STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145774	A. Building B. Wing	06/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Havana Health Care Center	609 North Harpham Street Havana, IL 62644

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32875 Based on observation, interview, and record review the facility failed to cover a urinary catheter bag with a privacy bag and failed to provide a washcloth instead of a paper towel to use to wash the resident's face for two residents (R15, R23) of 16 residents reviewed for dignity in the sample of 29. Findings include: The Resident Rights Booklet dated 11/18, documents Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must be safe, clean, comfortable, and homelike. 1. R15's current electronic medical record, documents R15 was admitted to the facility on [DATE] with diagnosis which included Neoplasm of Uncertain Behavior of Right Kidney, Alzheimer's Disease, Unspecified Dementia, Unspecified Severity, without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, Anxiety, Schizophrenia, and Altered Mental Status. R15's MDS (Minimum Data Set) assessment dated [DATE] documents a BIMS (Brief Interview for Mental Status) Score of 3/15, indicating severe cognitive impairment. R15's Physicians Order dated 1/5/24 documents R15 has a (indwelling) catheter for diagnosis of Urinary Retention. On 6/02/24 at 7:35 AM, R15 was sitting in the dining room. R15's urinary drainage bag was not covered with a privacy bag. The urinary drainage bag was hooked under R15's chair and the bag with urine was visible. On 6/5/24 at 1:10 PM, V17/Certified Nursing Assistant/CNA stated that there were no privacy bags to use to cover R15's urinary drainage bag until Monday (6/3/24). V17 also stated I know it is a dignity thing. On 6/5/24 at 1:13 PM, V22/CNA stated that R15's urinary drainage bags are provided by hospice, but it might have been misplaced and that is why it was not on the urinary drainage bag on 6/2/24. (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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. R23's current electronic medical record, documents R23 was admitted to the facility on [DATE] with diagnosis which included Repeated Falls, Urinary Tract Infection, Benign Proximal Vertigo/Right Ear, Malignant Neoplasm of Bladder, Anxiety Disorder, and Major Depressive Disorder. R23's MDS (Minimum Data Set) dated 5/9/24 documents a BIMS (Brief Interview for Mental Status) Score of 15/15, indicating cognitively intact. On 6/4/24 at 7:50 AM V17 (CNA) opened the linen storage room. The linen storage room had no wash cloths or towels. V17 stated there is only one linen storage room and there is never wash cloths or towel available. On 6/02/24 at 7:38 AM R23 stated Staff act like I don't exist. It is hard for me to get anyone to help me. The staff don't show any dignity or respect to any of us. On 6/4/24 at 9:00 AM V18 (CNA) stated, We never have wash clothes or towels in the building. There are maybe two of each. We use bath blankets or pillowcases to wash the residents up. The shower curtain has had mold on the bottom of it for two years. On 6/4/24 at 10:35 AM R23 stated, It is not right we do not have wash clothes. My dog is treated better. I wash my face with a paper towel.

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to organize and participate in resident/family groups in the facility. 35509 Based on interview and record review, the facility failed to have Resident Council Meetings for five of twelve meetings in the past year, this has the potential to affect all 36 residents who live in the facility. Findings: The document, Resident Council, no date, states, It is the policy of this facility to establish a Resident Council for the purpose of residents sharing in the planning and controlling of their lives. The Resident Council shall provide a setting where personal choices, opinions, concerns, interests and complaints can be openly discussed All decisions made by this council shall be made democratically and all residents shall be encouraged to participate in the council. The council shall meet at least once per month or more often of desired. The Resident Council shall communicate to the Administrator the opinions and concerns of the residents. The council shall review procedures for implementing resident rights and facility responsibilities and make recommendations for changes or additions. On 6/03/24 at 10:00 AM, a group meeting was held with R3,R14,R20 and R36. Several topics were addressed. Attendees denied being invited to Care Plan Meetings; complained that there are not enough towels, wash cloths, linens; stated that they feel like no one listens to them when they tell them issues; did not know what a formal Grievance was, how to fill one out or where they could get a Grievance Form; had no knowledge of a Survey Book, where it was or what is kept in the Survey Book or it's importance. R14 stated, We don't have an Activity Director and she was the one who used to set up the meetings and made sure we got to them. That means we don't have a Resident Council President that we can tell things to like we used to. Residents come to me with problems that they have as I sit in the hall all the time and see what's going on. But I don't really know what to do as I don't know who to tell that it will do any good. The thing is, I used to tell staff stuff, but nothing happened, so I stopped. I feel that when we had the meetings we were able to get more things done. Or at least get things out in the open and hear what (other residents) thought. R36 stated, We don't have activities to go to and it's boring. Nothing since February. That's when the meetings stopped, too. We've asked for different things in our meetings, like a church service or some kind of entertainment. Nothing happened. No one tells us why we can't have or do things. It's like the questions go into outer space. Not that it was much better when we had the meetings, but at least (the activity director) would listen to us and it did help for some things. I'd like to have meetings so we could talk to each other about problems we have or things that would make it better to live here. I don't feel comfortable talking about my problems when I'm around staff. I don't want to make anyone mad. When you're in a group, you don't get singled out so much. (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R3 stated, I need to use a (two person) Mechanical Lift to get in and out of my wheelchair. Now they have a stupid rule that they need two people to transfer me. It's so stupid because the girls (Certified Nursing Assistants, CNA's) can't find someone to help her so now I have to wait a long time to get and out of this (wheelchair). Or even to take a shower. It was better when just one CNA could (transfer) me. I don't have much to do other than watch a little television or listen to music. I think we could get more done if we had the meetings again. I've never talked to the Administrator. I don't get to talk to many (staff) as they are running here and there. They're too busy to talk to me. I'm bored. I'm just waiting to die. The past twelve Resident Council Minutes were reviewed. Grievances/Complaints that were recorded include: Short staffing; Long time wait for call lights to be answered; No BINGO; not getting clothing back; no ice water; request a notary in the facility; noise and clutter in the hallways; not getting a daily menu to mark; menus not being updated (nothing new); cold meals; going on outings; bathroom cleaning; communication issues; lighting; courtesy knocking when entering resident rooms There were no documents showing that these issues were addressed or resolved. Many items were repeated at each meeting. When asked, all of the attendees thought that the Resident Council would be beneficial in making the facility more of a home for them. The facility's Activity Director's Job Summary, undated, documents, The Activity Director represents the facility and acts as advisor to the Resident Council/Prepares the minutes of the meetings and follow up on council suggestions, complaints, questions, and requests. On 6/06/24 at 12:40 PM, V2, Administrator in Training, stated, No, we haven't had Resident Council Meetings, we didn't have anyone to run them. I wasn't aware of complaints that have been made during the meetings that were held. The facility's Daily Census dated 6/2/24 documents 36 residents currently reside within the facility.

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F 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. 35509 Based on observation, interview and record review, the facility failed to keep copies of recent surveys in the survey book. This has the potential to affect all 36 residents living in the facility. Findings: The Resident Rights Booklet dated 11/18, documents You have the right to see reports of all inspections by the (State agency) from the last five years and the most recent review of your facility along with any plan that your facility gave to surveyors saying how your facility plans to correct the problem. On 6/06/24 at 12:55 PM, the Survey Book, located on the bar of the Nurse's Station in the central hall was reviewed. The most current (State) Survey in the book was dated 2017. All the surveys in the book were from 2017. There were no surveys from 2024,2023,2022,2021,2020,2019 and 2018. On 6/06/24 at 1:00 PM, V2/Administrator in Training, stated, I didn't know that I needed to put copies of the surveys in the Survey Book. I didn't know residents would read them. The facility's Daily Census dated 6/2/24 documents 36 residents currently reside within the facility.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 31682 Based on observation, interview, and record review the facility failed to ensure the facility had an adequate amount of wash clothes and towels and maintained a clean shower curtain. This failure has the potential to affect all 36 residents residing within the facility. Findings include: The facility's Daily Census dated 6-2-24 documents 36 residents currently reside within the facility. The Laundry policy and procedures (undated) documents, It is the policy of (the facility) that clean linens and clothing are available at all times to provide a clean sanitary environment for residents. Clean linens will be stored in clean linen rooms, and available for nursing use. The Housekeeper Job Summary (undated) documents Housekeepers are responsible for maintaining the facility in a clean, orderly and sanitary manner. Responsibilities: 1 Duties b) Deep clean assigned bath/shower rooms, each resident room and all other rooms or areas at least once each month or per the cleaning schedule or as directed. d) Bath/shower rooms are monitored for cleanliness and sanitation and the need for soap and paper products at least four times each shift. On 6-4-24 at 7:40 AM V17 (CNA/Certified Nursing Assistant) was providing a bed bath to R6. V17 was using a pillowcase to wash R6. V17 stated, We never have washcloths or towels to use. We have not had enough washcloths or towels for months. A lot of days there is only one or two washcloths in the building to use for all of the residents. R6 stated, There is never towels or washcloths to use. On 6-4-24 at 7:50 AM V17 opened the linen storage room. The linen storage room had no washcloths or towels. V17 stated there is only one linen storage room and there is never wash cloths or towels available. On 6-4-24 at 8:10 AM the main shower room shower curtain had a thick black musty smelling substance that was spread across 12 inches of the entire bottom of the curtain. On 6-4-24 at 10:30 AM R36 was sitting in a wheelchair in her room. R36 stated, It is ridiculous here. We do not even have washcloths to wash our faces. I used a paper towel to wash my face. The staff have to use sheets to wash me up in the shower. On 6-4-24 at 9:00 AM V18 (CNA) stated, We never have washcloths or towels in the building. There are maybe two of each. We use bath blankets or pillowcases to wash the residents up. The shower curtain has had mold on the bottom of it for two years. On 6-4-24 at 10:35 AM R23 stated, It is not right we do not have washcloths. My dog is treated better. I wash my face with a paper towel. The shower room curtain has always been moldy. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 6-4-24 at 10:53 AM R19 stated, We do not have enough linens. There are times I do not have washcloths. On 6-24-24 at 10:53 AM R19 stated, The shower curtain has had mold at the bottom since I have been her for two years. It is disgusting. On 6-4-24 at 2:30 PM V2 (Administrator-In-Training) stated, I tried to order washcloths and towels from a vendor and was not allowed to order from that vendor. I am now using a new vendor but have not placed an order for wash clothes or towels yet. I have known for at least a month that the shower curtain has mold on the bottom. I have not ordered a new one yet. I am working on it.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 31682 Based on observation, interview, and record review the facility failed to ensure residents were aware of the process to submit grievances, and aware of who the facility grievance official is, and failed to develop and implement a resolution to monthly resident council complaints. This failure has the potential to affect all 36 residents residing within the facility. Findings include: The facility's Daily Census dated 6-2-24 documents 36 residents currently reside within the facility. The Resident Grievance/Complaints policy dated 11/1/17, documents Policy: It is the policy of (the facility) to actively encourage residents and their representatives to voice grievances and complaints on behalf of themselves or others without discrimination or reprisal. Grievances and/or complaints may be reported to the Administrator, any staff member, Resident Council and to State Agencies. All staff are required to report any and all grievances and complaints received from residents to the Social Service Director (SSD), who will serve as the grievance official. The grievance official will bring all grievance/complaints to the daily Quality Assurance meeting. The IDT (Interdisciplinary Team) will determine the best resolution. The Administrator is then responsible to ensure that resolution is carried out and the issue is resolved. Procedure: 1 The facility shall provide contact information including: grievance official name, business address, business phone; a reasonable expected timeframe for completing the review of the grievance and the right to contact outside agencies through required postings. 2 Resident Council meetings are to allow time for residents to address complaints, grievances and other concerns which shall be reflected in minutes of the meeting. The facility liaison to the Resident Council shall direct complaints and grievances to the grievance official who will take to the following morning Quality Assurance meeting. 6 Once a concern or grievance has been reported and is not easily resolved, a Grievance/Complaint Report form will be initiated. 7 The grievance official shall then investigate and take their findings to the morning Quality Assurance meeting on the next business day. The administrator will ensure the timely resolution. 8. Grievance and complaint investigations shall be completed within five working days by the SSD who should distribute copies of the report to the Administrator. The SSD shall keep complete forms on file. 9 The SSD and the Administrator shall discuss the grievance or complaint with all persons involved. The Administrator/SSD shall notify the resident/resident's representative of the circumstances and interventions for the situation and document the results of the investigation and notification of the resident/resident's representative on the Grievance/Complaint Report form. The facility's Resident Council Meeting Minutes dated 6-2023 document, Old Business: Church. The residents are still asking about church services, The facility's Resident Council Meeting Minutes dated 7-2023 document, Old Business: Church is still in question. The residents still would like to have church services on Sunday Afternoon. The facility's Resident Council Meeting Minutes dated 8-2023 document, Old Business: Church is still pending. Residents would like some kind of outing to a park or picnic at the river. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's Resident Council Meeting Minutes dated 9-2023 document, Residents would still like to do some kind of outing or picnic in the park. The facility's Resident Council Meeting Minutes dated 10-2023 document, The resident would still like some kind of outing, and they are still hoping to have church services again on Sunday afternoons. The facility's Resident Council Meeting Minutes dated 11-2023 document, The residents would like a group shopping trip to the store. They would still like to have church on Sunday afternoons. The facility's Resident Council Meeting Minutes dated 3-5-24 document, Activities-Would like more bingo and bags. On 6-2-24 (Sunday) from 7:00 AM through 2:15 PM no residents attended a church service outside of the building, and no church service was provided within the building. On 6-3-24 at 11:10 AM during the resident council meeting R3, R14, R20, and R36 all stated that they did not know what a grievance was, where grievance forms are to fill out if needed, or who the facility's grievance official is. R3, R14, R20, and R36 also stated that complaints voiced during resident council are never resolved. R3, R14, R20, and R36 stated they have wanted church services for over a year, and no one has tried to get them to church or have a church come in to do services. On 6-6-24 at 1:40 V2 (Administrator-In-Training) stated, I was not aware that residents could fill out and submit their own grievances. We (facility staff) have not offered to take the residents to church and have had no luck getting someone to come out to the facility to perform church services. We have not developed a plan to get the residents church services. Usually, the activity director is responsible for submitting resident council concerns, but the facility does not have an activity director currently.

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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. 31682 Based on record review and interview the facility failed to prevent resident (R35) to resident (R19) verbal abuse for one of two residents (R19) reviewed for abuse in the sample of 29. Findings include: The facility's Abuse Prevention Program dated 11-28-16 documents, This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined below. This facility is committed to protecting our residents from abuse by anyone including but not limited to, facility staff, other residents, consultants, volunteers, and staff from other agencies. Verbal abuse in the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or families, or within their hearing distance regardless of their age, ability to comprehend, or disability. R35's Progress Notes dated 4-1-24 at 1:23 PM documents, V5 (Social Service Director) Note Text: Writer overheard resident (R35) at bingo yelling at another resident (R19), Get out of here. No n*****s allowed. I'm getting out of here too many n****rs in here. Writer spoke to resident that it is politically incorrect to use that term, and this is the other residents home as well as his. On 6/03/24 at 09:29 AM R19 stated R35 has called me a n****r twice and the last time I was playing bingo R35 stated a n****r should be hung from a tree. I do not want R35 to call me a n****r. It is abusive to call me a n****r. On 6/03/24 at 02:18 PM V5 (Social Service Director) stated, I heard (R35) call (R19) a n****r during bingo. I consider that verbal abuse and reported this to (V2/Administrator-In-Training) immediately.

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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. 31682 Based on record review and interview the facility failed to report an allegation of resident (R35) to resident (R19) verbal abuse to the state agency for two of two residents (R19 and R35) reviewed for abuse in the sample of 29. Findings: The facility's Abuse Prevention Program dated 11-28-16 documents, Verbal abuse in the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or families, or within their hearing distance regardless of their age, ability to comprehend, or disability. The facility must ensure that all alleged violations involving abuse are reported to the (State agency) immediately after forming suspicion but no later than two hour after forming suspicion. R35's Progress Notes dated 4-1-24 at 1:23 PM documents, V5 (Social Service Director) Note Text: Writer overheard resident (R35) at bingo yelling at another resident (R19), Get out of here. No n*****s allowed. I'm getting out of here too many n****rs in here. Writer spoke to resident that it is politically incorrect to use that term, and this is the other residents home as well as his. On 06/03/24 at 2:18 PM V5 (Social Service Director) stated, I heard (R35) call (R19) a n****r during bingo. I consider that verbal abuse and reported this to (V2/Administrator-In-Training) immediately. On 06/03/24 at 11:00 AM V2 (Administrator-In-Training) stated, I did not do an abuse investigation regarding (R19) and (R35), therefor the allegation was not reported to (the State Agency).

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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. 31682 Based on record review and interview the facility failed to investigate an allegation of resident (R35) to resident (R19) verbal abuse for two of two residents (R19 and R35) reviewed for abuse in the sample of 29. Findings: The facility's Abuse Prevention Program dated 11-28-16 documents, Internal Investigation of Allegations and Response: 1. Once the administrator or designee receives and allegation of abuse the administrator will appoint a person to take charge of the investigation. The investigator will report the conclusions of the investigation in writing to the administrator or designee within five working days of the reported incident. R35's Progress Notes dated 4-1-24 at 1:23 PM documents, V5 (Social Service Director) Note Text: Writer overheard resident (R35) at bingo yelling at another resident (R19), Get out of here. No n****rs allowed. I'm getting out of here too many n****rs in here. The facility's Abuse Investigations dated 3-1-24 through 6-2-24 do not include an abuse investigation regarding the alleged verbal abuse between R35 to R19 that occurred on 4-1-24. On 6/03/24 at 2:18 PM V5 (Social Service Director) stated, I heard (R35) call (R19) a n****r during bingo. I consider that verbal abuse and reported this to (V2/Administrator-In-Training) immediately. On 6/03/24 at 11:00 AM V2 (Administrator-In-Training) stated, I did not do an abuse investigation regarding (R19) and (R35). I guess I did not think of (R35) calling (R19) a n****r as abuse. I just filled out a grievance form.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Havana Health Care Center	609 North Harpham Street Havana, IL 62644

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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 - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32875 Based on interview and record review the facility failed to develop a PASRR (Pre-Admission Screening and Resident Review) Recommendations Care Plan for one resident (R15) out of 16 reviewed for Care Plans in a sample of 29. Findings Include: The Comprehensive Care Plan dated 11/1/17, documents It is the policy of (the facility) to comprehensively assess and periodically reassess each Resident admitted to this facility. The results of this Resident assessment shall serve as the basis for determining each Resident's strengths, needs, goals, life history and preferences to develop a person-centered comprehensive plan of care for each Resident that will describe the services that are to be furnished to attain or maintaining the Resident's highest practicable physical, mental, and psychosocial well-being. The Resident Assessment Instrument (RAI) shall be the guide utilized for all comprehensive assessments, care area assessments and care planning. The following procedures shall be utilized in the development and maintenance of care plans 3. Components of the CPC (Comprehensive Care Plan) may include: a. Care Plans Summary/Participation Record-Contains pertinent information about the Resident including a summary listing of healthcare information such as physician orders, dietary orders, therapy services, social services, PASARR (Preadmission Screening and Resident Review) recommendations and discharge plans as appropriate for the Resident at the time a conference is held and documents involvement of the resident/resident representative in the development, review and revision of the care plan. e. Care Plan-Plan of care describing a need/problem and indicating approaches/interventions to be instituted to assist the Resident in maintaining/ receiving care in relation to the need/problem. 1. R15's current computerized medical record, documents R15 was admitted to the facility on [DATE] with a diagnosis of Alzheimer's Disease, Unspecified Dementia, Unspecified Severity, without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, Anxiety, Schizophrenia, and Altered Mental Status. R15's MDS (Minimum Data Set) assessment dated [DATE] documents a BIMS (Brief Interview for Mental Status) Score of 3/15, indicating (severe cognitive impairment) R15's PASRR (Preadmission Screening and Resident Review) Level I Screen Outcome dated 10-13-17 documents, Based on the initial OBRA-I review, the individual has been referred to one (1) of the following authorized pre-admission screening entities. Indicate the date of the referral. Indicate also the type and name of the organization to which the individual is being referred. R15's current Care Plan does not include a plan of a care to address R15's PASRR recommendations. On 6/6/24 at 2:40 PM, V4/Resident Care Coordinator verified there is no Care Plan for R15's PASRR Level I recommendation.

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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** 31682 Based on record review and interview the facility failed to obtain a level one PASRR (Pre-Admission Screening and Resident Review) for one resident (R21) and failed to obtain a level II PASRR for two residents (R3 and R15). These failures have the potential to affect three of 16 residents (R3, R15, and R21) reviewed for pre-admission screenings in the sample of 29. Findings include: The Admission Policy (undated) documents Prior to admission, a thorough pre-screening of potential residents shall be done with the resident or guardian or responsible party determining appropriate placement. 1. R3's Plan of Care documents R3 was admitted to the facility on [DATE]. R3's PASRR Level I Screen Outcome dated 12-14-23 documents, Level I Outcome: Refer for Level II Onsite. Rationale: A PASRR Level II evaluation must be conducted. That evaluation will occur as an onsite face-to-face evaluation. R3's Medical Record does not include evidence of the facility obtaining R3's PASRR Level II. On 6-4-24 at 12:30 PM V2 (Administrator-In-Training) stated, We (the facility) have not got a PASRR Level II done for (R3). 32875 2. R15's current electronic medical record, documents R15 was admitted to the facility on [DATE] with diagnosis which included Neoplasm of Uncertain Behavior of Right Kidney, Alzheimer's Disease, Unspecified Dementia, Unspecified Severity, without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, Anxiety, Schizophrenia, and Altered Mental Status. R15's MDS (Minimum Data Set) dated 4/5/24 documents a BIMS (Brief Interview for Mental Status) Score of 3/15, indicating (severe cognitive impairment). R15's PASRR Level I Screen Outcome dated 10-13-17 documents, Based on the initial OBRA-I (Omnibus Budget Reconciliation Act) review, the individual has been referred to one (1) of the following authorized pre-admission screening entities. Indicate the date of the referral. Indicate also the type and name of the organization to which the individual is being referred. R15 is being referred to (Hospital Behavioral Health). R15's Medical Record does not include evidence of the facility obtaining R15's PASRR Level II. On 6/4/24 at 1:32 PM, V5/Business Office Manager/Social Services stated that R15 has a level I Preadmission Screening and Resident Review/PASRR done and was referred to the (hospital) Behavioral Health. R15 did not have a PASRR level two completed. (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. R21's current computerized medical record, documents R21 was admitted to the facility on [DATE] with diagnosis which include Bipolar Disorder, Current Episode Mixed, Severe, with Psychotic Features, Vascular Dementia, Moderate, with Mood Disturbance, Depression, and Schizoaffective Disorder. R21's MDS (Minimum Data Set) dated 4/12/24 documents R21 is rarely understood with moderate impairment. R21's Medical Record does not include evidence of the facility obtaining R21's PASRR Level I prior to admission to the facility. On 6/03/24 at 12:45 PM, V5/Business Office Manager/Social Services stated A pre-admission screen was requested by the facility. The facility did not get it back. I don't know why it was not done earlier. I checked with Adult Senior Services, and they verified that they did not do a screening on (R21).

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 32875 Based on interview and record review the facility failed to develop a Wound Care Plan for one resident (R24) out of 16 reviewed for Care Plans in a sample of 29. Findings Include: The Comprehensive Care Plan dated 11/1/17, documents It is the policy of (the facility) to comprehensively assess and periodically reassess each Resident admitted to this facility. The results of this Resident assessment shall serve as the basis for determining each Resident's strengths, needs, goals, life history and preferences to develop a person-centered comprehensive plan of care for each Resident that will describe the services that are to be furnished to attain or maintaining the Resident's highest practicable physical, mental, and psychosocial well-being. The Resident Assessment Instrument (RAI) shall be the guide utilized for all comprehensive assessments, care area assessments and care planning. The following procedures shall be utilized in the development and maintenance of care plans. 3. Components of the CPC (Comprehensive Care Plan) may include: a. Care Plans Summary/Participation Record-Contains pertinent information about the Resident including a summary listing of healthcare information such as physician orders, dietary orders, therapy services, social services, PASARR (Preadmission Screening and Resident Review) recommendations and discharge plans as appropriate for the Resident at the time a conference is held and documents involvement of the resident/resident representative in the development, review and revision of the care plan. e. Care Plan-Plan of care describing a need/problem and indicating approaches/interventions to be instituted to assist the Resident in maintaining/ receiving care in relation to the need/problem. R24's MDS (Minimum Data Set) dated 3/9/24 documents BIMS (Brief Interview for Mental Status) Score of 15/15, indicating R24 is cognitively intact. R24's Skin/Wound Note dated 5/22/2024 at 12:59 PM, documents the Wound Nurse Practitioner is here to see R24, due to new areas on right and left buttock and right lower leg. R24's current Care Plan does not document a Care Plan for any of R24's wounds. On 6/02/24 at 7:20 AM, R24 stated she has a wound on her buttock that she got after coming to the facility. On 6/6/24 at 2:45 PM, V4/Resident Care Coordinator verified there is no Care Plan for R24's wounds.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31682 Based on observation, interview, and record review the facility failed to provide an ongoing program of activities daily on the day and evening shifts designated to meet the resident's physical, mental, and psychosocial well-being of each resident, failed to develop comprehensive activity care plans, and failed to assess resident activity interests and goals quarterly. These failures have the potential to affect all 36 residents residing within the facility. Findings include: The facility's Daily Census dated 6-2-24 documents 36 residents currently reside within the facility. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's Activity Policy dated 7-11-06, documents It is the policy of the facility to provide a program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. The program is under the direction of an Activity Director, who shall have a specific planned program of group and individual activities based upon the resident's needs and interests. Residents shall have the opportunity to contribute to planning, preparation, conducting, clean up, and critiquing of programs. The Assessment Procedures: Assessments shall be updated at least quarterly, and upon a significant change in the resident's condition. 3. A record of the resident's daily attendance add activities shall be kept. 4. A monthly note will be completed as to the participation levels and the resident's response to activities. 5. Each resident shall be offered the opportunity to evaluate in written form the activities offered and to make suggestions for improvement on a yearly basis. This may also be done, at any time, on a verbal basis. CARE PLANNING 1. The facility will identify each residence interests, preferences, and abilities; and any issues, concerns, problems, or needs affecting the resident's involvement/engagement in activities. 2. The facility will establish individual activity goals and interventions related to the comprehensive care plan, based on measurable objectives, and focused on desired outcomes, not merely on attendance at a certain number of activities per week. 3. The care plan will identify what discipline(s) will carry out the approaches. 4. The care plan will be reviewed and updated, at least quarterly, and upon a significant change in the resident's condition. ACTIVITY PROGRAM (Facility) will provide a program of activities which includes a combination of large and small group, one-to-one and self-directed activities; and a system that supports the development, implementation, and evaluation of the activities provided to the residents in the facility. Activities shall be planned on a monthly basis for the following month. An activity calendar shall we post it at the beginning of each month for formal activities. The calendar will be printed in large print and displayed in the following area(s). (No information on areas provided) All residents shall be offered the opportunity, and encouraged to participate in activities, but shall not be required to participate. For residents with no discernible response, the facility will provide one- to-one activities. Activities can occur at any time and are not limited to formal activities being provided only by the activity staff, and can include activities provided by other facility staff, volunteers, visitors, residents, and family members. The activity program shall include, but is not limited to, the following: 1. Recreational: fun activities to stimulate and encourage socialization, such as bingo, birthday parties, seasonal parties group exercise, picnics/cookouts, popcorn socials, movies, and cooking club. 2. Crafts and Gardening: The emphasis in this area is to provide the opportunity for the residents to receive pleasure from self-accomplishments. Crafts/gardening may be done as a group or individual activity. Special crafts and gardening are used to enhance fine motor coordination and hand eye coordination. Perfection is not a goal; a sense of accomplishment and pride is. 3. Religion: Religious activities are offered frequently. A religious service is offered on Sunday. Denomination is rotated, as available, to satisfy all residents. 4. Intellectual: these activities are designed to stimulate and challenge the mind. Word games are group activities. Individual activities may include word searches and crossword puzzles. Resident Council meetings are a source of intellectual stimulation, and an extension of the Democratic process through election of officers. These meetings are usually conducted by the activity department. 5. Service Activities: These activities are oriented to residents who receive a sense of accomplishment through involvement in service. Group activities in this area might include pairing laundered socks, folding towels, or wash cloths, setting table for meals or activities. Individual activities may include management of daily calendar, welcoming new residents, or weeding flowerbeds. Participation in service activities is purely volunteer. 6. Community Involvement: Residents are encouraged to go on outings with family and friends. When weather permits, activity outings such as car rides, shopping trips, and lunch at a restaurant are offered. Resident may attend workshop if applicable. In addition, outside groups are invited into the facility to allow resident contact for those limited by physical conditions to remain within the facility. In addition, the facility will provide the following activities to be provided under certain circumstances that are identified through the resident's assessment. 1. One-to-one activities: Residents with no discernible response will be provided 1:1 activity such as sensory stimulation (e. g. (example), visual/auditory/touch stimulation) cognitive therapy, conversation, coffee visit, daily devotions, Bible reading, prayer, music, and talking books. 2. End of Life Activities: Residents who are terminally ill will be provided quality time with chosen relatives, friends, staff and/or other residents; spiritual support, touch

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's Facility Assessment Tool dated 3-1-24 documents, Resident support/care needs and types of care that your resident population requires and that you provide for your resident population. Psychosocial/Social/Spiritual Support: Find out what resident's preferences and routines are. What makes a good day for the resident. What upsets him/her and incorporate this information into the care planning process. Makes sure staff caring for the resident have this information. Record and discuss treatment and care preferences, Support emotional and mental well-being. Support helpful coping mechanisms. Support culturally competent care: learn about president preferences and practices with regard to culture and religion; stay open to requests and preferences and work to support those as appropriate. Provide or support access to religious preferences, use or encourage prayer as appropriate/desired by the resident. Provide opportunities for social activities/life enrichment (individual, small group, community). Support community integration if resident desires. The facility's Resident Council Meeting Minutes dated 6-2023 document, Old Business: Church. The residents are still asking about church services, The facility's Resident Council Meeting Minutes dated 7-2023 document, Old Business: Church is still in question. The residents still would like to have church services on Sunday Afternoon. The facility's Resident Council Meeting Minutes dated 8-2023 document, Old Business: Church is still pending. Residents would like some kind of outing to a park or picnic at the river. The facility's Resident Council Meeting Minutes dated 9-2023 document, Residents would still like to do some kind of outing or picnic in the park. The facility's Resident Council Meeting Minutes dated 10-2023 document, The residents would still like some kind of outing, and they are still hoping to have church services again on Sunday afternoons. The facility's Resident Council Meeting Minutes dated 11-2023 document, The residents would like a group shopping trip to the store. They would still like to have church on Sunday afternoons. The facility's Resident Council Meeting Minutes dated 3-5-24 document, Activities-Would like more bingo and bags. On 6-2-24 from 7:00 AM through 2:15 PM no activities were observed being offered to the residents throughout the facility during this timeframe. On 6-2-24 at 9:12 AM a tour of the facility was done. No activity calendars or activity postings with listed activities were posted throughout the facility. On 6-3-24 from 7:45 AM through 3:20 PM the only activity offered to residents during this timeframe was bingo from 2:00 PM through 2:40 PM. On 6-4-24 from 7:45 AM through 3:20 PM no activities were observed being offered to the residents throughout the facility during this timeframe. 1. R3's MDS (Minimum Data Set) Section C Cognitive Patterns documents R3 is cognitively intact. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R3's Activity Interview for Daily and Activity Preferences dated 9-8-23 documents doing favorite activities is very important to R3. R3's current Care Plan documents, Goal: The resident will express satisfaction with type of activities and level of activity involvement when asked thru the next 90 days. Establish and record the resident's prior level of activity involvement and interests by talking with the resident, caregivers, and family on admission and as necessary. Explain to the resident the importance of social interaction, leisure activity time, and encourage the resident's participation, invite/encourage the resident's family members to attend activities with residents in order to support participation. R3's Activity Tracking Logs dated 4-1-24 through 5-31-24 document R3 only attended activities six times within this timeframe. R3's Activity Tracking Logs dated 1-1-24 through 1-31-24 document R3 only attended one activity during this timeframe. On 6-2-24 at 8:10 AM R3 stated, There is not much to do. I would like to be offered something for activities. 2. R6's Order Summary Sheet dated 6-2-24 documents R6 has the diagnoses of Generalized Anxiety and Paranoid Personality Disorder and has orders to participate in social and indoor/outdoor activity programs. R6's BIMS (Brief Interview of Mental Status) dated 3-9-24 documents R6 is cognitively intact. R6's Activity Interview for Daily and Activity Preferences dated 9-8-23 documents having books, newspapers, and magazines to read, listening to music, being around animals, keeping up with the news, doing things with groups of people, doing favorite activities, going outside for fresh air, and participating in religious services are very important to R6. R6's Medical Record does not include an Activity Preferences Assessment or Quarterly Review of Activity Participation Assessment since 9-8-23. R6's Care Plan dated 5-14-24 does not include a plan of care to address R6's activity goals or interests. R6's Activity Tracking Logs dated 4-1-24 through 5-31-24 document R6 only attended six times within this timeframe. R6's Activity Tracking Logs dated 1 1-24 through 1-31-24 documents R6 only attended one activity during this timeframe. On 6-2-24 at 1:20 PM R6 stated, They do not offer any activities here anymore. They used to offer bingo and popcorn and I liked that. I do not get anything now and it is depressing. 3. R19's MDS Section C Cognitive Patterns dated 5-17-24 documents R19 is cognitively intact. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R19's Order Summary Report dated 6-3-24 documents R19 has the diagnoses of Anxiety Disorder and Major Depressive Disorder and has orders to participate in social and indoor/outdoor activity programs. R19's BIMS dated 5-17-24 documents R19 is cognitively intact. R19's Activity Interview for Daily and Activity Preferences dated 9-6-23 documents having books, newspapers, and magazines to read, listening to music, keeping up with the news, doing things with groups of people, and participating in religious services are very important to R19. R19's Medical Record does not include an Activity Preferences Assessment or Quarterly Review of Activity Participation Assessment since 9-6-23. R19's current Care Plan documents, Goal: (R19) will continue to pursue independent leisure activities thru next review. Interventions: Establish and record the resident's prior level of activity involvement and interests by talking with the resident, caregivers, and family on admission and as necessary. Explain to the resident the importance of social interaction, leisure activity time, and encourage the resident's participation, Invite/encourage the resident's family members to attend activities with residents in order to support participation. The resident needs a variety of activity types and locations to maintain interests. R19's Activity Tracking Logs dated 4-1-24 through 5-31-24 document R19 only attended activities six times within this timeframe. R19's Activity Tracking Logs dated 1-1-24 through 1-31-24 document R19 only attended one activity during this timeframe. On 6-3-24 at 9:26 AM R19 stated, The facility does not offer activities. I would like to go outside and go to the park. I would like church services on Sundays I would like to play bingo or anything. I was told there is not enough staff to do activities. I have not got an activity calendar with the activities provided since last year. Every day is depressing for me. 4. R25's MDS Section C Cognitive Patterns dated 3-20-24 documents R25 is cognitively intact. R25's Activity Interview for Daily and Activity Preferences dated 4-17-24 documents R25 likes doing favorite activities and going outside for fresh air are very important to R25. R25's current Care Plan documents, Goal: The resident will express satisfaction with type of activities and level of activity involvement when asked thru the next 90 days. Establish and record the resident's prior level of activity involvement and interests by talking with the resident, caregivers, and family on admission and as necessary. Explain to the resident the importance of social interaction, leisure activity time, and encourage the resident's participation, Invite/encourage the resident's family members to attend activities with residents in order to support participation. R25's Activity Tracking Logs dated 4-1-24 through 5-31-24 document R25 only attended activities six times within this timeframe. R25's Activity Tracking Logs dated 1-1-24 through 1-31-24 document R25 only attended one activity during this timeframe. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 6-2-24 at 8:09 AM R25 stated, All I do is lay in my room. I do not get activities. It would be nice to go to the park or out somewhere. 5. R27's BIMS dated 3-11-24 documents R27 is severely cognitively impaired. R27's Activity Interview for Daily and Activity Preferences dated 9-11-23 documents having books, newspapers, and magazines to read, listening to music, being around animals, keeping up with the news, doing things with groups of people, doing favorite activities, going outside for fresh air, and participating in religious services are very important to R27. R27's Medical Record does not include an Activity Preferences Assessment or Quarterly Review of Activity Participation Assessment since 9-11-23. R27's current Care Plan documents, Goal: Resident will continue to attend activities as tolerated thru next review. Interventions: All staff to converse with resident while providing care. Assist with arranging community activities. Arrange transportation, encourage ongoing family involvement. Invite the resident's family to attend special events, activities, and meals. Ensure the activities the resident is attending are compatible with physical and mental capabilities; compatible with known interests and preferences; adapted as needs; compatible with individual needs and abilities; and age appropriate. Establish and record the resident's prior level of activity involvement and interests by talking with the resident, caregivers, and family on admission and as necessary. Explain to the resident the importance of social interaction, leisure activity time, and encourage the resident's participation, Invite/encourage the resident's family members to attend activities with residents in order to support participation. Provide with activities calendar. On 6-2-24 at 9:53 AM V10 (R27's Family Member) stated, (R27) likes to play bingo. I do not think the facility offers bingo much. 6. R35's MDS Section C Cognitive Patterns documents R35 is severely cognitively impaired. R35's Activity Interview for Daily and Activity Preferences dated 4-17-24 documents doing favorite activities is very important to R35. R35's Medical Record does not include an Activity Preferences Assessment or Quarterly Review of Activity Participation Assessment since 9-8-23. R35's Care Plan dated 5-27-24 does not include a plan of care to address R35's activity goals or interests. R35's Activity Tracking Logs dated 4-1-24 through 5-31-24 document R35 only attended activities six times within this timeframe. R35's Activity Tracking Logs dated 1-1-24 through 1-31-24 document R36 only attended one activity during this timeframe. On 6-2-24 at 8:55 AM R35 stated, They have never offered activities. I would go on outings or play euchre (card game) if they offered it. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	7. R36's MDS Section C Cognitive Patterns dated 3-26-24 documents R36 is cognitively intact. R36's Order Summary Report dated 6-2-24 documents R36 may participate in social indoor-outdoor activity programs. R36's Activity Interview for Daily and Activity Preferences dated 4-17-24 documents doing things with groups of people, doing favorite activities, going outside for fresh air, and participating in religious services are very important to R36. R36's Care Plan dated 5-14-24 does not include a plan of care to address R36's activity goals or interests. R36's Activity Tracking Logs dated 4-1-24 through 5-31-24 document R36 only attended activities six times within this timeframe. R36's Activity Tracking Logs dated 1-1-24 through 1-31-24 document R36 only attended one activity during this timeframe. On 6-2-24 at 7:48 AM R36 stated, I wish someone would get me out of my room for something to do. I would like to go outside and play bingo. It makes me get bored. My roommate doesn't talk much. 8. R138's MDS Section C Cognitive Patterns dated 5-23-24 documents R138 is cognitively intact. R138's Order Summary Report dated 6-3-24 documents R128 has the diagnosis of Severe Depressive Disorder and may participate in social indoor-outdoor activity programs. R138's Activity Tracking Logs dated 5-10-24 (Admission) to 5-31-24 document R138 only attended two activities during this timeframe. R138's Activity Interview for Daily and Activity Preferences dated 5-23-24 documents doing favorite activities are very important to R138. R138's current Care Plan documents, Goal: (R138) will express satisfaction with type of activities and level of activity involvement thru the next 90 days. Interventions: Establish and record the resident's prior level of activity involvement and interests by talking with the resident, caregivers, and family on admission and as necessary. Explain to the resident the importance of social interaction, leisure activity time, and encourage the resident's participation, Invite/encourage the resident's family members to attend activities with residents in order to support participation. The resident needs a variety of activity types and locations to maintain interests. On 6-2-24 at 07:54 AM R138 stated, There is nothing to do outside of my room. I would like to go to bingo. 32875 9. R15's Activity Tracking Logs dated 4-1-24 through 5-31-24 document R15 only attended activities six times within this timeframe. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R15's Activity Tracking Logs dated 1-1-24 through 1-31-24 document R15 only attended one activity during this timeframe. R15's Activity Preferences dated 10/107/23 documents that the following activities are very important: having books, newspapers, and magazines to read, listening to music, doing things with groups of people, doing his favorite activities (participate in bingo, arts/crafts, social gatherings, and parties), getting fresh air when the weather is good, and participating in religious services. On 6-2-24 at 9:42 AM V9 (R15's Power of Attorney) stated R15 would like to listen to music and stated R15 was receiving no activities. 10. R16's Activity Tracking Logs dated 4-1-24 through 5-31-24 document R16 only attended activities six times within this timeframe. R16's Activity Tracking Logs dated 1-1-24 through 1-31-24 document R16 only attended one activity during this timeframe. R16's Activity Preferences dated 10/19/23 documents that the following activities are very important: listening to music, being around animals such as pets, keeping up with the news, doing his favorite activities (going on outings with family), getting fresh air when the weather is good, and participating in religious services are very important to R16. R16's Care Plan dated 2/13/24 documents that R16 will participate in activities of choice three times per week thru the next 90 days. Interventions include R16 needs a variety of activity types and locations to maintain interest. On 6-2-24 at 7:03 AM R16 stated he would enjoy going to church services or listening to music but there have not been any activities. 11. R21's Care Plan dated 4-12-24 does not include a plan of care to address R21's activity goals or interests. R21's Activity Preferences dated 1/18/24 documents that the following activities are very important: having books, newspapers, and magazines to read, listening to music, being around animals such as pets, keeping up with the news, doing things with groups of people, doing his favorite activities (play card game or go outside), getting fresh air when the weather is good. R21's Activity Tracking Logs dated 4-1-24 through 5-31-24 document R21 only attended activities six times within this timeframe. R21's Activity Tracking Logs dated 1-1-24 through 1-31-24 document R21 only attended one activity during this timeframe. 12. R23's MDS dated [DATE] documents R23 is cognitively intact. R23's Care Plan dated 5-9-24 does not include a plan of care to address R23's activity goals or interests. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R23's Activity Tracking Logs dated 4-1-24 through 5-31-24 document R23 only attended activities six times within this timeframe. R23's Activity Preferences dated 5/8/24 documents that the following activities are very important: having books, newspapers, and magazines to read, keeping up with the news, doing her favorite activities (using her computer), going outside to get fresh air when the weather is good, and participating in religious services. R23's Activities Participation Review dated 5/8/24 documents Goals were not met. On 6-2-24 at 7:38 AM R23 stated that there are no activities provided and she would like to have church services and music. 13. R24's MDS dated [DATE] documents R24 is cognitively intact. R24's Activity Tracking Logs dated 4-1-24 through 5-31-24 document R24 only attended activities six times within this timeframe. R24's Activity Tracking Logs dated 1-1-24 through 1-31-24 document R24 only attended one activity during this timeframe. R24's Activity Preferences dated 9/7/23 documents that the following activities are very important: having books, newspapers, and magazines to read, listening to music, being around animals such as pets, keeping up with the news, doing things with groups of people, doing his favorite activities (participate in bingo and trivia games), getting fresh air when the weather is good, and participating in religious services. R24's current Care Plan documents, Goal: R24 will express satisfaction with current level of activity for 90 days. Interventions: Ensure that the activities the resident is attending are: Compatible with physical and mental capabilities; Compatible with known interests and preferences; Adapted as needed (such as large print, holders if resident lacks hand strength, task segmentation), Compatible with individual needs and abilities; and Age appropriate. Provide with activities calendar. Notify resident of any changes to the calendar of activities. Encourage ongoing family involvement. Invite the resident's family to attend special events, activities, and meals. On 6-2-24 at 7:20 AM R24 stated There are no activities. All day long there is nothing to do. On 6-2-24 at 8:09 AM V6 (LPN/Licensed Practical Nurse) stated, I work full-time. We (the facility) have not had church services since before the COVID-19 (Coronavirus Disease 2019) outbreak except for one Sunday and that is it. The residents would like to have church services. We have had no activities and had no staff in the activity department for over two months. The residents have not had activities on day shift or second shift for the last two months. On 6-3-24 at 10:40 AM both V16 (CNA/Certified Nursing Assistant) and V17 (CNA) stated the facility does not offer the residents daily activities on first or second shift. On 6-2-24 at 10:00 AM V7 (Certified Nursing Assistant/CNA stated, There are no activities offered daily. There is not enough staff to do activities. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 06-3-24 at 11:10 AM during the resident council meeting R3, R14, R20, and R36 all stated they have wanted church services for over a year, and no one has tried to get them to church or have a church come in to do services. R36 stated, They don't have any activities and nothing since February or March. My roommate sleeps all of the time and doesn't want the television on so I just sit in my room. I'm not much of a reader. My family member brings me puzzles/word finds and I do those but that's about all I do. The days are long I'm bored. R14 stated, I wish we could play Bingo. We haven't had a game for months. Just today four other residents asked me if we were going to play. They said the state is in the home and wanted to know if we can make them (staff) play Bingo with us. We don't have anything to do. I like to make bracelets and necklaces with beads. One of the CNA's bought some beads for me but they are all gone. I watch television some but that gets old. A lot of the residents sleep a lot. It's because there's nothing to do, I sit in the hall and wait for someone to come out of their room so I can talk to them. I don't think the facility cares what we want or what we tell them about. It doesn't matter to them. I wish we could play Bingo! R3 stated, I don't have much to do other than watch a little television or listen to music. I've never talked to the Administrator. They're too busy to talk to me. I'm bored. I'm just waiting to die. On 6-3-24 at 11:15 AM V14 (Ombudsman) stated, Every time I visit there is never any activities being offered. Residents are bored in their rooms or sleeping. On 6-3-24 at 3:00 PM V2 (Administrator-In-Training) stated, There was no activity calendar developed or given to the residents for the months of May 2024, April 2024, January 2024, or December 2023. No activities were offered on 6-2-24 or 6-4-2 to the residents and only bingo was offered to the residents on 6-3-24. We have not had anyone in the activity department for two months. We do not offer activities on second shift or the weekends. On 6-4-24 at 8:00 AM V5 (Social Service Director) stated R6, R21, R23, and R36 do not have activity plan of cares. The facility has not had scheduled activities for a couple months and does not offer any activities on second shift or on the weekends. No activities were provided on Sunday 6-2-24. Once or twice a week one of us (staff members) try to offer one activity. It is really hard since we (the facility) do not have activity staff or an activity director. No one has completed (R6, R19 R27's) quarterly activity assessments. On 6-4-24 at 2:30 PM V18 (CNA) stated, I work full-time second shift. There are never any activities offered to the residents on second shift or on the weekends.

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F 0680 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure the activities program is directed by a qualified professional. 31682 Based on observation, record review, and interview the facility failed to employ a full-time Activity Director to plan, schedule, and implement an ongoing program of activities. This failure has the potential to affect all 36 residents residing within the facility. Findings include: The facility's Daily Census dated 6-2-24 documents 36 residents currently reside within the facility. The Activity Director policy (undated), Job Summary The Activity Director plans, schedules, and implements an ongoing program of activities designed to meet the physical, mental, and psychosocial needs of each resident. Residents are engaged in a meaningful, varied program of activities that meets the individual residents. The activities are conducted with individuals or in groups, according to the residents Plan of Care. The Activity Director completes the activity assessment for each resident and participates in developing the Interdisciplinary Care Plan. Responsibilities 1. Plan, organize and coordinate an activity program according to established policies. 2. Plan group and individual activities designed to restore self-care and well-being and geared to the individuals needs and interests. 3. Develop an appropriate plan of activities for and visit residents who are bedfast, unwilling, or unable to participate in group activities. 4. Group and individual activities will be based upon Interdisciplinary Care Plans and assessments. 5. Within 48 hours of admittance of a new resident, he/she will complete the new resident interim assessment. 6. Within 14 days of admittance, and quarterly thereafter, the Activity Director will assess the resident and attend the Care Plan Conference to develop/review an Interdisciplinary Plan of Care. 7. Charts monthly activity progress notes for each resident. Includes the resident's response to the individualized program. 9. Organizes, conducts, and assists a Family Council/Support Group and acts as the facility coordinator to the group. 11. Prepares and posts a monthly Activities Calendar including scheduled activities and their times for the coming month. 14. Plans and conducts facility sponsored community events. Becomes involved with community organizations in order to promote public relations. 17. Works shifts for staff in order to fill vacancies due to call-offs or to decrease excessive overtime within the department. On 06/03/24 at 11:10 AM during the resident council meeting R3, R14, R20, and R36 all stated the facility does not have an activity director within the building and therefore they do not get activity calendars, monthly resident council meetings, or daily activities offered. On 6-2-24 from 7:00 AM through 2:15 PM no activities were observed being offered to the residents throughout the facility during this timeframe and there was no activity calendar posted within the facility. On 6-3-24 from 7:45 AM through 3:20 PM the only activity offered to residents during this timeframe was bingo from 2:00 PM through 2:40 PM and there was no activity calendar posted within the facility. On 6-4-24 from 7:45 AM through 3:20 PM no activities were observed being offered to the residents throughout the facility during this timeframe. (continued on next page)

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F 0680 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 6-4-24 at 11:30 AM V5 (Social Service Director) stated, The facility has not had scheduled activities for a couple months and does not offer any activities on second shift or on the weekends. It is really hard since we (the facility) do not have activity staff or an activity director. On 6-4-24 at 9:44 AM V2 (Administrator-In-Training) stated, The last activity director (V19) the facility had was hired 2-5-24 and quit on 3-12-24. We have not had an activity director here since 3-12-24.

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 31682 Based on observation, interview, and record review the facility failed to develop and implement pressure relieving interventions, develop a pressure ulcer care plan, and failed to perform daily skin checks for one of two residents (R36) reviewed for pressure ulcers in the sample of 29. These failures resulted in R35 developing a facility acquired unstageable pressure ulcer to the right heel that required surgical debridement and R35 developing a stage three pressure ulcer to the right buttock. Findings include: The Pressure Sore Prevention Guidelines policy dated 3/16/23, documents Policy: It is the facility's policy to provide adequate interventions for the prevention of pressure ulcers for residents who are identified as HIGH or MODERATE risk for skin breakdown as determined by the Braden Scale. Responsibility: all nursing staff and the dietary manager. Interventions/Comments for High-Risk residents. Special Mattress/Specify type of mattress on the Care Plan. Daily Skin Checks/follow protocol for coding skin conditions. Interventions/Comments for High or Moderate Risk residents: Turn and reposition every two hours. Turning and positioning may be more often than every two hours for high risk, if indicated. Care Plan Entry/Skin risk and appropriate interventions are to be placed on the Care Plan. If despite interventions a pressure ulcer develops, the care plan must reflect updated interventions for healing of ulcers and additional interventions for further prevention of Pressure Ulcers. Interventions/Comments as needed for High or Moderate Risk residents. Positioning Devices/Devices while in chair or in bed as needed to maintain turning. Specify on Care Plan. Any resident scoring a High or Moderate risk for skin breakdown will have scheduled skin checks on the Treatment Record. Skin checks will be completed and documented by the nurse. R36's Admission Nursing Evaluation dated 1-5-24 documents R36 was admitted to the facility with a femur fracture and was admitted with no pressure ulcers or wounds. R36's Braden Scale (assessment used to determine pressure ulcer risk) dated 1-16-24 documents R36 was at risk for developing pressure ulcers, was chair fast, was slightly limited on the ability to change, and control body position and had a potential problem with friction and shearing. This same assessment documents R36 had no pressure ulcers at that time. R36's Braden Scale dated 4-19-24 documents R36 was at high risk for developing pressure ulcers, was slightly limited on the ability to change and control body position, had a potential problem with friction and shearing, and had a pressure ulcer present with the seven days prior to the Braden Scale assessment dated of 4-19-24. R36's MDS (Minimum Data Set) Assessment Section C Cognitive Patterns dated 3-26-24 documents R36 is cognitively intact. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	R36's Wound Assessment Progress Note dated 3-6-24 and signed by V15 (Wound Nurse Practitioner) documents, Right heel pressure ulcer. Etiology: Pressure. Stage: Unstageable. Wound Size: 3.0 cm (centimeters) by 3.5 cm by 0.1 cm. 100 percent eschar (dead tissue). Exudate Type Amount and Type: Scant Sanguineous (blood tinged drainage). Pressure ulcer right buttock. Etiology: Pressure. Stage three. Wound Size: 1.5 cm by 2.0 cm by 0.1 cm. Exudate Amount and Type: Scant Sanguineous. 60 percent granulation (new tissue) and 40 percent slough (dead tissue cells). Notes: Float heels during the day with off-loading bootie, continue routine turning protocol, utilize wheelchair cushion, and perform swift incontinence management. R36's Weekly Wound Tracking dated 5-1-24 documents R36 has a stage three facility acquired stage III pressure ulcer to the right heel that developed on 3-1-24 and on 5-29-24 measured 0.5 cm by 0.5 cm by 0.3 cm depth with 80 percent granulation tissue and 20 percent slough. R36's Wound Assessment Progress Note dated 5-29-24 and signed by V15 documents, Right heel pressure ulcer. Etiology: Pressure. Wound Size: 0.5 cm by 0.5 cm by 0.3 cm. 80 percent granulation and 20 percent slough. Exudate Type Amount and Type: Moderate Sanguineous. 100 percent surgical debridement performed. R36's Physician's Order Sheets dated 6-2-24 documents R36 has the following treatment order: Order date 5-29-24 cleanse right heel with wound cleanser and apply medi-honey and calcium alginate every day and cover with island border gauze dressing every days shift every two days. R36's 5-14-24 Care Plan does not include an individualized care plan to address R36's pressure ulcer development to the right heel and right buttock with goals or interventions to treat and prevent worsening R36's pressure ulcer to the right heel and prevent further pressure ulcer development. R36's Treatment Administration Record dated 3-1-24 (date of development of pressure ulcer to right heel) through 6-5-24 were reviewed and do not include documentation of the staff performing daily skin checks. On 6-2-24 at 7:44 AM R36 was sitting in her chair with her legs elevated. R36 had a pressure relieving boot to the right foot. R36 stated, I got a wound to my right heel and butt and didn't know it. I did not have boots before, and the staff were not elevating my heel off of the bed. I got a sore on my butt too from lying in bed too long. There was not enough staff to turn me when I got here. When I was admitted a had a broken femur to my right leg and had a leg brace on that went down to my ankle. The brace did not cover my heel. I could not turn myself or raise my leg up without help. On 6-4-24 at 10:45 AM V20 (Agency RN/Registered Nurse) provided pressure ulcer treatments to R36's right heel. V20 removed the dressing to R36's right heel and cleansed the heel with normal saline. The dressing had a moderate amount of sanguineous drainage on it. R36's right outer heel had a pressure ulcer approximately 0.5 cm by 0.5 cm by 0.3 cm. with new white tissue cover almost 90 percent of the wound and 10 percent of mushy yellow slough covering the rest of the wound. V20 applied medi-honey and calcium alginate to the wound and covered the wound with a four-by-four bordered gauze. On 6-3-24 at 1:00 PM V17 (CNA/Certified Nursing Assistant) stated, When (R36) was first admitted she had a brace to her right leg. (R36's) right heel was exposed. (R36) did not have heel protectors on before she developed the wound to her right heel. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	On 6-3-24 at 1:33 PM V4 (Resident Care Coordinator) stated, (R36) does not have a plan of care to address (R36's) pressure ulcers. I am not responsible for (R36's) care plan development. When (R36) was admitted to the facility she had a brace to her right leg and the right heel was exposed. (R36) did not have a cast when admitted . (R36) should have had heel protectors on while in bed when she was admitted . (R36's) pressure ulcers were caused from pressure and developed in-house. (R36's) butt ulcer did end up healing. The staff did not do daily skin checks once (R36) developed a pressure ulcer and should have.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31682 Based on observation, interview, and record review the facility failed to implement services to maintain and/or improve range of motion limitations for four of four residents (R6, R16, R24, R35) reviewed for limitations in range of motion in the sample of 29. Findings include: The Range of Motion Protocol policy dated 9/08 documents Policy: It is the policy of the facility to provide range of motion exercises for residents who through assessment demonstrate the need for exercise to prevent functional decline in range of motion. Responsibility: Nursing Assistance and Therapy Aids monitored by Licensed Nurses and Therapists. Procedure: 2) Parts of the body on which range of motion exercises can be performed include all body joints or only those affected by disease process and may include the fingers, wrist, forearm, elbow, shoulder, toes, foot, ankle, knee, hip and trunk. 3) Range of motion exercises will be conducted as scheduled by nursing staff based on need determined by assessment of risks. 6) Perform the exercises or assist the resident to perform the exercises as identified on the care plan. 7) Range of motion exercises should be repeated approximately 5-10 times as per resident's tolerance. Proceed slowly and carefully. Caution should be taken to not overtire the resident. Exercise or movement of any joint should never be proceeded beyond the point pain is noted. 1. R35's current Care Plan documents, Focus: Restorative Nursing Program-Range of Motion. Goal: Will actively participate in moving/exercising joints with verbal cues twice daily. Interventions: Advance number of repetitions to joints indicated by three to four repetitions per month when joints move freely and easily with no pain. On 6-2-24 at 8:58 AM R35 stated, There is no therapy here and what little they do have they can take and shove it up their a**. I was supposed to be getting muscle strengthening exercises to go home. I do not get s**t! 2. R6's Order Summary Report dated 6-2-24 documents R6 has the diagnoses of Hemiplegia and Hemiparesis following a Cerebral Infarction Affecting the right dominant side, Chronic Pain, and Morbid Obesity. R6's MDS (Minimum Data Set) assessment dated [DATE] documents R6 has functional limitations in range of motion affecting one side of the lower and upper extremity. R6's Care Plan dated 5-28-24 documents, Focus-Restorative Nursing Program-Range of Motion. Goal: Will actively participate in moving-exercising joints with verbal cues twice daily. Interventions: Advance number of repetitions to joints indicated by three to four repetitions per month when joints move freely and easily with no pain. Encourage (R6) to perform range of motion exercises to joints twice daily using five to 10 repetitions to each joint. On 6-5-24 at 10:36 AM R6's right hand was closed in a fist position. R6 stated, I cannot open my right hand or move my right foot. I do not get exercises from the staff. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6-5-24 at 10:40 AM both V16 (CNA/Certified Nursing Assistant) and V17 (CNA) were providing cares to R6. Both V16 and V17 stated they do not have time to perform range of motion exercises with R6. 32875 3. R16's current electronic medical record, documents R16 was admitted to the facility on [DATE] with diagnosis which included Chronic Pulmonary Edema, Essential Primary Hypertension, Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris, Acute Kidney Failure, and Chronic Systolic (Congestive) Heart Failure. R16's MDS (Minimum Data Set) assessment dated [DATE] documents a BIMS (Brief Interview for Mental Status) Score of 13/15, indicating (cognition intact). R16's Care Plan dated 5/14/24, documents Will actively participate in moving/exercising joints with verbal cues twice daily thru next 90 days. Interventions Encourage (R16) to Perform ROM (Range of Motion) exercises to joints bid (twice a day), using 5-10 reps to each joint. On 6/2/24 at 7:03 AM, R16 was sitting in his recliner in his room. R16 stated that he stays in his room most of the time and does not do exercises. 4. R24's current electronic medical record, documents R24 was admitted to the facility on [DATE] with diagnosis which included Polyneuropathy, Atherosclerosis of Native Arteries of Extremities with Intermittent Claudication, Unspecified Extremity, Bilateral Primary Osteoarthritis of Knee, and Thrombocytosis. R24's MDS assessment dated [DATE] documents a BIMS Score of 15/15, indicating (cognition intact) and documents R24 requires substantial assistance for activities of daily living and bed mobility. R24's Care Plan documents Goal- R24 will allow CNA/Certified Nursing Assistant to perform Passive Range of Motion with no resistance or evidence of pain thru next 90 days. R24 will actively participate in moving/exercising joints with verbal cues twice daily thru next 90 days. Interventions Advance number of repetitions to joints indicated by 3-4 repetitions per month when joints move freely and easily with no pain. Assess and document Restorative participation and response to program quarterly and as needed for change in abilities. Note barriers to participation and endurance. Review goals and approaches with Intradisciplinary Team/IDT quarterly and as needed with changes in Resident condition. Revise goal and approaches as needed to maximize participation and independence levels. Note and share successful strategies for participation and goal achievement. Encourage Resident to Perform ROM/Range of Motion exercises to joints twice a day, using 5-10 reps to each joint. Remind Resident never to move joint further in range if pain occurs. On 6/02/24 at 7:20 AM, R24 stated I can't do as much for myself as I used to. They are not good at repositioning me. They don't come around every two hours to reposition me. I can't reposition myself. Nobody does exercises with me. On 6-5-24 at 10:40 AM V16 (CNA) and V17 (CNA) both stated they do not have time to perform R16, R24, or R35's range of motion exercises. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/7/24 at 11:50 AM, V1/Administrator stated, The staff don't do range of motion with the residents, they are too busy sitting behind the nurse's desk on their phones.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32875 Based on observation and interview the facility failed to provide fresh water for four residents (R6, R7, R23, and R138) of 16 residents reviewed in a sample of 29. Findings include: The Hydration policy dated 6/06 documents It is the policy of (the facility) that the facility will provide each resident with sufficient fluids to maintain proper hydration. Procedure: 2. Provide fresh water and ice at the bedside except where contraindicated, example residents with fluid restrictions. The Hydration Policy dated 2/08, documents It is the policy of (the facility) to assess individual residents who are at risk for dehydration and to provide adequate fluids to all residents to maintain proper fluid balance, prevent skin breakdown, reduce infections and to maintain residents current level of function. 1. R6's current electronic medical record, documents R6 was admitted to the facility on [DATE] with diagnosis which included Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Unspecified Disorder of Kidney and Ureter, and Edema. R6's MDS (Minimum Data Set) assessment dated [DATE] documents a BIMS (Brief Interview for Mental Status) Score of 13/15, indicating R6 is cognitively intact. On 6/5/24 at 1:45 PM R6 was lying in bed. R6's water pitcher was sitting on the bed side table and was empty. R6 stated, I do not get fresh water every shift. I would like to have fresh water every shift. 2. R7's current electronic medical record, documents R7 was admitted to the facility on [DATE] with diagnosis which included Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease, Personal History of Urinary (Tract) Infections, Chronic Obstructive Pulmonary Disease, and Heart Failure. R7's MDS assessment dated [DATE] documents a BIMS Score of 15/15, indicating R7 is cognitively intact. On 6/5/24 at 1:55 PM, R7 was lying in bed. R7's water pitcher was almost empty. R7 stated, I have not had fresh water since yesterday evening. It is a rarity to get fresh ice water around here. I would like to get fresh water every shift. 3. R23's current electronic medical record, documents R23 was admitted to the facility on [DATE] with diagnosis which included Repeated Falls, Urinary Tract Infection, Benign Proximal Vertigo/Right Ear, Malignant Neoplasm of Bladder, Anxiety Disorder, and Major Depressive Disorder. R23's MDS assessment dated [DATE] documents a BIMS Score of 15/15, indicating R23 is cognitively intact. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/02/24 at 7:38 AM R23 was sitting in the dining room. R23 stated Staff do not bring me water or offer me water. Sometimes I go all day without water and staff say I have to ask for it. They say I am independent and can get it myself. On 6/5/24 at 2:10 PM R23 was lying in bed. R23's water pitcher and two empty glasses were sitting on her bedside table. R23's water pitcher was empty, R23 also stated, They do nothing for me around here. I do not get fresh ice water. 4. R138's current electronic medical record, documents R138 was admitted to the facility on [DATE] with diagnosis which included Type 2 Diabetes Mellitus with Diabetic Polyneuropathy, Chronic Kidney Disease (stage 3), Chronic Systolic Congestive Heart Failure, and Chronic Gout due To Renal Impairment. R138's MDS assessment dated [DATE] documents a BIMS Score of 15/15, indicating R138 is cognitively intact. On 6/5/24 at 2:15 PM R138 was sitting in a recliner. R138's water pitcher was half full of warm water. R138 stated, The staff could improve on making sure I get fresh ice water. I do not always get fresh ice water.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 31682 Based on observation, interview, and record review the facility failed to ensure there was enough nursing staff to provide nursing services. This failure has the potential to affect all 36 residents residing within the facility. Findings include: The facility's Daily Census dated 6-2-24 documents 36 residents currently reside within the facility. The Facility Assessment Tool dated 8/18/2017, documents Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessment and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment. The facility's Nursing Services policy (undated) documents, It is the policy of (the facility) to assure sufficient qualified nursing staff is available and on duty on a daily basis to provide nursing and related services to attain or maintain each resident's highest practical physical, mental, and psychosocial wellbeing as determined by resident assessment and plans of care. The facility's Nurse Master Schedule dated 5-1-24 through 6-3-24 documents, Needs: 5-11-24 6am to 6pm, 5-12-24 6am to 6pm, 5-25-24 6am to 6pm, 5-26-24 6am to 6pm, 5-31-24 6am to 6pm, 6-1-24 6am to 6pm, and 6-2-24 6am to 6pm. The facility's undated Medication Pass times list documents the morning medication pass time is 8:00 AM. On 6-2-24 from 7:10 AM through 10:45 AM V6 was administering medications for the morning medication pass scheduled at 8:00 AM. On 6-2-24 at 8:09 AM V6 (LPN/Licensed Practical Nurse) stated, We (the facility) have to have two full-time nurses on day shift and evening shift to get everything done. When I am the only nurse, I do not get all the wound treatments done and medications are administered really late. I just have to prioritize. On 06/03/24 at 11:10 AM during the resident council meeting R3, R14, R20, and R36 all stated the facility needs more nursing staff in the morning. R3, R14, R20, and R36 stated when there is only one nurse medications are late. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 6-5-24 at 1:00 PM V4 (Resident Care Coordinator) stated, I am responsible for scheduling the nurses. According to (V2/ Administrator-In-Training) we (the facility) are supposed to have two full-time nurses on day shift, two full-time nurses on second shift, and one full-time nurse on night shift. We did not have enough nurses on 5-11-24 6am to 6pm, 5-12-24 6am to 6pm, 5-25-24 6am to 6pm, 5-26-24 6am to 6pm, 5-31-24 6am to 6pm, 6-1-24 6am to 6pm, or 6-2-24 6am to 6pm.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 31682 Based on observation, record review, and interview the facility failed to provide Registered Nurse/RN services eight hours daily and failed to employ a Director of Nursing (DON) to oversee the operation of the Nursing Department and ensure quality of care. This failure has the potential to affect all 36 residents residing within the facility. Findings include: The facility's Daily Census dated 6-2-24 documents 36 residents currently reside within the facility. The facility's Nursing Services policy (undated) documents, Registered nurse services shall be available eight hours each day, seven days a week. The facility's Director of Nursing Job Description (undated) documents, Job Summary: To plan, organize, develop, and direct the overall operation of our Nursing Service Department in accordance with current federal, state, and local standards, guidelines, and regulation that govern our facility and as may be directed by the Administrator and the Medical Director to ensure the highest degree of quality care is maintained at all times. The facility's Facility Assessment Tool dated 3-1-24 documents the facility does not have a director of nursing. This same Facility Assessment Tool documents a director of nursing is needed to provide support and care for the facility's resident population. The facility's Nurse Master Schedule dated 5-1-24 through 6-3-24 documents the facility had no registered nurse coverage on 5-3-24, 5-4-24, 5-5-24, 5-9-24, 5-10-24, 5-11-24, 5-12-24, 5-13-24, 5-17-24, 5-18-24, 5-19-24, 5-23-24, 5-24-24, 5-25-24, 5-26-24, 5-27-24, 5-31-24, 6-1-24, and 6-2-24. On 6-2-24 from 7:00 AM through 2:15 PM there was no DON or RN present within the facility. On 6-3-24 from 7:45 AM through 3:20 PM, on 6-4-24 from 7:45 AM through 3:20 PM, on 6-5-24 from 7:45 AM through 3:20 PM, and on 6-6-24 from 7:45 AM through 2:20 PM there was no DON present within the facility. On 6-2-24 at 11:30 AM V2 (Administrator-In-Training) stated, (V8's/Prior DON) last day worked was 11-16-23. (V3's/Prior DON) only lasted a couple months from 12-18-23 through 2-29-24. I have not had a DON since 2-29-24. On 6-5-24 at 11:45 AM V4 (Resident Care Coordinator) stated, We (the facility) did not have any RN coverage on 5-3-24, 5-4-24, 5-5-24, 5-9-24, 5-10-24, 5-11-24, 5-12-24, 5-13-24, 5-17-24, 5-18-24, 5-19-24, 5-23-24, 5-24-24, 5-25-24, 5-26-24, 5-27-24, 5-31-24, 6-1-24, or 6-2-24.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 31682 Based on observation, interview, and record review the facility failed to document justifiable behaviors or diagnosis to warrant the use of an anti-psychotic medication for one of one resident (R27) reviewed for anti-psychotic medication use with the diagnosis of Alzheimer's Disease in the sample of 29. Findings include: The Psychotropic Medication Policy dated 11/28/17, documents Policy: It is the policy of this facility that residents shall not be given unnecessary drugs. Unnecessary drug is any drug used: 4. Without adequate indication for its use. Definition of a Psychotropic Medication: Medication that is used for or listed as used for antipsychotic, antidepressant, antimonic, antianxiety, behavior modification, or behavior management purposes. Definition of Antipsychotic Drug: A neuroleptic drug that is helpful in the treatment of psychosis and has a capacity to ameliorate thought disorders.7. Any resident receiving such medications shall have a psychiatric diagnosis or documented evidence of maladaptive behavior, which can be considered harmful to themselves or others, destructive to property, or if emotional problems exist which caused the resident frightful distress. R27's BIMS (Brief Interview of Mental Status) dated 3-11-24 documents R27 is severely cognitively impaired. R27's MDS (Minimum Data Set) Assessments dated 3-11-24 and 12-10-23 document R27 has no physical, verbal, or other behaviors that affect herself or others. R27's Order Summary Report dated 6-2-24 documents R27 has the diagnoses of Alzheimer's Disease and Delusional Disorders and has the following order: Order date: 2-29-24 Quetiapine (Seroquel) 50 mg (milligrams) one tablet two times daily. R27's Psychotropic Medication Quarterly Evaluation dated 3-12-24 documents R27 receives Seroquel for the diagnosis of Agitation and for the targeted behaviors of verbal aggression and refusal of cares. R27's current Care plan documents R27 is receiving an anti-psychotic medication for the targeted behaviors of pacing, wandering, disrobing, inappropriate response to verbal communication, and violence/aggression towards staff. R27's Behavior Monitoring and Interventions Reports dated 2-1-24 through 6-5-24 document R27 has had no behaviors except for on 2-19-24, 3-20-24, and 5-21-24 when R27 experienced self-isolation, anxiety, was making disrupting sounds, and was experiencing frustrations. On 6-5-24 at 11:00 AM V17 (CNA/Certified Nursing Assistant) used a gait belt and stand-by-assistance and walked R27 from her room to the dining room. R27 had no behaviors during this time. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6-5-24 from 11:00 AM through 12:15 PM R27 was sitting in a dining room chair with her head lying on the dining room table. R27 was sleeping during this time. On 6-2-24 at 7:30 AM V6 (LPN/Licensed Practical Nurse) stated, (R27) only hits and yells at staff during cares. (R27) does not have behaviors any other time. On 6-4-24 at 2:15 PM V18 (CNA/Certified Nursing Assistant) stated, (R27) really does not have any behaviors except for yelling during cares. On 6-5-24 at 11:30 AM V16 (CNA) and V17 (CNA) stated R27 only has behaviors of yelling at staff during cares only and swatting at staff during cares only. V16 and V17 stated R27 does not have behaviors any other time and sleeps a lot. On 6-5-24 at 11:15 AM V4 (Resident Care Coordinator) stated, (R27) has been on Seroquel since 9-29-21. I cannot find in (R27's) the medical justification or behaviors (R27) was having to start (R27) on Seroquel. (R27) only has behaviors during cares of yelling at staff and sometimes hitting at staff. (R27) does not have behaviors any other time. (R27) having behaviors with cares and the diagnosis of Alzheimer's Disease only does not justify the use of (R27) receiving an anti-psychotic medication.

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 35509 Based on observation, interview and record review, the facility failed to employ a Certified Dietary Manager. This has the potential to affect all 36 residents living in the facility. Findings: The job description for the Food Service Manager, dated 4/17, states, Manages all aspects of the Food Service Department in the facility including but not limited to Food Service personnel, food production, supplies and equipment. Manages nutritional care of all residents in the facility. The Responsibilities of the Food Service Manager are: Orders all supplies necessary for the proper and efficient running of the department making sure to remain within budget; Ensures that all residents are served diets as ordered by physician; Ensures that the menus are followed and appropriate substitutions are made and recorded. Follows Consultant Dietitian/Regional Dietitian recommendations that are reviewed and approved by Administrator; Takes necessary measures to ensure that all food served to residents has been prepared in a safe, sanitary manner while also maintaining the highest quality; Makes sure that all food and supplies are stored properly and steps are taken to avoid theft; Checks all equipment for proper functioning and safety; Is responsible for overall sanitation of the department; Is responsible for knowing Local, State and Federal Regulations and policies and procedures which pertain to the department; Manages department employees including hiring, training, in-service and discipline; Prepares a work schedule that will enable all functions of the department to be carried out within the allotted hours; Visits resident upon admission, and periodically thereafter, to determine food preferences and discuss their diets. Communicate this information accordingly to other departments; coordinate and gather the information required by the dietitian, such as resident's weights, skin report, facility admissions tube feedings annual assessments, dialysis, etc .When appropriate information to dietitian prior to scheduled visit; Maintains all dietary records regarding resident likes and dislikes, tray cards, Minimum Data Set (MDS), Care Plans, quarterly/annual charting; coordinates and follows up with the dietitian's recommendations; Develops policies and procedures for the department as needed; Participators in interdisciplinary meetings and conferences as requested by the facility; Attend in-service meetings; Maintains a listing of those employees who have received the Food Handler Training; Other duties as assigned by the Administrator; Shall reference the Company's Health Care Dietary Operations Manual as amended from time to time. On 6/02/24 at 9:35 AM, V12, [NAME] and V13, Dietary Aide, were working in the kitchen. When inquiring for the Dietary Manager, both stated, We haven't had a Dietary Manager since August (2023). We split up the tasks that need to be done amongst us. You know, like ordering the food, food production sheets, and such. We all kinda have a hand in the scheduling. It's hard as we don't have enough staff anyway and then to add the rest onto us. We do our best. On 6/06/24 at 12:35, V2/Administrator in Training, stated, We haven't had a Dietary Manager for a while. No one wants the job. The facility's Daily Census dated 6/2/24 documents 36 residents currently reside within the facility.

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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. 35509 Based on observation, interview and record review, the facility failed to: keep meat in the refrigerator overnight; date and label food that has been opened in both cold food and pantry storage; discard outdated food; use proper storage containers to prevent foods from contamination; maintain a clean kitchen; replace and maintain floor tiles; clean overhead vents and returns in both food preparation and dish room areas; repair and maintain walls and corners that have paint and plaster chipped away; date and label all food brought in from the outside for residents; keep 50 pound bags of salt (softener) off of the kitchen floor; close spaces between ceiling tiles and around pipes; keep boxes of paper supplies off of the floor; and keep the door to the outside closed. This has the potential to affect all 36 residents living in the facility. Findings: The document, Food from Outside Sources/Personal Food Storage, dated 4/17, states, All residents have the right to accept food brought to the facility by any visitors, however, the food must be handled in a way to ensure resident safety. Food and beverages brought in from outside sources, that are to be stored in the facility refrigerators and freezers, will be checked by a dietary staff member. Food and beverages will be labeled with the resident's name, food item and date. Facility food storage procedures apply. Housekeeping staff, or designee shall clean and sanitize the refrigerators once a month or as required. The document, Refrigerator and Freezer Storage, dated 10/14, states, It is the (facility) policy that any item to be placed in the refrigerators and freezers must be covered, labeled and dated with a date-marking system that tracks when to discard perishable foods. [NAME] the container with name of the item. [NAME] the date that the original container is opened or date of preparation. Label refrigerated, potentially hazardous food with the day/date by which the food shall be consumed or discarded (maximum of seven days from time of preparation). Clean up any spills immediately. Designated dietary employee is to check, pull and throw away any potentially hazardous foods that have been in the refrigerator for seven days. The document, Storage, dated 10/20, states, Food shall be stored for the appropriate lengths of time to protect quality of food. Store Leftovers in covered, labeled, and dated containers under refrigeration or frozen. When using only part of a product, the remaining product should be in the original package or airtight container and labeled and dated. Do not leave any serving utensils or tools in food containers. The document, Storage, dated 6/06, states, Store leftovers in covered, labeled and dated containers under refrigeration or frozen. When using only part of a product, the remaining product should be in the original package or airtight container and labeled and dated. The document, Cleaning Schedule, dated 10/14, states, The Food Service Manager shall develop a cleaning rotation from the lists all cleaning tasks required for proper sanitation of the food preparation and serving area. Tasks are divided into categories that must be completed daily, weekly, and monthly. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Findings on 6/02/24 at 7:30 AM, during the initial kitchen tour are: two pans containing five pounds each of shredded ham were left out of refrigeration on the three compartment sink during the night; three Styrofoam containers, a glass with lid, all without date or labels; a black container with a label that could not be read (was in black marker on black surface), two pounds of luncheon meat in a container, pulled out of the freezer on 5/20/24; the door was open to the storage room which also had an opened outside door. Findings on 6/02/24 at 9:30 AM, are food items stored in plastic pitchers in the reach-in refrigerator contained fluid on top of the containers. V13, Food Service Worker, stated, The refrigerator is leaking fluid onto the pitchers. Sometimes it seeps into the food in the pitcher through the spout if it isn't closed right. Also noted: the reach in refrigerator in the storage room had resident food items that were not labeled or dated (case of soda and containers of yogurt); the base of the can opener has a buildup of black sticky grime; dust was visible on the outside of the large hood and baffles over the range, convection oven area; ceiling tiles have gaps in places and also around pipes coming into the kitchen; ceiling vents and returns have a buildup of dust and grime; floor tiles are missing from the floor three tile lengths from the wall out under the three compartment sink; two 50 pound bags of water softener (salt) were sitting by the clean side table of the dish machine; boxes of paper goods were sitting on the floor in the storage room; dust and grime was on the pipes and walls behind the range and convection oven; three lights were out in the ceiling of the food preparation room; one light cover had a large crack. V13 confirmed all of the observations. The facility's Daily Census dated 6/2/24 documents 36 residents currently reside within the facility.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Havana Health Care Center	609 North Harpham Street Havana, IL 62644

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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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. 31682 Based on observation, interview, and record review the administration failed to ensure ongoing resident complaints were resolved, to ensure residents had an adequate amount of linens, to ensure an ongoing program of activities were provided to the residents daily, to ensure a full-time Director of Nursing, Activity Director, and Dietary Manager were employed to manage and oversee everyday nursing, activity, and dietary services, to ensure the facility had sufficient nursing staff, to ensure the most up-to-date infection control practices were implemented, to ensure resident council meetings were provided monthly, to ensure large dietary appliances were in good repair and working order, to ensure all required QAPI (Quality Assurance and Performance Improvement) members met monthly, to ensure plans were implemented to correct and/or improve identified areas of concern, and ensure all CNAs (Certified Nursing Assistants) were provided annual required abuse, QAPI, and Dementia in-service training. These failures have the potential to affect all 36 residents residing within the facility. Findings include: The facility's Daily Census dated 6-2-24 documents 36 residents currently reside within the facility. (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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The Job Description Administrator (undated), documents JOB SUMMARY The Administrator is responsible for managing, planning, organizing, staffing, directing, coordinating, reporting, budgeting, and the physical management of the facility, residents & (and) equipment in a way that the purpose of the facility shall be maintained in accordance with all established practices, policies, laws, and applicable State Regulations. The Administrator will manage and conduct the business of the facility in a manner that protects the facility license and certification at all times. The major goal of the Administrator is to provide an atmosphere in which residents may achieve their highest physical, mental, and social well-being. QUALIFICATIONS The Administrator must be qualified through a combination of education, experience, and training to manage a Nursing Facility. Knowledge of business administration, nursing care and human relations is necessary. He/she must hold, or be eligible for, a Nursing Home Administrators license in the State which he/she is practicing. RESPONSIBILITIES 1. Operate the facility in compliance with all federal and state rules and regulations; 2. operate the facility in accordance with established policies and procedures; 4. Appoint a Director of Nursing and other department heads; ADMINISTRATOR QUALIFICATIONS: 1 Must have successfully completed all educational requirements as required by federal and state regulations. 2 Must possess a current, unencumbered Nursing Home Administrators license or meet the licensure requirements of the State. 3 Must possess the ability to work harmoniously with and supervise other People. JOB SUMMARY: The Administrator is responsible for directing day-to-day functions of the facility in accordance with current federal, state, and local standards, guidelines and regulations that govern long-term care facilities to assure that appropriate care is provided to the residents in the facility. The Administrator is responsible for delegating the administrative authority, responsibility necessary for carrying out the assigned duties. Performance Evaluations Responsibilities: I. Administrative Functions 1 Plan, develop, organize, implement, and direct the facility's programs and activities. 2 Maintain written policies and procedures that govern the operation of the facility. 3 Assist department managers in the use of departmental policies and procedures and establish a rapport in and among departments so that each can realize the importance of teamwork. 14 Ensure that appropriate policies and procedures are followed when conducting background checks and when providing information to the Nurse Aide Registry. 15 Work with Admissions to ensure appropriate pre-screening takes place. III. Personnel Functions 1 assist in the recruitment and selection have competent department directors. 4 Consult with department managers concerning the operation of their departments to assist in eliminating/correcting problem areas, and/or improvements of service. 5 Ensure that an adequate number of appropriately trained professional and auxiliary personnel are on duty at all times to meet the needs of the residents. V. Safety 1 Ensure that all facility personnel, residents, visitors, etc. (etcetera), follow established safety regulations to include fire protection/prevention, smoking regulations, infection control, etc. V! Equipment and Supplies 1 Ensure that the facility is maintained in a clean and safe manner for resident comfort and convenience by assuring that necessary equipment and supplies are maintained to perform such duties/services. 2 Ensure that adequate supplies and equipment are on hand to meet the day-to-day operational needs of facility and residents. VIII. Resident Rights 3 Resident complaints and grievances and make written reports of actions taken. 4 Review and respond to Resident/Family Council concerns as needed. The facility's monthly Resident Council Minutes dated 6-1-23 through 5-31-24 were reviewed and resident council was not offered for five months within this timeframe. The facility's Resident Council Meeting Minutes dated 6-2023, 7-2023, 8-2023, 9-2023, 10-2023, 11-2023, 3-5-24 all document resident complaints about not receiving church services. (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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's Resident Council Meeting Minutes dated 3-5-24 document, Activities-Would like more bingo and bags. The facility's Nurse Master Schedule dated 5-1-24 through 6-3-24 documents, Needs: 5-11-24 6am to 6pm, 5-12-24 6am to 6pm, 5-25-24 6am to 6pm, 5-26-24 6am to 6pm, 5-31-24 6am to 6pm, 6-1-24 6am to 6pm, and 6-2-24 6am to 6pm. The Quality Assurance quarterly sign-in sheets for the past twelve months 6-1-23 through 5-31-24 document a Director of Nursing was not present at any of these meetings. On 6-2-24 at 2:00 PM V4 (Infection Preventionist) provided a list of residents who should have been placed in enhanced barrier precautions but was not. The list included the following residents: R3, R15, and R32 due to having indwelling urinary catheters and R6, R7, R8, R18, R24, R33, R36, and R138 due to having wounds. The facility's Annual Required In-Service policy dated 09/2017 documents staff should receive Abuse Prevention and Alzheimer's Dementia Management in-servicing annually. The facility's QAPI Plan policy dated 1-10-24 documents, Annual training will be provided to all staff utilizing the annual QAPI report to summarize goals, progress, and PIPs (Performance Improvement Projects). V7 (CNA/Certified Nursing Assistant), V11 (CNA), V16-V18 (CNAs), V22 (CNA), and V24-V34's (CNA's) In-Service Training Logs dated 6-1-23 through 6-2-24 do not include evidence of V7, V11, V16-V18, V22, and V24-V34 receiving annual Abuse, Alzheimer's Dementia Management, or QAPI in-service training. On 6-2-24 from 7:00 AM through 2:15 PM no activities were observed being offered to the residents throughout the facility during this timeframe, no residents attended a church service outside of the building, no church service was provided within the building, there was no registered nurse within the building, there was no licensed administrator within the building, there was no activity director within the building, and there was no dietary manager within the building. On 6-2-24 from 7:00 AM to 9:00 AM a tour of the building was done. During this tour R3, R6, R7, R8, R15, R18, R24, R32, R33, R36, and R138's doors did not have signs indicating they were in enhanced barrier precautions and V6 (LPN/Licensed Practical Nurse), V7 (CNA/Certified Nursing Assistant), and V11 (CNA) were not wearing gowns while providing personal cares to R3, R6, R7, R8, R15, R18, R24, R32, R33, R36, and R138. On 6-2-24 at 9:12 AM a tour of the facility was done. No activity calendars or activity postings with listed activities were posted throughout the facility. (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 6-2-24 at 9:35 AM, V12, [NAME] and V13, Dietary Worker, both stated, The convection oven doesn't work. It's been broken for months. We were told the part to fix it was too expensive. One of the two range ovens don't work right - it can be used as a warmer but won't get the temperature of foods up to the correct temperature. We have to maneuver food around in order to get everything ready for meals. If the oven we are using like a warmer doesn't keep the food hot enough, we have to reheat it before serving. It really is difficult. One of the wells in the steam table has a broken pipe. We're not sure how long it will be before that it fixed. The large hood with baffles doesn't work at all. We told (V2/ Administrator-In Training) about it six or seven months ago but no one no one has fixed that either. I've never seen a work order to fill out. We're supposed to tell (V2) when something needs to be fixed, so we tell (V2) right away. On 6/02/24 at 9:45 AM, it was noted that the door to the outside freezer has a totally rusted out external layer of metal across the width of the door and ten inches above the bottom. An area approximately 60 inches by 10 inches. The inner door material/insulation is visible. V13, Dietary Worker, stated, They can't fix it. They said they couldn't fit a piece of metal on it to stick. I don't think they will get a new door for it. On 6-3-24 from 7:45 AM through 3:20 PM the only activity offered to residents during this timeframe was bingo from 2:00 PM through 2:40 PM, there was no director of nursing within the building, there was no activity director within the facility, and there was no dietary manager within the building. On 6-3-24 at 11:10 AM during the resident council meeting R3, R14, R20, and R36 all stated that they did not know what a grievance was, where grievance forms are to fill out if needed, or who the facility's grievance official is. R3, R14, R20, and R36 also stated that complaints voiced during resident council are never resolved. R3, R14, R20, and R36 stated they have wanted church services for over a year, and no one has tried to get them to church or have a church come in to do services. All stated the facility needs more nursing staff in the morning. R3, R14, R20, and R36 stated when there is only one nurse medications are late. On 6-4-24 from 7:45 AM through 3:20 PM no activities were observed being offered to the residents throughout the facility during this timeframe, there was no director of nursing within the building, there was no activity director within the facility, and there was no dietary manager within the building. On 6-4-24 at 7:40 AM V17 (CNA/Certified Nursing Assistant) was providing a bed bath to R6. V17 was using a pillowcase to wash R6. V17 stated, We never have washcloths or towels to use. We have not had enough washcloths or towels for months. A lot of days there is only one or two washcloths in the building to use for all of the residents. R6 stated, There is never towels or washcloths to use. On 6-4-24 at 7:50 AM V17 opened the linen storage room. The linen storage room had no washcloths or towels. V17 stated there is only one linen storage room and there is never washcloths or towel available. On 6-2-24 at 11:30 AM V2 (Administrator-In-Training) stated, (V8's/Prior DON) last day worked was 11-16-23. (V3's/Prior DON) only lasted a couple months from 12-18-23 through 2-29-24. I have not had a DON since 2-29-24. (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 6-6-24 at 9:30 AM V2 stated, The staff have not received abuse training, Alzheimer's Dementia management training, or QAPI training within the last 12 months. On 6-6-24 at 1:40 V2 stated, I was not aware that residents could fill out and submit their own grievances. We (facility staff) have not offered to take the residents to church and have had no luck getting someone to come out to the facility to perform church services. We have not developed a plan to get the residents church services. Usually, the activity director is responsible for submitting resident council concerns, but the facility does not have an activity director currently. On 6-3-24 at 3:00 PM V2 stated, There was no activity calendar developed or given to the residents for the months of May 2024, April 2024, January 2024, or December 2023. No activities were offered on 6-2-24 or 6-4-24 to the residents and only bingo was offered to the residents on 6-3-24. We have not had anyone in the activity department for two months. We do not offer activities on second shift or the weekends. On 6-4-24 at 9:44 AM V2 stated, The last activity director (V19) the facility had was hired 2-5-24 and quit on 3-12-24. We have not had an activity director here since 3-12-24. On 6-4-24 at 2:00 PM V4 (Resident Care Coordinator) stated, I am the infection preventionist and did not know anything about Enhanced Barrier Precautions. I just requested the policy from corporate today and the facility should have been using that policy. No residents were ever placed in Enhanced Barrier Precautions prior to today. On 6-4-24 at 2:30 PM V2 stated, I tried to order washcloths and towels from a vendor and was not allowed to order from that vendor. I am now using a new vendor but have not placed an order for washcloths or towels yet. On 6-5-24 at 1:00 PM V4 stated, I am responsible for scheduling the nurses. According to (V2/Administrator-In-Training) we (the facility) are supposed to have two full-time nurses on day shift, two full-time nurses on second shift, and one full-time nurse on night shift. We did not have enough nurses on 5-11-24 6am to 6pm, 5-12-24 6am to 6pm, 5-25-24 6am to 6pm, 5-26-24 6am to 6pm, 5-31-24 6am to 6pm, 6-1-24 6am to 6pm, or 6-2-24 6am to 6pm. On 6-6-24 at 12:40 PM V2 stated, No, we haven't had Resident Council Meetings. We didn't have anyone to run them. On 6-6-24 at 12:45 PM V2 stated, No, we didn't have a Director of Nursing to come to the Quality Assurance Meetings. V2 also verified the facility has not developed/implemented quality assurance performance plans to address the facility not having a director of nursing, activity director, dietary manager, not having meaningful daily scheduled activities, ensuring ongoing resident complaints were resolved, ensuring residents had an adequate amount of linens, ensuring the facility had sufficient nursing staff, ensuring the most up-to-date infection control practices were implemented, ensuring resident council meetings were provided monthly, ensuring large dietary appliances were in good repair and working order, ensuring all required QAPI (Quality Assurance and Performance Improvement) members met monthly, and ensure all CNAs (Certified Nursing Assistants) were provided annual required abuse, QAPI, and Dementia in-service training.

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F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. 31682 Based on observation, record review, and interview the governing body of the facility failed to employ a licensed administrator to oversee and manage the everyday operations of the facility. This failure has the potential to affect all 36 residents residing within the facility. Findings include: The facility's Daily Census dated 6-2-24 documents 36 residents currently reside within the facility. The Job Description Administrator (not dated), documents QUALIFICATIONS The Administrator must be qualified through a combination of education, experience, and training to manage a Nursing Facility. Knowledge of business administration, nursing care and human relations is necessary. He/she must hold, or be eligible for, a Nursing Home Administrators license in the State which he/she is practicing. ADMINISTRATOR QUALIFICATIONS: 1 Must have successfully completed all educational requirements as required by federal and state regulations. 2 Must possess a current, unencumbered Nursing Home Administrators license or meet the licensure requirements of the State. On 6-2-24 from 7:00 AM through 2:15 PM, on 6-3-24 from 10:00 AM through 3:30 PM, on 6-4-24 from 10:00 AM through 3:30 PM, and 6-6-24 from 7:45 AM through 2:20 PM there was no licensed administrator within the building. On 6-2-24 at 11:40 AM V6 (LPN/Licensed Practical Nurse) stated, I work full-time. (V1/Administrator) has not been here in months. When (V1) does come here it is usually only one day a week. V2 (Administrator-In-Training) is the only administrator we have. On 6-3-24 at 10:40 AM both V16 (CNA/Certified Nursing Assistant) and V17 (CNA) stated they have not seen V1 in the facility in over two months and V2 is the only administrator they are aware of that runs the facility. On 6-2-24 at 10:00 AM V7 (CNA) stated V1 is never at the facility. On 6-4-24 at 8:30 AM V2 (Administrator-In-Training) stated, I have been the administrator here since November 2023. I do not have an administrator's license and I do not have the education yet to get a temporary administrator's license either. V1 (Administrator) has her license hanging here. (V1) comes to the building around once a week.

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 31682 Based on observation, interview, and record review the facility failed to develop and implement QAPI (Quality Assurance and Performance Improvement) plans to address the lack of follow-up to resident complaints, to address the lack of department heads including the Director of Nursing, Activity Director, and Dietary Manager, to address the lack of linens, to address the lack of an ongoing program of activities, to address the lack of sufficient nursing staff, to address the lack of education regarding QAPI, Dementia care and treatment, infection control practices, and abuse, to address the broken dietary equipment, to address the lack of resident council meetings, and the lack of required employees attending QAPI meetings. These failures have the potential to affect all 36 residents residing within the facility. Findings include: The facility's Daily Census dated 6-2-24 documents 36 residents currently reside within the facility. The document, Quality Assurance and Performance Improvement (QAPI), dated 1/10/24, states, This facility will utilize the principles of QAPI to align all business and clinical care decisions, creating a model of care that centers its core values on individualized care and resident choices. The leadership, medical director and staff will embrace evidence-based strategies and utilize this data until the desired change is achieved and goals are sustained. The QAPI program is provided through a committee structure that is accountable to the Healthcare Leadership team. The QAPI committee has the responsibility for planning, designing, implementing and coordinating consumer care, service and selecting activities that meet the needs of the resident and families. The facility's monthly Resident Council Minutes dated 6-1-23 through 5-31-24 were reviewed and resident council was not offered for five months within this timeframe. The facility's Resident Council Meeting Minutes dated 6-2023, 7-2023, 8-2023, 9-2023, 10-2023, 11-2023, 3-5-24 all document resident complaints about not receiving church services. The facility's Nurse Master Schedule dated 5-1-24 through 6-3-24 documents, Needs: 5-11-24 6am to 6pm, 5-12-24 6am to 6pm, 5-25-24 6am to 6pm, 5-26-24 6am to 6pm, 5-31-24 6am to 6pm, 6-1-24 6am to 6pm, and 6-2-24 6am to 6pm. On 6-2-24 at 2:00 PM V4 (Infection Preventionist) provided a list of residents who should have been placed in enhanced barrier precautions but were not. The list included the following residents: R3, R15, and R32 due to having indwelling urinary catheters and R6, R7, R8, R18, R24, R33, R36, and R138 due to having wounds. The facility's Annual Required In-Service policy dated 09/2017 documents staff should receive Abuse Prevention and Alzheimer's Dementia Management in-servicing annually. (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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's QAPI Plan policy dated 1-10-24 documents, Annual training will be provided to all staff utilizing the annual QAPI report to summarize goals, progress, and PIPs (Performance Improvement Projects). V7 (CNA/Certified Nursing Assistant), V11 (CNA), V16-V18 (CNAs), V22 (CNA), and V24-V34's (CNA's) In-Service Training Logs dated 6-1-23 through 6-2-24 do not include evidence of V7, V11, V16-V18, V22, and V24-V34 receiving annual Abuse, Alzheimer's Dementia Management, or QAPI in-service training. On 6-2-24 from 7:00 AM through 2:15 PM no activities were observed being offered to the residents throughout the facility during this timeframe, no residents attended a church service outside of the building, no church service was provided within the building, there was no registered nurse within the building, there was no licensed administrator within the building, there was no activity director within the building, and there was no dietary manager within the building. On 6-2-24 from 7:00 AM to 9:00 AM a tour of the building was done. During this tour R3, R6, R7, R8, R15, R18, R24, R32, R33, R36, and R138's doors did not have signs indicating they were in enhanced barrier precautions and V6 (LPN/Licensed Practical Nurse), V7 (CNA/Certified Nursing Assistant), and V11 (CNA) were not wearing gowns while providing personal cares to R3, R6, R7, R8, R15, R18, R24, R32, R33, R36, and R138. On 6-2-24 at 9:35 AM, V12, [NAME] and V13, Dietary Worker, both stated, The convection oven doesn't work. It's been broken for months. We were told the part to fix it was too expensive. One of the two range ovens don't work right - it can be used as a warmer but won't get the temperature of foods up to the correct temperature. On 6/02/24 at 9:45 AM, it was noted that the door to the outside freezer has a totally rusted out external layer of metal across the width of the door and ten inches above the bottom. An area approximately 60 inches by 10 inches. The inner door material/insulation is visible. On 6-3-24 from 7:45 AM through 3:20 PM the only activity offered to residents during this timeframe was bingo from 2:00 PM through 2:40 PM, there was no Director of Nursing within the building, there was no Activity Director within the facility, and there was no Dietary Manager within the building. On 6-3-24 at 11:10 AM during the resident council meeting R3, R14, R20, and R36 all stated that they did not know what a grievance was, where grievance forms are to fill out if needed, or who the facility's grievance official is. R3, R14, R20, and R36 also stated that complaints voiced during resident council are never resolved. R3, R14, R20, and R36 stated they have wanted church services for over a year, and no one has tried to get them to church or have a church come in to do services. All stated the facility needs more nursing staff in the morning. R3, R14, R20, and R36 stated when there is only one nurse medications are late. On 6-4-24 from 7:45 AM through 3:20 PM no activities were observed being offered to the residents throughout the facility during this timeframe, there was no Director of Nursing within the building, there was no Activity Director within the facility, and there was no Dietary Manager within the building. (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 6-4-24 at 7:40 AM V17 (CNA/Certified Nursing Assistant) was providing a bed bath to R6. V17 was using a pillowcase to wash R6. V17 stated, We never have washcloths or towels to use. We have not had enough washcloths or towels for months. A lot of days there is only one or two washcloths in the building to use for all of the residents. R6 stated, There is never towels or washcloths to use. On 6-4-24 at 7:50 AM V17 opened the linen storage room. The linen storage room had no washcloths or towels. V17 stated there is only one linen storage room and there is never washcloths or towel available. On 6-2-24 at 11:30 AM V2 (Administrator-In-Training) stated, (V8's/Prior DON) last day worked was 11-16-23. (V3's/Prior DON) only lasted a couple months from 12-18-23 through 2-29-24. I have not had a DON since 2-29-24. On 6-6-24 at 9:30 AM V2 stated, The staff have not received abuse training, Alzheimer's Dementia management training, or QAPI training within the last 12 months. On 6-3-24 at 3:00 PM V2 stated, There was no activity calendar developed or given to the residents for the months of May 2024, April 2024, January 2024, or December 2023. No activities were offered on 6-2-24 or 6-4-24 to the residents and only bingo was offered to the residents on 6-3-24. We have not had anyone in the activity department for two months. We do not offer activities on second shift or the weekends. On 6-4-24 at 9:44 AM V2 stated, The last Activity Director (V19) the facility had was hired 2-5-24 and quit on 3-12-24. We have not had an Activity Director here since 3-12-24. On 6-4-24 at 2:00 PM V4 (Resident Care Coordinator) stated, I am the infection preventionist and did not know anything about Enhanced Barrier Precautions. I just requested the policy from corporate today and the facility should have been using that policy. No residents were ever placed in Enhanced Barrier Precautions prior to today. On 6-4-24 at 2:30 PM V2 stated, I tried to order washcloths and towels from a vendor and was not allowed to order from that vendor. I am now using a new vendor but have not placed an order for washcloths or towels yet. On 6-5-24 at 1:00 PM V4 stated, I am responsible for scheduling the nurses. According to (V2/Administrator-In-Training) we (the facility) are supposed to have two full-time nurses on day shift, two full-time nurses on second shift, and one full-time nurse on night shift. We did not have enough nurses on 5-11-24 6am to 6pm, 5-12-24 6am to 6pm, 5-25-24 6am to 6pm, 5-26-24 6am to 6pm, 5-31-24 6am to 6pm, 6-1-24 6am to 6pm, or 6-2-24 6am to 6pm. (continued on next page)

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	145774	A. Building B. Wing	06/07/2024

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Havana Health Care Center	609 North Harpham Street Havana, IL 62644

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 6-6-24 at 12:40 PM V2 Administrator in Training stated the surveyors cannot have access to the facility's QAPI meeting minutes. V2 stated the facility has not addressed, developed, or implemented plans of corrections to address the facility not having a Director of Nursing, Activity Director, Dietary Manager, not having meaningful daily scheduled activities, ensuring ongoing resident complaints were resolved, ensuring residents had an adequate amount of linens, ensuring the facility had sufficient nursing staff, ensuring the most up-to-date infection control practices were implemented, ensuring resident council meetings were provided monthly, ensuring large dietary appliances were in good repair and working order, ensuring all required QAPI (Quality Assurance and Performance Improvement) members met monthly, and ensure all CNAs (Certified Nursing Assistants) were provided annual required abuse, QAPI, and Dementia in-service training.

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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 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 35509 Based on Interview and Record Review the facility failed to have a Director of Nursing or the required number of members at the quarterly Quality Assurance Meetings. This has the potential to affect all 36 resident living in the facility. Findings: The document, Members of Quality Assessment and Assurance, no date, states, (Members): Administrator; Administrator in Training; Resident Care Coordinator; Social Services Director/Business Office Manager; Medical Director; Therapy and Pharmacy. The Quality Assurance quarterly sign-in sheets for the past twelve months were reviewed. A Director of Nursing was not present at any of the meetings. The 1/19/24 meeting had five members; the 10/19/23 meeting had four members; the 7/21/23 meeting had four members. On 6/06/24 at 12:45, V2/Administrator in Training stated, No, we didn't have a Director of Nursing to come to the Quality Assurance Meetings. The number of members able to attend the meeting signed the attendance sheets. The facility's Daily Census dated 6/2/24 documents 36 residents currently reside within the facility.

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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. 31682 Based on observation, interview, and record review the facility failed to implement Enhanced Barrier Precautions (EBP) for residents with open wounds and indwelling urinary catheters for 11 of 12 residents (R3, R6, R7, R8, R15, R18, R24, R32, R33, R36, and R138) reviewed for EBP in the sample of 29. Findings include: The Enhanced Barrier Precautions dated 7/13/23 documents Purpose: To reduce transmission of multi-drug-resistant organisms/MDRO (Multi-Drug Resistant Organisms). Enhanced Barrier Precautions should be used when contact precautions do not apply, for residents with any of the following: Open wounds that require a dressing change, Indwelling Medical Devices, Infection or colonized with a MDRO. Enhance Barrier Precautions require use of a gown and gloves during high contact resident care activities that provide opportunities for the transfer of MDRO's to staff hands and clothing. EBP is primarily intended to use for care that occurs within a residence room when high contact resident care activities are bundled together. Outside of a resident's room, EBP should be followed when performing transfers in the shower/assisting with shower and when assisting a resident with toileting and common restrooms. High-contact care activities include Dressing, Bathing/Showering, Transfers (when bundled with other high- contact resident care activities), Hygiene, Changing linens, Changing briefs or Toileting, Caring for medical devices (central lines, urinary catheters, feeding tubes, tracheostomies, drainage tubes, end ports), Wound care (pressure ulcers, diabetic ulcers, unhealed surgical wounds, chronic venous stasis wounds), and Skilled Therapies. Procedure 1. Educate staff on EBP. 2. Identify residents with an infection or colonized with a MDRO, residents with medical devices or chronic wounds that do not require contact precautions. 3. Review Contact precautions to ensure that Enhanced Barrier Precautions are appropriate. Post approved EBP signage that indicates high-contact activities. 4. Ensure that disposable or washable isolation gowns and gloves are available to HCP (Health Care Providers), where high- contact resident care activities may be required. 5. Keep a container or hamper inside resident's room for HCP to dispose of PPE (Personal Protective Equipment). On 6-2-24 at 2:00 PM V4 (Infection Preventionist) provided a list of residents who should have been placed in enhanced barrier precautions but were not. The list included the following residents: R3, R15, and R32 due to having indwelling urinary catheters and R6, R7, R8, R18, R24, R33, R36, and R138 due to having wounds. On 6-2-24 from 7:00 AM to 9:00 AM a tour of the building was done. During this tour R3, R6, R7, R8, R15, R18, R24, R32, R33, R36, and R138's doors did not have signs indicating they were in enhanced barrier precautions and V6 (LPN/Licensed Practical Nurse), V7 (CNA/Certified Nursing Assistant), and V11 (CNA) were not wearing gowns while providing personal cares to R3, R6, R7, R8, R15, R18, R24, R32, R33, R36, and R138. On 6-4-24 at 10:20 AM V20 (Agency RN/Registered Nurse) provided pressure ulcer treatments to R6's wounds to the left and right buttock. During these treatments V20 did not wear a gown. On 6-4-24 at 10:45 AM V20 provided pressure ulcer treatments to R36's right heel. During this treatment R36 did not wear a gown. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6-4-24 at 2:00 PM V4 stated, I am the Infection Preventionist and did not know anything about Enhanced Barrier Precautions. I just requested the policy from corporate today and the facility should have been using that policy. No residents were ever placed in Enhanced Barrier Precautions prior to today.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. 35509 Based on observation, interview and record review, the facility failed to make repairs to several large appliances: the reach-in refrigerator; range oven; convection oven; outside freezer door; steam table; large hood and baffles. This has the potential to affect all 36 residents living in the facility. Findings: The document Maintenance and Environmental Policy and Guidelines, no date, states, It is of the utmost importance to provide a safe, organized facility that is conducive to providing the best care. A well maintained building is also important for creating safe work surroundings across all departmental staffing and their ability to effective and efficiently provide care to all residents. Requested work orders completed in an acceptable manner and time. On 6/02/24 at 9:35 AM, V12, [NAME] and V13, Dietary Worker, both stated, The convection oven doesn't work. It's been broken for months. We were told the part to fix it was too expensive. One of the two range ovens doesn't work right - it can be used as a warmer but won't get the temperature of foods up to the correct temperature. We have to maneuver food around in order to get everything ready for meals. If the oven we are using like a warmer doesn't keep the food hot enough, we have to reheat it before serving. It really is difficult. One of the wells in the steam table has a broken pipe. We're not sure how long it will be before that it fixed. The large hood with baffles doesn't work at all. We told V1, Administrator about it six or seven months ago but no one no one has fixed that either. I've never seen a work order to fill out. We're supposed to tell V1 when something needs to be fixed, so we tell V1 right away. On 6/02/24 at 9:45 AM, it was noted that the door to the outside freezer has a totally rusted out external layer of metal across the width of the door and ten inches above the bottom. An area approximately 60 inches by 10 inches. The inner door material/insulation is visible. V13, Dietary Worker, stated, They can't fix it. They said they couldn't fit a piece of metal on it to stick. I don't think they will get a new door for it. On 6/06/24 at 12:50 PM, V2/Administrator in Training, stated, I wasn't aware that the hood and range ovens didn't work, or the freezer door needs to be fixed. The facility's Daily Census dated 6/2/24 documents 36 residents currently reside within the facility.

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F 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. 31682 Based on record review and interview the facility failed to ensure direct care staff received annual Abuse and Prevention in-service training. This failure has the potential to affect all 36 residents residing within the facility. Findings include: The facility's Daily Census dated 6-2-24 documents 36 residents currently reside within the facility. The facility's Annual Required In-Service policy dated 09/2017 documents staff should receive Abuse Prevention in-servicing annually. V7 (CNA/Certified Nursing Assistant), V11 (CNA), V16-V18 (CNAs), V22 (CNA), and V24-V34's (CNA's) In-Service Training Logs dated 6-1-23 through 6-2-24 do not include evidence of V7, V11, V16-V18, V22, and V24-V34 receiving annual Abuse training. On 6-6-24 at 9:30 AM V2 (Administrator-In-Training) stated, The staff have not received abuse training within the last 12 months.

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F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program. 31682 Based on record review and interview the facility failed to ensure direct care staff received annual QAPI (Quality Assurance and Performance Improvement) in-service training. This failure has the potential to affect all 36 residents residing within the facility. Findings include: The facility's Daily Census dated 6-2-24 documents 36 residents currently reside within the facility. The facility's QAPI Plan policy dated 1-10-24 documents, Annual training will be provided to all staff utilizing the annual QAPI report to summarize goals, progress, and PIPs (Performance Improvement Projects). V7 (CNA/Certified Nursing Assistant), V11 (CNA), V16-V18 (CNAs), V22 (CNA), and V24-V34's (CNA's) In-Service Training Logs dated 6-1-23 through 6-2-24 do not include evidence of V7, V11, V16-V18, V22, and V24-V34 receiving annual QAPI in-service training. On 6-6-24 at 9:30 AM V2 (Administrator-In-Training) stated, The staff have never received QAPI in-service training.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 31682 Based on record review and interview the facility failed to ensure direct care staff received annual Dementia Care in-service training. This failure has the potential to affect all 36 residents residing within the facility. Findings include: The facility's Daily Census dated 6-2-24 documents 36 residents currently reside within the facility. The facility's Annual Required In-Service policy dated 09/2017 documents staff should receive Alzheimer's Dementia Management in-servicing annually. V7 (CNA/Certified Nursing Assistant), V11 (CNA), V16-V18 (CNAs), V22 (CNA), and V24-V34's (CNA's) In-Service Training Logs dated 6-1-23 through 6-2-24 do not include evidence of V7, V11, V16-V18, V22, and V24-V34 receiving annual Alzheimer's Dementia Management in-service training. On 6-6-24 at 9:30 AM V2 (Administrator-In-Training) stated, The staff have not received Alzheimer's Dementia Training within the last 12 months.