in part pureed diet texture as part of diet order. Facility provided copy of Menu Extensions dated 05/28/25 which documents in part for pureed diets to receive pureed skillet lasagna 8 ounces with extra sauce. Facility provided copy of recipe titled Beef Lasagna, Pureed which documents in part, gradually add liquid starting with the smallest amount and add more liquid only if needed. For 10 portions add total of 2.5 cups liquid and add liquid slowly and only entire amount if needed. Facility provided policy titled Standardized Recipes undated which documents in part, a standardized recipe shall be used for the preparation of each menu item and standardized recipes are followed throughout the production process. Facility provided policy titled, Characteristics and Procedure for Consistency Modified Food undated which document in part, liquid and thickeners should be added a little at a time to achieve the above characteristics. It should not be necessary to add liquid after adding thickener or thickener after adding liquid as this dilutes the nutrient density of the finished product.

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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. 46342 Based on observations, interviews, and record reviews, the facility failed to a.) maintain sanitary kitchen conditions, b.) ensure proper working order of freezer, c.) ensure food items were properly labeled and dated, d.) maintain cleanliness of kitchen equipment. These failures have the potential to affect all 139 residents who receive food prepared in the kitchen. Findings include: On 05/27/25 at 9:28 AM, during initial kitchen tour observed a large amount of garbage and debris on the floor in tray line and food preparation area. Used discarded hairnets, empty plastic cups and particles of food were seen on the floor, the floor tiles had a greasy residue quality to them, the wall behind the oven had yellow/brown color splattered on the wall tile, and the oven had yellow colored food substance dried along the side of the oven. A large mop bucket filled with dirty gray colored water with a dirty looking mop head was observed. Next to the hand sink there was a very large gallon trash barrel with wheels. The lid of the trash barrel was propped open from all the garbage inside and had a used, empty 1-gallon mayonnaise balancing on the outside top of the lid. The lid on the large trash can could not be closed. A large collection of black flies were seen flying around the trash can and even more appeared when the lid of the trash can was moved. On the other side of the hand sink a large, uncovered cardboard box on top of a smaller closed garbage can was filled with kitchen trash. There was also another uncovered cardboard box underneath the hand sink on the floor overfilled with garbage. Next to the walk-in refrigerator there were other uncovered, cardboard boxes and on top was a large empty egg carton with a pile of cooked eggs on top of it falling toward the floor. The freezer door was partially opened. On 05/27/25 at 9:30 AM, V15 (Cook) stated when he came to work this morning the trash was like that, and it should have been emptied last night by the evening shift. V15 stated he dumped the scrambled eggs on top of the empty egg carton because there was no where else to put it. V15 stated the garbage cans should not be overfilled and the lid of the garbage can should be able to shut tightly to keep out pests and bugs. V15 stated the garbage smells which attracts gnats and fruit flies. V15 stated he could see the black flies flying all around the trash bin. V15 stated that dirty mop water is from last night and it was like that when V15 came to work this morning. V15 stated the floor has not been swept or mopped yet today. On 05/27/25 at 9:43 AM, V15 observed partially opened freezer door. V15 attempted to close the freezer door but when he pressed against the door it sprung back open and would not fully close. Inside the freezer observed standing water on the floor tiles, and water that had dripped from under the fans to form a pile of dripped ice on a box of food. Portable thermometer located inside the freezer read 25 degrees F (Fahrenheit). Inside freezer observed the following products: 1.) Fully defrosted 64-ounce bag of a vegetable blend full of water inside the bag and the vegetables were discolored. 2.) Defrosted two unopened 10-pound bags of pork loin. Able to easily press fingers into the pork loin. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	3.) Fully defrosted Frozen Supplement Treat with liquid that had dripped and leaked out of the containers into the storage box. 4.) Fully defrosted liquid oral supplement shakes. V15 stated all the products in the freezer should be frozen solid. V15 stated the temperature inside the freezer should be zero degrees F or less. V15 stated the freezer door should be closed tightly to keep the cold air inside. V15 stated there must be something wrong with the freezer because it is not working correctly. V15 stated all the food inside the freezer is compromised and could potentially be in the temperature danger zone which could lead to food borne illness if served to the residents. On 05/27/25 at 9:52 AM, V15 stated all food items stored in the refrigerator should be labeled with an open or prepared date and a use by date. The following items were observed in the refrigerator: 1.) Opened package of hotdogs not labeled or dated. 2.) Large pan of hamburger patties covered in plastic wrap not labeled or dated. 3.) Cooked spinach labeled with a prepared date of 05/21/25. 4.) [NAME] pepper wrapped in plastic wrap dated 05/14/25. [NAME] pepper skin was very soft and mushy. 5.) Two opened packages of sliced American Cheese wrapped in plastic but not labeled or dated. On 05/27/25 at 10:07 AM, the table mounted can opener on the prep table was dirty with an accumulation of thick pink and black residue on the inside and outside of the spike of the can opener and inside the holding bracket for the can opener. V15 stated that can opener looks dirty, and it should be washed daily after each use to prevent cross contamination. V15 stated since the can opener is not clean all the bacteria and dirt on the spike of the can opener gets pushed into the can of the product he is opening. V17 (Dietary Aide/Pot Washer) stated no one told her that the can opener needed to be cleaned and she has never washed it before. On 05/27/25 at 10:12 AM, V16 (Maintenance Director) stated there is something wrong with the door locking mechanism on the freezer door which is why the freezer door is not shutting all the way. V16 stated no one told him there was a problem with the freezer. V16 stated the temperature inside the freezer is too high which is causing everything to defrost which is why the drain pan is overflowing with too much water and then leaking onto the food racks. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 05/27/25 at 10:38 AM, V14 (Dietary Manager) stated all items in the freezer should be frozen solid and yesterday there was no problem with the freezer, items were frozen solid. V14 stated no one told her anything about the freezer not working properly today and that the kitchen staff document the temperature of the freezer twice a day. V14 stated they will have to pull all the food out of the freezer and discard defrosted product. V14 stated the garbage was not thrown out yesterday because the trash bag was too heavy for the staff to pick up and that all garbage should be in a trash bag and the lid of the trash can should be closed, not propped open with garbage because this is unsanitary. V14 stated that dirty mop bucket is from last night and the staff should be sweeping and mopping the floor three times per day with clean soapy water, not dirty water. V14 stated all items in the refrigerator need to be labeled with a prepared/opened date and a use by date. V14 stated this is important for accuracy so the staff knows when to discard a food product, so it is not served to the residents. On 05/27/25 at 4:04 PM, V29 (Regional Director of Kitchen Operations) stated bacteria starts to grow once frozen items are defrosted and defrosted food needs to be used within three days. V29 stated she cannot tell when the freezer started not functioning properly or how long the items have been defrosted so she is going to have to throw out the items inside the freezer because it has the potential to cause food-borne illness. On 05/27/25, facility provided list of diet orders for all residents in the facility. The diet order list indicates there are two residents receiving nothing by mouth (NPO). Facility provided policy titled Freezer and Refrigerators undated which documents in part. This facility will ensure safe refrigerator and freezer maintenance, temperatures and sanitation and will observe food expiration guidelines. Acceptable temperature should be 35 degrees to 41 degrees F for refrigerators and less than 0 degrees for freezers. Facility provided copy of policy titled Sanitation revised 08/01/23 which documents in part, the food service area shall be maintained in a clean and sanitary manner, all kitchen areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects. Facility provided copy of policy titled, Garbage and Rubbish Disposal undated which documents in part, all garbage and rubbish containing food wastes shall be kept in containers, all containers shall be provided with tight-fitting lids or covers and such containers must be kept covered when stored or not in continuous use and all garbage and rubbish shall be disposed of daily. Facility provided copy of policy titled Basic Cleaning Equipment undated which documents in part, basic cleaning equipment will be maintained in a clean and sanitary condition after every use to ensure food safety and the food service manager will be in charge of a visual inspection of all equipment. Facility provided policy titled Labeling and Dating reviewed date 07/30/23 which document in part, leftovers and opened foods shall be clearly labeled with date food item is to be discarded and food items to be labeled and dated include items prepared in house and food items that are opened and stored for later use. Facility provided policy titled Can Opener undated which documents in part can opener will be cleaned after each use.