STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. Building B. Wing	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rock River Health Care	707 West Riverside Boulevard Rockford, IL 61103

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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 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** 45540 Based on observation, interview and record review the facility failed to dress a resident in a dignified manner. This applies to 1 of 20 (R2) residents reviewed for dignity in the sample of 20. The findings include: On 10/7/2024 at 10:20 AM, R2 was observed sitting up in his wheelchair near the nursing station with pink and green colored pants on with a plaid or checker pattern on them. On the left inner thigh area there was approximately a 4-5-inch rip in the pants with another rip on the right inner thigh area of about 2 inches. On 10/7/2024 at 10:20 AM, R2 said he was embarrassed about his pants. On 10/7/2024 at 11:35 AM, V7 Certified Nursing Assistant (CNA) said [R2] was given a shower that morning and was put in those pants by facility staff before she came in. V7 said you wouldn't dress your mother or grandmother in ripped clothes. V7 said she wouldn't dress a resident in clothes that are ripped or [NAME]. V7 said [R2] is unable to dress himself, he needs assistance with that. R2's current Care Plan states . [R2] has a self-care deficit (ADL's/mobility) . interventions . moderate to max assist with dressing/grooming tasks. On 10/8/2024 at 11:24 AM, V2 Director of Nursing (DON) said residents clothing should be clean, well kept, comfortable, with no holes in the clothing. The facility's Dignity policy, dated 1/2023, states . each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality.

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 45540 Based on observation, interview and record review the facility failed to maintain a clean, clutter free shower, and maintain a resident's room in need of repairs. This applies to 2 of 20 (R48, R39) residents reviewed for clean comfortable homelike environment in the sample of 20. The findings include: 1. On 10/7/2024 at 9:34 AM, R48 said the shower room on the second floor is dirty and cluttered. On 10/7/2024 at 10:02 AM, the second-floor shower room had a towel on the floor, a pink basin on the floor with a towel in it, a razor face down in the corner of the room, a rolled up blue gown on the floor, cracked or peeling caulk along the edges of the shower room, and no drain cover on the drain for the shower on the right. On 10/8/2024 at 11:24 AM, V2 Director of Nursing (DON) said the facility's shower room should be a homelike environment, organized, clutter free, clean, no towels on floor, no old clothing, and no soap scum should be in there. 40085 2. On 10/7/24 at 9:23 AM, R39 was lying in her bed. Her room appeared to be dirty and in need of repairs. The baseboard along the bottom wall around the corner from the bathroom, was pulling away from the wall. The floor had a black substance lining the corners of the room and baseboard. In the same corner of the room her wall appeared to be heavily stained with what appeared to be spilled liquids. R39 said they come and clean once in a while but the room has been in this condition for a long time. On 10/8/24 at 2:52 PM, V1 (Administrator) and V6 (Maintenance Director) said they wait for rooms to become empty and then do the repairs. The facility provided, not dated, Safe, Clean, Comfortable Homelike Environment policy states, The facility will provide a safe, clean, comfortable homelike environment to the residents. The facility will be kept clean and well-maintained through regular cleaning schedule, preventative maintenance program, and repair or enhancement of existing structures, systems, and fixtures.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 35178 Based on observation, interview and record review the facility failed to provide wound care for R56's stage 4 pressure ulcer on the weekend shift for 1 of 5 residents (R56) reviewed for pressure ulcers in the sample of 20. The findings include: On 10/07/24 at 9:30AM, R56 was lying in bed on his left back side. On 10/07/24 at 9:30 AM, R56 said, I have a wound to my left upper buttocks. The wound nurse comes 5 days a week. If the wound nurse is not here, the dressing is not done. If it falls off over the weekend, the nurse will not change it. On 10/09/24 at 11:21 AM, V2 DON (Director of Nursing) said, wound care is documented in the MAR (Medication Administration Record). The floor nurse performs the dressing change on the weekend. Monday through Friday the wound nurse performs the dressing change. The empty box on the MAR denotes the dressing change was not performed. R56's MAR dated September 2024 shows, Wound Care: Left buttock: wound cleanser, skin prep to peri-wound, silver sulfadiazine, cover with gauze island once daily and as needed if becomes soiled or dislodged. every night shifts every Saturday, Sunday for wound care. Empty boxes show Wound Care was not performed for R56 on Saturday 09/07/24, Sunday 09/08/24, Sunday 09/15/24, Saturday 09/21/24, and Sunday 09/22/24.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 40085 Based on observation, interview and record review the facility failed to supervise residents to prevent a resident from giving food to another resident on a specialized diet for 1 of 20 residents (R38) reviewed for safety supervision in the sample of 20. The findings include: On 10/7/24 at 9:16 AM, R38 was sitting in the dining area falling asleep and slowly feeding herself a breakfast tray that had pureed food on it. At 9:32 AM, R38 was in the same spot in the dining area, she had a package of [Name Brand] snack cakes with doughnut like consistency and was opening the package and began to eat them. V9 (Licensed Practical Nurse/LPN) was sitting at the nurse's station directly across from where R38 was eating the snack cakes and did not question R38 about them or seem concerned she was eating them. R38 told the surveyor another male resident gave them to her. R38's Physician Order Summary shows an order dated 10/4/24 for her to have a pureed diet. A Nursing Progress note on 9/27/24 at 1:34 PM shows that R38 was having trouble swallowing possibly due to phlegm in her throat and was placed on a pureed diet. Additional nursing notes show that on 9/27/24, R38 was sent to the emergency room due to her having issues with sputum and swallowing difficulty. On 10/8/24 at 12:14 PM, V5 (LPN) said that R38 was downgraded to a pureed diet because she has spinal stenosis and her head leans forward which is causing her trouble with swallowing and clearing her airway, and she was having a lot of phlegm in her throat also. On 10/8/24 at 2:03 PM, V11 (Dietitian) said R38 was downgraded to a pureed diet due to swallowing concerns and that [Name Brand] snack cakes are not part of a pureed diet and she should not have been eating those while on a pureed diet. On 10/9/24 8:42 AM, V8 (Director of Therapy/ Speech Therapist) said she is seeing R38 due to her having things getting caught in her throat. V8 said R38 was having a lot of coughing up phlegm and food getting stuck, so she was downgraded to a pureed diet for that reason. V8 said R38 will remain on a pureed diet for now and it was probably not a good idea for R38 to have been given and consumed the snack cakes. The facility provided a document titled Explanation of Diets Pureed that shows cake consistency desserts should be soaked in milk for residents on a pureed diet.

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F 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35178 Based on observation, interview and record review the facility failed to perform a pain assessment on R42 who was admitted for a left tibia and fibula fracture. They also failed to provide R42 with her prescribed hospital discharge pain medications, this failure resulted in R42 having to return to the hospital to be treated for uncontrolled pain for 1 of 2 residents (R42) reviewed for pain in the sample of 20. The findings include: On 10/07/24 at 9:00 AM, R42 was lying in bed with her left lower leg wrapped with an elastic dressing. On 10/07/24 at 9:01 AM, R42 said, I fell and broke my tibia and fibula close to the foot. I am currently non-weight bearing. The doctor told me he was going to wrap it for now and will eventually place me in a cast .a walking cast, I hope. I was admitted [DATE]. I did not get my medications. The facility's pharmacy is in a city two hours away. On 09/14/24, I still did not have my pain meds or regular meds by the evening. I was in so much pain I had to return to the hospital. I was provided with pain meds at the hospital and sent back. My medications are late today. I brought my medications from home to ensure compliance, but the facility took them away. My medication routine is off compared to how I take them at home. Some of my medication I take on an empty stomach, others I must take with food. I will not get my 7:00AM, medication until 10:00AM-10:30AM. On 10/09/24 at 11:29 AM, V2 DON (Director of Nursing) said, some of R42's medication had not arrived. At 2:00 PM (09/14/24) R42 was sent to hospital. On 09/15/24 at 1:37 PM, R42 received her oxycodone. We only had hydrocodone/acetaminophen in our backup pharmacy, the hospital did not send a prescription with the discharge instruction. R42's hand signed prescription from the hospital uploaded into R42's electronic medical record on 09/13/24 shows, September 13, 2024, at 9:29AM, oxycodone hydrochloride 5 milligrams dispense 30 tablets, take 1 tablet by mouth every 8 hours as needed for pain. On 10/09/24 at 11:54 AM, R42 said, hydrocodone/acetaminophen does not work as well as oxycodone. I did not get the hydrocodone/acetaminophen until Sunday. When I went to the hospital they gave me the oxycodone. When I returned from the hospital, the facility still did not have my medication. They explained they had access to other medication and then provided me with hydrocodone/acetaminophen. The pain started about 4:00PM, on Friday (09/13/24). I reported pain 10/10, I think they gave me acetaminophen. I could not get my medications because they had to order it from a pharmacy two hours away. I did not get my regular medications until Monday. The pain is from my broken foot, ankle, leg area from my fall. (continued on next page)

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F 0697 Level of Harm - Actual harm Residents Affected - Few	On 10/09/24 at 12:46 PM, V12 NP (Nurse Practitioner) said, the facility called me when R42 was first admitted . I put in my note, waiting for oxycodone to be delivered. On September 14, 2024, I wrote the prescription for the hydrocodone/acetaminophen and oxycodone. Everybody is different so I cannot say one works better than the other, it depends on the individual what will work to relieve pain. I provided hydrocodone/acetaminophen because I knew the facility had it on hand. I sent the prescription to the facility on [DATE], if notified on the 9/13/24 that R42 was in pain I would have sent the prescription in right away. When I saw R42's requested to go to the emergency room , I was in the facility at 7:00AM, by 2:00PM, R42 wanted to go to the emergency room for Pain. R42 did not have any complaints after. R42's progress note dated 9/13/2024 shows, R42 admitted /Time: 9/13/2024 3:00 PM admitted From: Hospital Primary Admitting Dx: fracture left fibula Vitals: Weight 367.6 lb - 9/16/2024 10:27 Scale: Mechanical Lift Blood Pressure 118/64 - 9/13/2024 15:48 Position: Sitting Right arm Temperature 98 - 9/13/2024 17:49 Route: Forehead (non-contact) Pulse 72 - 9/13/2024 17:49 Pulse Type: Regular R 20 - 9/13/2024 17:50 Height 67.5 inches - 9/13/2024 16:22 Method: Lying down , skin issues: No, Diet: No Added Salt, Psychotropics Anticoagulants Hypoglycemic Opioid. (NO PAIN ASSESSMENT PERFORMED) R42's admission assessment dated [DATE] at 4:13PM, shows, In Progress. R42's Pain Assessment was blank. R42's first pain assessment in facility, found in the Vital Sign Record dated 09/14/2024 at 9:01 AM, shows, PAIN 10/10. R42's progress note dated 9/14/2024 shows, This writer alerted to resident room. Resident lying flat in bed, face flush and sobbing. Resident requests ER-emergency room transport for uncontrolled pain.

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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. 34314 Based on interview and record review the facility failed to have an RN (Registered Nurse) for 8 hours per day 7 days a week. This applies to all 74 residents residing in the facility. The findings include: The CMS-671 long-term care facility application for Medicare and Medicaid dated October 7, 2024, shows, there are 74 residents residing in the facility. The facility's daily assignment sheet dated April 28, 2024, shows, there was only an RN in the building from 7:00 AM-11:00AM (4 hours and not 8 hours). The facility's daily assignment sheets dated June 2, 2024, and October 6, 2024, shows, there were no RNs working. On October 9, 2024, at 1:30 PM, V2 Director of Nursing (DON) confirmed there were no RNs working 8 hours per day on April 28, June 2 and October 6, 2024. She stated, there should be an RN that works every day for at least 8 hours per day. The facility's Registered Nurse Staffing policy dated January 2024 shows, Policy: The facility shall ensure that a Registered Nurse is available for supervision in the facility . Procedure: 1. The facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week, except when waived. (The facility does not have a waiver).

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 45540 Based on observation, interview and record review the facility failed to monitor a resident (R20) while taking their medications and failed to provide and/or document provision of medication to a resident (R33) on the MAR (Medication Reconciliation Record). This applies to 2 of 5 (R20, R33) reviewed for mediations in the sample of 20. The findings include: 1. On 10/8/2024 at 8:09 AM, V5 Licensed Practical Nurse (LPN) was observed passing morning medications to R20. V5 put 400 milligrams (mg) of Magnesium Oxide x1, 25 mg Atenolol x1 tab, and a multivitamin tab in a medication cup for R20. V5 brought R20 his medications in a cup, left them in front of the resident on his meal tray, and left without watching him take the medication. V5 then returned to R20's room with an 81 mg Aspirin tab and put that in his medication cup with the first three pills. R20 had not taken the first 3 medications. V5 walked back out of the room and did not monitor R20 taking his medications. On 10/8/2024 at 8:09 AM, V5 said she leaves his medications with him because he won't take them if you are standing over him. On 10/8/2024 at 12:07 PM, V2 Director of Nursing (DON) said residents should be watched while they take their medications unless they have an order to self-administer medication. V2 said R20 does not have an order to self-administer medication. R20's Physician Orders did not list an order for self-administration of medications for R20. The facility's Administering Medications policy, revised, 3/2024, states . Medications may be self-administered by residents who have been assessed and determined to be safe and upon physician order. 35178 2. On 10/08/24 at 9:27 AM, R33 was receiving a dialysis treatment. On 10/08/24 at 9:27 AM, R33 said, on Sunday (10/06/2024) the facility forgot to give me my evening medications. On 10/08/24 at 2:21 PM, V2 DON (Director of Nursing) said, the nurse should sign the resident's MAR (Medication Administration Record) when the medication is provided to the resident. R33's MAR dated October 2024 shows, Diltiazem 60 mg (milligrams) by mouth in the evening related to hypertension was not provided on 10/2/2024, 10/4/2024, and 10/06/2024. R33's cilostazol 50 milligrams 2 tablets by mouth at bedtime for symptoms of intermittent claudication was not provided on 10/04/2024. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R33's furosemide 40 mg by mouth in the evening for edema was not documented as being provided on 10/02/2024, 10/04/2024, 10/06/2024. R33's Gabapentin 300 mg by mouth at bedtime related to type 2 diabetes mellitus with diabetic polyneuropathy was not documented as being provided 10/04/2024 or Gabapentin 300 mg by mouth in the evening related to type 2 diabetes mellitus with diabetic polyneuropathy was not documented as being provided on 10/04/2024. R33's Hydralazine 100 mg by mouth in the evening for hypertension was not documented as being provided on 10/02/2024, 10/04/2024, 10/06/2024. R33's Clopidogrel 75 mg for peripheral arterial disease was not provided on 10/02/2024, 10/04/2024, 10/06/2024.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 34314 Based on observation, interview and record review the facility failed to ensure controlled substances were double locked. This applies to 4 of 4 residents (R11, R14, R34, & R62) reviewed for controlled substances in the sample of 20. The findings include: On October 7, 2024, at 10:09 AM, the medication refrigerator in the second floor medication room was opened with the lock sitting on top of the refrigerator. R11, R14, R34 & R62's liquid lorazepam (anti-anxiety/Scheduled IV controlled substance) was in the door of the medication refrigerator. V2 Director of Nursing (DON) stated, the refrigerator should have been locked. R11, R14, R34 & R62's order entries show, an order for lorazepam oral concentrate 2 mg (milligrams)/ml (milliliter). The facility's medication storage in the facility dated February 2024 shows, Policy: Medications and biologicals are stored safety, securely, and properly following the manufacture or supplier recommendations. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Procedure: 9. All drugs classified as Schedule II of the Controlled Substances Act will be stored under double locks. Schedule II-V medications must be maintained in separately locked, permanently affixed compartments and cannot be stored with other nonscheduled medications.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 34314 Based on observation, interview and record review the facility failed to follow the recipe and menu for the noon meal. This applies to all 74 residents in the facility. The findings include: The facility's week 1 food menu for the noon meal on October 7, 2024, shows, cheesy chicken baked penne, Italian blend vegetables, mandarin oranges, coffee/tea and condiments. On October 7, 2024, at 10:23 AM, V13 (Cook) was preparing lunch for the residents on puree diets. She had chicken, noodles and broth in a pan on the stovetop. She stated, that was what the puree diet was getting for lunch and proceeded to puree that for them. She also pureed carrots for them. On October 7, 2024, at 11:41 AM, V13 (Cook) was starting to plate the noon meal for all residents. There was a pan of penne pasta in a red sauce and Italian blend vegetables on the steam table. All of the residents on a regular diet were served that. She stated, the pasta had chicken, onion and some cheese in it. She stated, she did the regular diets fresh that was why the pureed diets didn't get the same thing. She just simmered the pasta on the stovetop instead of baking. The recipe also called for green peppers, but they did not have any. The recipe for cheesy chicken baked penne provided on October 7, 2024, shows, Ingredients: Mostaccioli, vegetable salad oil, diced green peppers, chopped onion, thawed diced chicken, chopped garlic, chicken broth, salt, black pepper, garlic powder, spaghetti sauce, grated parmesan cheese and shredded mozzarella cheese. The recipe shows, to mix all ingredients and bake with cheese on top. The spreadsheet for the noon meal on October 7, 2024, shows, regular and pureed diet should have been served the same thing. On October 7, 2024, at 2:12 PM, V4 (Dietary Manager) stated, they should be following the menus and recipes for all meals. The facility's standardized recipes dated October 2, 2023, shows, Policy: Standardized recipes for menu items will be used to help ensure consistent quality, portion size, and cost control. Procedure: 4. All recipes will be followed as written.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 35178 Based on observation and interview the facility failed to provide the residents with an appetizing and appealing meal for 8 of 8 (R16, R32, R35, R45, R56, R66, R69, & R72) residents reviewed for appearance, palatability and preferred temperature in the sample of 20. The findings include: On 10/07/24 at 9:41 AM, R56 said, what is cold is warm, what is hot is cold. The food they make is hard to identify. They do not inform you about the food. There are no alternatives. On 10/07/24 at 11:59 AM, R32 said, there is no menu. There is no alternative menu. I'm allergic to pork, in that case they will provide PB&J (peanut butter and jelly). But I have my own food I make. Having a substitution menu sounds like a good Idea, I don't think it will happen here. On 10/07/24 at 12:16 PM, R16 lying in bed on back with head of bed low. R16's roommate was eating lunch. We are not provided a menu for meals. I cannot request substitutions. I have requested mashed potatoes for lunch multiple times, they cannot even bring me that. I don't like meat; I like vegetables. The vegetables are usually so poorly cooked I can't chew them. I just drink a canned nutrition shake. On 10/07/24 at 12:23 PM, R72 said, I am not provided with a menu. They do not have alternates; it would be a Christmas miracle if we had any choice in the food we eat. On 10/07/24 at 2:24 PM, R45 the food is always cold, we complain about it but nothing changes. They tell us the food they serve is the food the state requires us to serve. We've asked for hotdogs, brats, polish sausage, they say we can't have it. We used to get bacon but now it's too expensive. We had a microwave waffle and fake sausage this morning. On 10/07/24 at 2:30 PM, R66's family member said, it is hit and miss with food. I bring him food every day. I tried to bring in a microwave, but they said it was a fire hazard. The refrigerator works out well. He eats the biscuits and gravy or mashed potatoes, otherwise he will eat what I bring. He did not eat that microwave waffle and fake sausage for breakfast, he ate the food I brought him. There is no variety, they just had mostaccioli and now there serving it again. On 10/07/24 at 3:02 PM, R35 said, the food here is POOP! My kids bring me food. The oatmeal is always cold. They make the same food over and over and over. On 10/08/24 at 8:30 AM, residents were seated in the dining area. Residents were provided scrambled eggs and a slice of toast pressed down into a plate with plastic wrap. The toast was not crispy. On 10/08/24 at 9:37 AM, R69 said, the food is bad, the facility always has people asking for more food. There is no choice of what you want. We got a very small bowl of chili and a little piece of corn bread. Almost all the residents were requesting more food, but there was nothing left, the residents went hungry. Between the poor taste and small portions, we are hungry. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. Building B. Wing	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rock River Health Care	707 West Riverside Boulevard Rockford, IL 61103

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 10/08/24 at 12:45 PM, V5 LPN (Licensed Practical Nurse) said, we use to have steam tables on the floor and served from those. The kitchen does not do that anymore. The food is cold, and the residents all complain .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. Building B. Wing	10/09/2024

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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 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. 35178 Based on observation, interview and record review the facility failed to provide residents with available drinks when requested by the resident for 6 of 11 residents (R2, R12, R17, R24, R31, and R27) reviewed for drinks available to meet needs/hydration in the sample of 20. The findings include: On 10/08/24 at 12:30 PM, R2, R12, R17, R24, R31, and R27 requested milk during their noon meal. The facility did not provide them with milk. On 10/08/24 at 12:45 PM, V5 LPN (Licensed Practical Nurse) said, the staff called down for milk and was told by the kitchen that only 5 milks can come up to the floor. They (kitchen staff) told us milk is not for lunch. Milk was handed out to 5 residents, but 6 residents were not given milk. The kitchen tells us it's not for lunch, only dinner. On 10/08/24 at 2:19 PM, V4 (Dietary Manager) said, I give one milk at dinner, a lot of residents want milk. We have plenty of milk, 18 cases of milk. If they want milk they can have it. I don't know why they said that about not sending it to them. On 10/08/2024 V5 (LPN) provided a list showing, R2, R12, R17, R24, R31, and R27 did not receive milk. On 10/08/2024, R2, R12, R17, R24, R31, and R27's diet orders allowed for thin liquids and no restrictions to dairy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. Building B. Wing	10/09/2024

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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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 45540 Based on observation, interview, and record review the facility failed to report and keep a resident's room free of bugs/pest. This applies to 1 of 20 residents (R43) reviewed for pest control in the sample of 20. The findings include: On 10/7/2024 at 12:20PM, R43 observed telling V9 Licensed Practical Nurse (LPN) she had wasps in her room. On 10/7/2024 at 12:22PM, approximately 5 black and red bugs were observed on the interior portion of R43's room window. On 10/8/2024 at 12:03PM, approximately 3 black and red bugs were observed on the interior portion of R43's room window. On 10/9/2024 at 11:19PM, one black and red bug was observed on the interior portion of R43's room window. On 10/8/2024 at 12:07PM, V2 Director of Nursing (DON) said resident's rooms should not have bugs in them. On 10/8/2024 at 2:52PM, V6 Maintenance said he was not made aware of any issues with [R43's] room regarding bugs. V6 said an outside pest control company was on site this morning (10/8/2024) but was not here for R43's room. The facility's Pest Control Policy reviewed 11/2022, states . employees are instructed to promptly report all observations of pests to their department heads.