STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145834	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Austin Oasis, The	901 South Austin Blvd Chicago, IL 60644

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. 46342 Based on observation, interview, and record review the facility failed to ensure the residents were treated with respect and dignity by not passing out meals to all residents sitting at a table at the same time. These failures affected 3 residents (R27, R43, R125) reviewed during dining in a total sample of 35 residents. Findings include: On 03/04/25 at 12:20 PM, observed R43 and R332 sitting at the same table in the main dining room with R332 eating lunch from his tray. Observed R43 watching R332 eat. R43 did not have a lunch tray in front of her. R43 stated, I'm hungry. Sometimes I have to wait to get my meal. On 03/04/25 at 12:24 PM, observed R27, R35, R125 and R174 sitting at a table in the main dining room. Observed R35 and R174 eating from their lunch trays. Observed R27 and R125 watching R35 and R174 eating their lunch and the staff passing out other resident trays. R35 and R174 did not have a lunch tray in front of them. R27 stated, I wish we were served all at the same time. I'm hungry. R125 stated, I'm hungry. I want my lunch. On 03/04/25 at 12:34 PM, as R35 was eating R35 stated, we always sit together but our trays come out at different times and we don't get our trays served to us all at the same time. On 03/04/25 at 12:37 PM, R35 finished eating her lunch meal. Observed R27 and R125 still waiting to receive their food and looking at the staff distributing the lunch trays to the other residents sitting in the main dining room. On 03/04/25 at 12:38 PM, as R43 was delivered her meal, her tablemate (R332) who had already finished eating his lunch tray, stood up and walked away from the table. R43 began to eat her lunch independently right away. On 03/04/25 at 12:41 PM, R27 and R125's lunch trays arrived at their table. R27 and R125 began to eat independently immediately. On 03/05/25 at 12:10 PM, V23 (Registered Dietitian) stated during meal service residents sitting at the same table should receive meal at the same time. V23 stated one resident should not be sitting watching the other residents eating; that would be a dignity issue. (continued on next page)

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	R27's diagnosis which includes but not limited to Chronic Obstructive Pulmonary Disease, Cerebral Infarction, Anemia, Violent Behavior, Psychosis, Bipolar Disorder, Schizoaffective Disorder, Panic Disorder, Dementia, Major Depressive Disorder. R27's Physician Orders dated 03/04/25 documents in part General diet regular texture, thin liquids consistency ordered 02/17/25. R27's MDS (Minimum Data Set) from 12/10/24 BIMS (Brief Interview for Mental Status) was 12 out of 15 indicating moderately impaired cognition. R43's diagnosis which includes but not limited to Type 2 Diabetes Mellitus, Chronic Kidney Disease, Hypertension, Anemia, Schizoaffective Disorder. R43's Physician Orders dated 03/05/25 documents in part No Added Salt, regular texture, thin liquids consistency, NCS (No Concentrated Sweets). R43's MDS (Minimum Data Set) from 12/11/24 BIMS (Brief Interview for Mental Status) was 15 out of 15 indicating intact cognition. R125's diagnosis which includes but not limited to Chronic Obstructive Pulmonary Disease, Heart Failure, Protein Calorie Malnutrition, Hypotension, Hypothyroidism. R125's Physician Orders dated 03/05/25 documents in part No Added Salt, mechanical soft, chopped meat texture, thin liquids consistency. R125's MDS (Minimum Data Set) from 03/12/24 BIMS (Brief Interview for Mental Status) was 14 out of 15 indicating intact cognition. Facility provided policy titled The Dining Experience dated 2017 which documents in part, meals served will respect the client's dignity as an individual and meals are served at approximately the same time to all the clients sitting at a table. Facility provided policy titled, Resident Rights undated which documents in part, employees shall treat all residents with respect, kindness, and dignity.

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F 0575 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40061 Based on observations, interviews, and record reviews, the facility failed to display, in a public and accessible location, posters informing residents of their rights to explore or decline community transition under the [NAME] Consent Decree, and their right to be free from retaliation, regardless of their decision on transition. This has the potential to affect all [NAME] Class Members. Findings include: On 03/04/2025 at 10:56 AM, conducted first floor observations at the main entrance and main dining room. No [NAME] Consent Decree postings or signs related to residents' rights to explore community transition with the program. On 3/04/2025 at 11:01 AM, there was no sign at the second-floor nurses' station, in front of the elevator or at the dining room pertaining to the [NAME] Consent Decree. V5 (second floor Nurse) and V7 (second floor Nurse) stated they do not know who the facility works with to help residents transition into the community. V5 and V7 could not locate a sign related to the [NAME] Consent Decree or facility's partnered agencies that help residents' transition to the community on the second floor. On 3/04/2025 at 11:06 AM, there was no sign at the third floor pertaining to the [NAME] Consent Decree. V8 (third floor nurse) stated [V8] doesn't know which transition agency the facility works with for their [NAME] Class Members. On 3/04/2025 at 11:09 AM, no sign at the 4th floor. At 11:12 AM, V9 (fourth floor Nurse) named the transition agency but could not locate the agency's contact info, poster, or information. On 3/04/2025 at 11:13 AM, V10 (Psychiatric Rehabilitation Services Coordinator) named the transition and reporting agency. V10 stated [V10] has not seen the posters for [NAME] Consent Decree around the facility. On 3/04/2025 at 11:18 AM, no posters/signs observed on the fifth floor related to the [NAME] Consent Decree. At 11:22 AM, V11 (Quality Assurance and Psychotropic Nurse) stated [V11] doesn't know who the facility works with for residents' transition into the community. V11 did not know if there were posters or signs for it. On 3/04/2025 at 11:52 AM, V4 (Social Service Director) stated the facility should have flyers pertaining to the [NAME] Consent Decree and transition agency on every floor. When surveyor asked staff where they were located and asked to be shown the posters, staff could not locate them. V4 stated the facility used to have them but will order more. Facility's Pre-Admission Screening and Resident Review (PASRR) policy (last revised 12/2023) documents in part facility's role in submitting census data to IDPH appointed company to be compliant with [NAME] Consent Decree. However, it does not document in part how the facility provides education to all [NAME] Class Members regarding their rights. Facility did not provide any other policy pertaining to [NAME] Consent Decree. (continued on next page)

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F 0575 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Illinois Administrative Code, Title 77: Public Health, Chapter I: Department of Public Health, Subchapter d: Long-Term Care Facilities, Part 300 Skilled Nursing and Intermediate Care Facilities Code, Section 300.3210 General, Subsection (u): [NAME] County facilities with [NAME] Class Members shall provide residents access to the supports and services they need in the most integrated settings appropriate to their needs, including community-based settings, to promote and maximize their independence, choice, and opportunities to develop and use independent living skills. For the purposes of this subsection (u), community-based setting means the most integrated setting appropriate to promote the resident's independence in daily living and ability to interact with persons without disabilities to the fullest extent possible. State Operations Manual Appendix PP - Long Term Care Facilities (Rev. 225; Issued: 08-08-24): The facility must post, in a form and manner accessible and understandable to residents or resident representatives a list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups.

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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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44103 Based on interviews and record reviews, the facility failed to follow their policy and procedure by not obtaining a physician's order for 4 residents' (R44, R63, R129, R332) code status and failed to develop a comprehensive person-centered care plan for 2 (R44, R63) out of 2 residents' code status in a final sample of 35 reviewed for advance directives. Findings Include: R44's face sheet shows an admitted [DATE] and the advance directive section was blank. R44's minimum data set (MDS) dated [DATE] shows R44 is cognitively intact with BIMS (Brief Interview for Mental Status) of 14. R44's order summary report with active orders as of [DATE] shows no physician order for R44's code status. R44's comprehensive care plan does not address R44's advance directive/code status. R332's face sheet shows an admitted [DATE] and the advance directive section was blank. R332's MDS dated [DATE] shows R332 is cognitively intact with of 15. R332's order summary report with active orders as of [DATE] shows no physician order for R332's code status. On [DATE] at 9:25 AM, interviewed V4 (Social Service Director) and stated, When residents come in we talk about advance directives and ask them if they want to be full code or DNR [Do Not Resuscitate] or if they have active advanced directive. V4 stated that residents with BIMS of 12 and above can make their own decisions regarding their code status. V4 stated that it is the facility's policy that residents' code status should be ordered by the physician, should show on the residents' face sheets and should be in their care plans. The facility's ADVANCE DIRECTIVES policy and procedure dated ,d+[DATE] documents in part: A written physician's order is required in response to the resident's Advanced Directive(s). Physician's orders shall be specified and address each Advanced Directive(s). Advanced Directive(s) shall be addressed on the resident's plan of care, physician progress notes, and physician's orders and in Social Service Progress Notes. 39779 R63 has diagnosis not limited to Constipation, Schizophrenia, Cerebrovascular Disease, Essential Hypertension, Vitamin Deficiency, Hyperlipidemia, Dementia, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Gastro-Esophageal Reflux Disease, Atherosclerosis of Native Arteries of Extremities with Gangrene, Left Leg), Heart Failure, Acquired Absence of Left Leg Below Knee, Peripheral Vascular Disease and Chronic Obstructive Pulmonary Disease. During review of R63 Physician Orders, Care Plan and Electronic Medical Record there were no documented Advance Directives. 46342 (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R129 has a diagnosis included but not limited to Rhabdomyolysis, Epilepsy, Unspecified, Not Intractable, Without Status Epilepticus, Hypothermia, Sequela, Acquired Absence Of Left Foot, Other Psychoactive Substance Abuse, Other Disorders Of Electrolyte And Fluid Balance, Other Iron Deficiency Anemias, Homelessness, Conversion Disorder With Seizures Or Convulsions, Pain In Unspecified Foot, Hyperglycemia, Major Depressive Disorder, Personal History Of Covid-19, Unspecified Dislocation Of Left Ulnohumeral Joint. R129's MDS (Minimum Data Set) dated [DATE] BIMS (Brief Interview for Mental Status) score is ,d+[DATE] indicating moderate cognition. R129's signed form titled IDPH Uniform Practitioner for Life-Sustaining Treatment (POLST) Form dated [DATE] which indicates R129's wish for full treatment and yes to CPR (cardiopulmonary resuscitation). R129's care plan dated [DATE] documents in part, (R129) wishes for full code status as specified in his/her advance directive documents will be honored and clearly delineated in the medical record in compliance with status law. R129's Order Summary Report dated [DATE] does not include any order for Advanced Directives.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44103 Based on interviews and record reviews, the facility failed to protect one (R40) resident's right to be free from physical abuse out of one sampled resident. R132 slapped R40 on the face that resulted in R40's falling on her back and sustained left elbow, back, and neck pain. R40 felt scared and shaken. Findings Include: The facility's incident investigation report dated 3/3/25 documents in part: On 3/3/25 [V1 Administrator] was notified by [R40] that [R132] pushed [R40] down. Both residents' representatives and the police were notified. R40's Minimum Data Set (MDS) dated [DATE] shows R40 is cognitively intact with BIMS (Brief Interview for Mental Status) of 15 and requires supervision with walking. R40's functional assessment dated [DATE] shows R40 had no limitation with range of motion to upper extremities. R40's progress notes dated 3/3/25 at 4:39 PM documented by V10 (Psychiatric Rehabilitation Services Coordinator) reads in part: Resident had an altercation with another resident this morning. Resident was redirected and was checked by nurse. The writer will continue to assist resident's needs. R132's MDS dated [DATE] shows R132 is cognitively intact with BIMS of 15 and independent with walking. R132's progress notes dated 3/3/25 at 10:30 AM documented by V13 (Registered Nurse/RN) reads in part: Patient came to the medication cart where other patients was standing in line for their medication and stated I want my medication now, I am not waiting. [R132] started yelling and became aggressive with another resident slapped her [R40] in her face and pushed her to the floor. On 3/4/25 at 10:55 AM, R40 stated on 3/3/25 at around 10:00 AM, R40 was in line to get medications from V13 (Registered Nurse). R40 stated, [R132] came up real fast next to [V13] and said [R132] needs her medication. [R132] was loud and angry. [V13] tried to tell [R132] that [V13] will finish giving my meds. [R132] was so angry and demanding her meds. I said please have some respect the nurse was telling you something. Then [R132] took her hand, slapped me on my face, and pushed me real hard and knocked me out on my butt. I fell on the ground. I fell on my butt and back and left shoulder. I had a replacement surgery there it's very very painful. Now the pain level is 8. I landed on my left side. Now my left side of my neck, my left side of my mid to lower back and my left elbow is hurting. I was so scared, and I was shaken. [R132] was twice as big as me. [R132] was double the frame of me. I'm only 124.8 pounds. I screamed for pain. [V13] the nurse and another staff helped me up. I stood for a while. I slowly walked to my room and laid down. I didn't want to go to the hospital. I told [V13] I was having pain. [V13] gave me Hydrocodone. I already have chronic pain on my left arm but it got worse because of the incident. My elbow, my neck, my back are hurting more. R40 stated the pain medications help control the pain. R40 stated [V13] sent [R132] to the hospital. Surveyor asked R40 to lift R40's left arm and noted R40 with limitation on range of motion. (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Few	On 3/5/25 at 9:34 AM, interviewed V10 (Psychiatric Rehabilitation Services Coordinator/PRSC) about the incident that happened on 3/3/25 between R40 and R132. V10 stated, It was around 10:15 to 10:30 in the morning it happened at the nurses' station on the 5th floor. Front desk paged social service to go to the fifth floor. When I came up there they had the residents [R40, R132] separated already. [V13] and the [Certified Nursing Assistant] CNA (does not know her name) were there they witnessed the incident. [R40] was a little shaky she told me that [R132] pushed [R40]. [R132] was being disrespectful to [V13] and [R40] told [R132] to be more respectful and then [R132] got angry at [R40] and proceeded to pushing [R40] on the face. [R40] told me she fell and hurt her left shoulder and left elbow. [R132] was already in the room and [R40] was in the hallway sitting on the chair with [V13]. The nurse was assessing [R40]. [R40] said that she was okay but [R40] said she was hurting on her left shoulder and left elbow. [R40] did not want to go to the hospital. We kept them separated. After that I started the petition for [R132]. We removed [R132's] roommate from the room because [R132] was still agitated. V10 stated that physical abuse is when someone put their hands on somebody attempting to hurt them in a malicious way. V10 stated that what [R132] did to [R40] is a type of physical abuse. A follow up interview was conducted with V10 on 3/6/25 at 9:55 AM and stated that R132 had history of aggressive behavior prior to the incident with [R40]. On 3/6/25 at 9:29 AM, a phone interview was conducted with V13 (RN) about R40 and R132's incident on 3/3/25. V13 stated, It happened in the morning time. I was passing medication when it happened. [R132] came up to me and wanted me to stop to give her medications. I told [R132] that there is a line and people are in line waiting. [R132] started saying she will punch me on my face. [R40] tried to stop [R132] and told [R132], Oh no you can't talk to the nurse like that. Then [R132] slapped [R40] on the face and pushed her. [R40] fell on her back, I think on her left side. V13 stated she assessed [R40] with no injuries and did not complain of pain. V13 stated R40's doctor was notified but R40 did not want to go to the hospital. V13 stated R132 was sent to the hospital for psychotic behaviors. The facility's Abuse Prevention Program Facility Policy (no date) documents in part: This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, corporal punishment, and involuntary seclusion. This facility is committed to protecting our residents from abuse by anyone including, but not limited to, facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals. Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Physical Abuse is the infliction of injury on a resident that occurs other than by accidental mends and that requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39779 Based on interview and record review, the facility failed to refer 9 (R1, R22, R35, R55, R59 R70, R83, R99, R136) residents to the appropriate state designated authority for a Level II Preadmission Screening and Resident Review (PASARR) evaluation out of 9 residents reviewed for PASARR in a total sample of 35. Findings Include: 1. R22 was admitted to the facility on [DATE] with diagnosis not limited to Multiple Sclerosis, Muscle Spasm, Personal History of Suicidal Behavior, Bipolar Disorder, Schizoaffective Disorder, Bipolar Type and Major Depressive Disorder, Recurrent. R22's Document titled Notice of PASRR Level II Outcome dated 09/26/24 document in part: PASRR Determination: Approved without Specialized Services. This Level II evaluation is good within 90 calendar days of the Notice date listed on the Notice of PASRR Level II Outcome that came with this letter. You fall into the category of having a diagnosis that the PASRR program was designed to assess. Your condition is likely to require expert treatment in the future. You are diagnosed with major depressive disorder, schizophrenia, bipolar disorder, and generalized anxiety disorder. The admitting Nursing Facility should contact their local Care Coordination Services Agency to have a post-admission screening conducted. There is no documented follow up screening for R22. 2. R59 was admitted to the facility on [DATE] with diagnosis not limited to Auditory Hallucinations, Newborn Affected by Maternal use of Alcohol, Schizoaffective Disorder, Bipolar Type, Major Depressive Disorder, Single Episode, Severe with Psychotic Features, Bipolar Disorder, Current Episode Depressed, Severe, Major Depressive Disorder, Recurrent, Severe with Psychotic Symptoms, Anxiety Disorder and Schizophrenia, Suicidal Ideations. R59's Document titled Notice of PASRR Level II Outcome dated 06/25/24 document in part: PASRR Determination: Approved without Specialized Services. This Level II evaluation is good within 90 calendar days of the Notice date listed on the Notice of PASRR Level II Outcome that came with this letter. You fall into the category of having a diagnosis that the PASRR program was designed to assess. You have a level II PASRR condition of bipolar this order, current episode depressed, severe, without psychotic features, schizoaffective disorder bipolar type, major depressive disorder, recurrent, severe with psychotic symptoms, and generalized anxiety disorder, which needs routine follow up with a mental health professional and a medication regimen of Depakote, Seroquel, Melatonin, Ativan, Zyprexa, and Gabapentin. There is no documented follow up screening for R59. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. R70 was admitted to the facility on [DATE] with diagnosis not limited to Schizophrenia, Personal History of Suicidal Behavior, Schizoaffective Disorder, Depressive Type, Psychotic Disorder, Bipolar Disorder, Paranoid Schizophrenia, Obesity, Anxiety Disorder, Psychosis, Auditory Hallucinations and Schizoaffective Disorders. R70's Document titled Notice of PASRR Level II Outcome dated 06/22/24 document in part: PASRR Determination: Approved without Specialized Services. This Level II evaluation is good within 90 calendar days of the Notice date listed on the Notice of PASRR Level II Outcome that came with this letter. You fall into the category of having a diagnosis that the PASRR program was designed to assess. You are diagnosed with paranoid schizophrenia which significantly impacts your daily life. You may benefit from medication management and psychiatric support. There is no documented follow up screening for R70. 40061 4. R1's Admission Record documents in part an initial admitted [DATE]. R1 with diagnoses of bipolar disorder, schizoaffective disorder-bipolar type, and hallucinations. R1's 11/09/2024 Notice of PASRR (Preadmission Screening and Resident Review) Level II Outcome documents in part a short-term approval without specialized services. The date the short-term approval ended was on 2/07/2025. On 3/05/2025 at 11:56 AM, V12 (Director of Admissions) provided a copy of R1's 11/09/2024 PASRR. V12 stated the facility does not have a more recent PASRR. On 3/05/2025 at 1:02 PM, V12 stated R1 is due for another evaluation. V12 stated facility did not schedule the re-evaluation until the time of the survey. 5. R136's Admission Record documents in part an initial admitted [DATE]. R136's 6/27/2023 Notice of PASRR Level I Screen Outcome documents in part that R136 did not require a level II due to no diagnosis of severe mental illness, intellectual disabilities, and/or related condition. R136's Admission Record, however, documents a diagnosis of bipolar disorder with an onset date of 8/29/2024. R136's Order Summary Report documents in part that R136 is on Olanzapine (antipsychotic), Prozac (antidepressant), and Trazadone (antidepressant). On 3/05/2025 at 2:26 PM, V12 stated R136 did not have a more recent PASRR than the one from 6/27/2023. V12 stated facility did not request for a PASRR re-evaluation for R136 after the new diagnosis of bipolar disorder. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Facility's Pre-Admission Screening and Resident Review (PASRR) policy (last revised 12/2023) documents in part: It is the policy of this facility to comply with Federal, State and the appointed screening agency, [contracted company], in standards addressing the PASRR assessment/screening process. It is the policy of this facility to: review the PASRR documents to help assess/ascertain what type of problems, needs and issues need to be addressed to help the resident function at his/her maximum level of well-being. 46342 6. R83 admitted to the facility 04/21/22 with admitting diagnosis which included Type 2 Diabetes Mellitus with Foot Ulcer, Acquired Absence of Left Leg Below Knee, Acute Osteomyelitis, Left Ankle & Foot, Cellulitis of Left Lower Limb, Asthma, Syphilis, Chronic Viral Hepatitis C, Dyspnea, Seizures. R83's Notice of PASRR Level I Screen Outcome dated 04/15/22 documents in part, no level II required - no SMI/ID/RC and suspected or confirmed PASRR condition(s): not applicable. During R83's stay the following diagnoses were added on these dates: Anxiety Disorder (05/05/22), Depression (05/05/22), Major Depressive Disorder (07/04/22), Schizophrenia (12/17/22). R83 does not have a Level II PASRR evaluation after newly added mental illness diagnoses. 7. R35 admitted to the facility 10/07/24 with admitting diagnosis including but not limited to Schizoaffective Disorder, Schizophrenia. R35's Notice of PASRR Level II Outcome dated 10/05/24 documents in part, short term approval without specialized services and date short term approval ends as 01/03/25. 8. R55 admitted to the facility 03/12/10, diagnosis with date of onset as follows: Major Depressive Disorder (10/05/21), Paranoid Schizophrenia (04/10/17), and Generalized Anxiety (04/10/17). R55's Notice of PASRR Level II Outcome dated 09/26/24 documents in part, short term approval without specialized services and date short term approval ends as 12/25/24. 9. R99 admitted to the facility 04/30/24 with admitting diagnosis including but not limited to Schizophrenia, and Psychosis. R99's Notice of PASRR Level II Outcome dated 09/02/24 documents in part, short term approval without specialized services and date short term approval ends as 12/01/24. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/05/25 at 1:50 PM, V12 (Director of Admissions) V12 stated if a resident has a completed PASRR level I which says that a PASRR level II screen is not required but the resident is later diagnosed with a mental illness or intellectual disability then a request for a clinical review for PASRR level II must be submitted to Maximus so the resident can be re-evaluated. V12 stated the facility has never had this scenario before where a new diagnosis is added after the initial PASRR level I was completed. V12 stated if a resident receives a PASRR level I screen with a short-term approval it will specify the approval end date, which means if the resident remains in the facility past this end date, then the facility is supposed to request re-screening for PASRR level I/II via Maximus. V12 stated on the Maximus dashboard it will flag the resident as Update Needed for PASRR II, which lets the facility know the resident(s) who are getting ready to expire beyond the approval end date. V12 stated she could see the residents flagged as needing PASRR level II, but she was not able to request a re-screening via Maximus because she did not have access to do so. V12 stated she called Maximus today to find out why she does not have access to request a PASRR level II screening and Maximum was able to give her access as of today. V12 stated prior to today the residents with PASRR level I with short term approval were not being rescreened by Maximus for PASRR level II. V12 stated she submitted screenings for R1, R35, R55, and R99 as of today, 03/05/25. V12 stated she was not aware of R83 or R136 needing to be screened for PASRR level II due to mental illness diagnosis added. V12 stated PASRR evaluations are important, so the facility understands the resident's diagnosis, can provide the level care and services required for the resident and to make sure the resident is appropriate for a nursing home placement. R35, R55, R99's Maximus PASRR Outcome Explanation - Notice of Short Term Nursing Facility Approval documents in part, this determination allows you a limited number of days in a Medicaid-certified nursing facility. The short term approval will end on the Date Short Term Approval Ends listed on the Notice of PASRR Level II Outcome and if you or your care provider thinks you need to stay after that date, a nursing facility staff member must submit a new Level I screen to Maximus. The new Level I screen must be submitted no later than 10 days before the Date Short Term Approval Ends.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45110 Based on observation, interview and record review, the facility failed to ensure (A) The five administration rights were followed for one [R151] of three [R108, R139] residents reviewed for medication administration in a sample of 35 residents. Findings Include, R151's Physician orders: 6/25/24 Insulin Glargine 100unit/ml, inject 30units daily. On 3/4/25 at 9:40 AM, observed V5 [Licensed Practical Nurse] prepare R151's insulin: V5 administered R151's insulin in the upper left arm. Surveyor observed the open half-filled insulin Glargine vail was labeled with R59's name, no open or expiration date on the vail. On 3/4/25 at 9:46AM, V5 stated, I was aware that I obtained R151's insulin dose from R59's multi use insulin vial, R151 did not have any more insulin. I re-ordered R151's insulin and should be delivered sometime tonight. The facility has an emergency Insulin Box. I am under the weather, and I did not feel like going to the other nursing floor to get the insulin from the emergency Insulin Box. I did not notice there was no open or expiration date on the insulin vial, prior to administering the medication. The insulin vials should be dated with an open and expiration date at the time of opening the vail, so the nurse will know the insulin is effective. On 3/5/25 at 1:22 PM, V2 [Director of Nursing] stated, All insulins vail, and pens are to be labeled at the time they are open. The label should include the date opened and discontinue date. If the insulins are not labeled, it can potentially cause adverse reactions, and ineffectiveness of the medication that can harm a resident. The nurse should never borrow medication from another resident. The facility has an emergency Insulin box to retrieved needed insulin. Policy documents in part: Medication Administration Policy Medications supply to one resident may not be administered to another resident. Multi-use [NAME] must be dated when opened. Medications must be administered in accordance with the physician's order act their discretion the right resident right medication right dosage right route and right time. All medications must be properly labeled with resident's name, medication name, dosage, and frequency. Medications labeled Refrigerate must be kept in refrigerator.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 40061 Based on interviews and record reviews, the facility failed to complete a quarterly smoking assessment for one resident (R1) and have individualized smoking care plans for independent smokers. This has the potential to affect R1 and all the independent smokers in the facility. Findings include: R1's Admission Record documents in part a diagnosis of nicotine dependence. R1's 12/18/2024 Minimum Data Set (MDS) Assessment documents in part that R1 is cognitively intact. On 3/04/2025 at 10:40 AM, R1 was in the smoking patio. R1 was holding a lighter and igniting other residents' cigarettes. At 10:43 AM, V29 (Psychosocial Aide) stated R1 is a smoker and smokes in the smoking patio. V29 stated R1 also volunteers to help other residents during smoke break by assisting residents into the patio and igniting their cigarettes. V29 stated R1 does this in front of staff and does not keep the lighter. At 10:48 AM, R1 stated [R1] typically smokes five to six cigarettes a day. R1 stated [R1] has been helping out during the smoke breaks for the past month by lighting other residents' cigarettes. R1's 11/13/2024 Smoking Risk Review Assessment documents in part that R1 is a smoker and has had no smoking behaviors since admission. R1 may independently handle smoking materials at the time of the assessment. Facility did not provide a more recent Smoking Risk Review Assessment for R1. No recent assessment related to handling smoking materials or R1's ability to safely ignite other residents' cigarettes. R1's comprehensive care plan did not contain a focus on R1's nicotine dependence or smoking habit. On 3/05/2025 at 2:18 PM, V2 (Director of Nursing) stated that staff should conduct Smoking Risk Review Assessments on the residents at least quarterly. V2 also stated the facility does not care plan residents for smoking if the residents are compliant with the smoking policy and do not require supervision. On 3/06/2025, facility provided a list of independent smokers consisting of 53 residents. The Independent list included R1, R8, R44, R85, R129, and R168. These residents did not have smoking care plans. R61's 1/22/2025 Smoking Risk Review Assessment documents in part that R61 is a smoker and can independently handle smoking material. R61 also did not have a smoking care plan. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Facility Smoking Safety Policy (undated) documents in part: To provide a safe and healthy living environment with respect for the health and well-being needs of each resident, staff member and visitor. Smokers will be evaluated to determine their ability to comply with safety rules and their ability to carry smoking materials. Policy does not include how often staff should conduct these assessments. Facility's Care Plan policy (rev 2/15/2024) documents in part: All residents will have comprehensive assessments and an individualized plan of care developed to assist them in achieving and maintaining their optimal status. The Interdisciplinary Team develops a comprehensive, individualized care plan based on interdisciplinary team assessments and comprehensive assessment of the resident prior to the care conference. Concerns, problems, needs, and/or strengths are listed based on resident's individual needs. All concerns, problems, needs and/or strengths have a corresponding goal. The format for a goal is who, what, how, and when. Goals are resident oriented, specific problem-oriented goals relative to medical and nursing diagnosis, realistic, measurable, and directed towards increased functional levels. All interdisciplinary Team departments are responsible for charting that reflects the care plan concerns, problems, needs and/or strengths, approaches, progress or lack of progress with possible reasons for and any new problems.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 39779 Based on observation, interview, and record review the facility failed to a.) ensure oxygen tubing and nebulizer mask were labeled and dated, b.) ensure nebulizer supplies were properly stored when not in use to prevent contamination for and c.) ensure oxygen signage was posted for residents receiving oxygen therapy. This failure has the potential to affect 3 (R10, R63, R104) residents reviewed for oxygen therapy in a sample of 35. R10 has diagnosis not limited to Generalized Anxiety Disorder, Heart Failure and Chronic Obstructive Pulmonary Disease. R10's MDS (Minimum Data Set) BIMS (Brief Interview for Mental Status) score is 15 indicating intact cognitive response. R10's Physician Orders document in part: Oxygen via NC (Nasal Cannula) at 3L (Liters) continuous every shift. Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG (milligrams)/3ML (milliliter) inhale orally two times a day. R10's Care Plan document in part: Focus: R10 has head of bed elevated while in bed or lays on extra pillows to facilitate easier breathing related to diagnosis of COPD (Chronic Obstructive Pulmonary Disease), Acute Respiratory Failure with Hypoxia and receives bronchodilator, MED (Medication)/NEB (Nebulizer) treatments routinely and PRN (as needed). Interventions: Give aerosol or bronchodilators as ordered. Give oxygen therapy as ordered by the physician. On 03/04/25 at 11:24 AM R10 was observed sitting in the bed with oxygen per nasal cannula in use. The oxygen tubing was not labeled or dated. The nebulizer set up was laying on the table next to the bed with no bag. On 03/04/25 at 12:54 PM The surveyor asked V5 (Licensed Practical Nurse) to enter R10's room. Upon arriving at R10's room entrance the surveyor made V5 aware that there was no oxygen sign posted at R10's room entrance. V5 then entered R10's room. R10 was sitting on the bed with oxygen per nasal cannula in use. V5 picked up R10's nebulizer set up dated 02/10/25. V10 stated the nebulizer is supposed to be changed every night shift if I am not mistaken. The oxygen tubing is not dated. Oxygen signage lets everyone know there is oxygen in use just in case we have a fire. The oxygen tubing and nebulizer is stored in a bag to prevent contamination. R63 has diagnosis not limited to Dementia, Heart Failure and Obstructive Pulmonary Disease. R63's MDS (Minimum Data Set) BIMS (Brief Interview for Mental Status) score is 13 indicating intact cognitive response. R63's Physician Orders document in part: Oxygen at (2) L/Min per Nasal Cannula as needed. R63's Care Plan document in part: Focus: R63 has her HOB elevated while in bed and/or uses additional pillows to prevent SOB when lying flat related to diagnosis of COPD. Interventions: Give oxygen therapy as ordered by the physician. On 03/04/25 at 12:32 PM R63 was observed lying in bed with oxygen per nasal cannula in use. Oxygen tubing was observed with no label. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/04/25 at 12:42 PM the surveyor asked V5 (Licensed Practical Nurse) to enter R63 room then asked the flow rate of R63's oxygen and if there was a label on R63's oxygen tubing. V5 exited R63's room and responded, R63's oxygen is at 3 liters and the tubing was not labeled. The oxygen tubing is supposed to be labeled. The tubing is to be changed out on night shift and labeled when it is changed out. R104 has diagnosis not limited to Seasonal Allergic Rhinitis, Acute Cough, Cardiomyopathy, Pneumonia, Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation, Hypoxemia and Acute Respiratory Failure with Hypoxia. R104's MDS (Minimum Data Set) BIMS (Brief Interview for Mental Status) score is 14 indicating intact cognitive response. R104's Physician Orders document in part: Albuterol Sulfate Inhalation Nebulization Solution 2 puff inhale orally every 4 hours as needed. Oxygen every 4 hours as needed 4 liters. R104's Care Plan document in part: Focus: R104 is receiving Oxygen Therapy PRN related to Ineffective gas exchange. Interventions: Give oxygen as ordered by physician. Focus: R104 has her HOB elevated while in bed and/or uses additional pillows to prevent SOB while lying flat related to diagnosis of Acute Respiratory Failure with Hypoxia, Pneumonia, COPD with Acute Exacerbation, Allergic Rhinitis, Nicotine Dependence. Interventions: Give aerosol or bronchodilators as ordered. Give oxygen therapy as ordered by the physician. On 03/04/25 at 11:16 AM R104 was observed sitting in the bed with the oxygen nasal cannula on the floor. R104 stated I took off the oxygen. R104 picked up the nasal cannula and placed it on. R104 nebulizer setup was observed on the bedside table not in a bag. On 03/04/25 at 12:52 PM The surveyor asked V5 (Licensed Practical Nurse) to enter R104's room. Upon arriving at R104's room entrance the surveyor made V5 aware that there was no oxygen sign posted at R104's room entrance. V5 then entered R104's room. R104 was sitting on the bed with oxygen per nasal cannula in use. V5 stated, I need a baggy, something to put the nebulizer in. R104 should have an oxygen sign at the door. On 03/06/25 at 09:12 AM V2 (Director of Nursing) stated my expectations of the nursing staff when a resident has oxygen are they should check the oxygen saturation and make sure oxygen tubing and nebulizer is dated. When the oxygen and nebulizer face mask are not in use they should be stored in a bag in the residents' drawer. The oxygen tubing and nebulizer should be changed weekly. If oxygen is being used there should be an oxygen sign. Policy: Titled Oxygen Therapy dated 09/19 document in part: To administer oxygen in conditions in which insufficient oxygen is carried by the blood to the tissues. Procedure: 2. Place Oxygen in Use sign outside the room when in use. Smoking is Prohibited. 6. Discard disposable mask, cannulas, and tubing after use minimal weekly and prn (as needed). (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Titled Oxygen Equipment dated 09/19 document in part: To administer oxygen in conditions in which infection control is maintained. 2. Facility will use disposable nasal cannula and facemasks. Equipment will be changed weekly and prn on date of facility's choice and dated. 3. Humidifier Bottles: prefilled bottles will be changed and dated when empty. Other bottles will be changed and dated weekly and prn. 4. Oxygen tubing/nebulizer masks will be changed and dated weekly and prn. 5. Oxygen tubing/nebulizer mask will be covered when not in use.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45110 Based on observation, interviews, and record review, the facility failed to label open insulins for 4 [R36, R282, R283, R284] residents on 2 of 8 medication carts reviewed for medication storage in a sample of 35. Findings Include, On 3/4/25 at 9:12 AM, V7 [Licensed Practical Nurse] and surveyor conducted inventory of the second-floor south medication cart observed the following: A plastic open cup with [28] dark green pills. R36's open vail of Basaglar Kwik Pen, inject 12 units at bedtime. R283's Lantus (Glargine Insulin) Pen, inject 20 units one time per day. A label on the pen Refrigerate. [Pen was in top drawer of med cart] R284 's Humalog, inject per sliding scale, before meals and at bedtime. R282's Insulin NPH Isophane and Regular Subcutaneous 70/30, inject 12 units in the morning. On 3/4/25 at 9:20 AM, V7 stated, This morning I did not have any iron supplement pills on my medication cart available. I borrowed from the north cart. The facility has house stock, but I was trying to pass out my morning medications. On 3/4/25 at 9:30 AM, V6 [Assistant Director of Nursing] stated, All medication should be in its original bottle with the appropriate label and dated with the open date. All insulins should be dated when opened. On 3/4/25 at 9:38 AM, V5 [Licensed Practical Nurse] and surveyor conducted inventory of the second-floor north medication cart observed the following: R155's Lantus (Insulin Glargine) inject 30untis, one time per day. R285's Humalog [Insulin Lispro] inject 14 units, three times per day. On 3/5/25 at 1:22 PM, V2 [Director of Nursing] stated, All insulins vail, and pens are to be labeled at the time they are open. The label should include the date opened and discontinue date. If the insulins are not labeled, it can potentially cause adverse reactions, and ineffectiveness of the medication that can harm a resident. The nurse should never borrow medication from another resident. The facility has an emergency Insulin box to retrieved needed insulin. Policy documents in part: (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Medication Administration Policy Medications supply to one resident may not be administered to another resident. Multi-use [NAME] must be dated when opened. Medications must be administered in accordance with the physician's order act their discretion the right resident right medication right dosage right route and right time.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 46342 Based on observation, interview, and record review the facility failed to prepare food items listed on menu for pureed diets and prepare adequate food portions as documented on the recipe. This failure has the potential to affect 165 residents receiving pureed and regular diets prepared in the facility's kitchen based on the diet order list dated 03/04/25. Findings Include: On 03/04/25 at 12:00 PM, observed lunch tray line. Regular diets were receiving Sweet and Sour Chicken, Steamed Rice, and Oriental Vegetables. Pureed diets were receiving Pureed Sweet and Sour Chicken, Mashed Potatoes, and Pureed Spinach. V19 (Cook) stated she did not make pureed rice and the pureed diets were receiving mashed potatoes in place of pureed rice. On 03/04/25 at 12:54 PM, surveyor tasted pureed vegetable which was spinach. There was no spinach in the Oriental vegetables. On 03/04/25 at 12:59 PM, V17 (Dietary Manager) stated the pureed diets should have received pureed rice, not mashed potatoes based on the spreadsheets/menus. V17 stated the pureed diets should have received pureed oriental vegetables, not pureed spinach. V17 stated the pureed diets should be getting the same food as the regular diets except in pureed form. V17 stated this is important for menu variety and dignity. On 03/05/25 at 11:58 AM, V23 (Registered Dietitian) stated the cook should be following the spreadsheets and serving the items listed. V23 stated residents on pureed diets should all be receiving the same food as the regular diets but in pureed consistency. V23 stated just because the residents are on pureed diets they should not be receiving anything different than the regulars. V23 stated this is important to provide menu variety and all residents should be receiving a variety of foods. V23 stated if the pureed diets are given mashed potatoes every day, they could get sick of them, and this could affect their intake. V23 stated the kitchen should not be using left over vegetables for the purees, and the purees should have received pureed Oriental vegetables like everyone else. On 03/05/25 at 11:30 AM, V19 stated each resident will receive one slice of ham which is equivalent to 3-ounces for lunch. V19 stated the kitchen does not have a slicer, so she had to hand cut all the ham into 3-ounce slices and the slices did not come out uniform because the knives they have in the kitchen are not the best, so it was difficult to get a clean cut of the ham. Surveyor could see that none of the slices of ham were uniform in thickness and some of the slices of ham were very thin. On 03/05/25 at 11:32 AM, surveyor asked V19 to weigh a randomly selected slice of ham from the prepared sheet pan. Using an industrial scale that had been tared to zero the 1st slice of ham weighed 2.5 ounces. Surveyor asked V19 to weigh a 2nd slice of ham and this slice of ham weighed 1-ounce. Surveyor asked for a 3rd slice of ham to be weighed and this slice of ham was 2-ounces. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/05/25 at 12:25 PM, as surveyor was leaving the kitchen observed lunch tray line in progress. Observed V19 serving single slices of ham on each resident plate. On 03/05/25 at 11:56 AM, V23 (Registered Dietitian) stated the menus and recipes should be followed so the residents get the right amount of protein and if the kitchen is not following them the residents may not be getting the correct nutrition for the day. V23 stated this has the potential to make their diet nutritional inadequate. V23 stated if that continues to happen over time there is the potential for weight loss. Facility provided diet order list dated 03/04/25. Facility provide Diet Spreadsheet Day 3-Tuesday which listed in part for pureed diets to receive Pureed Sweet and Sour Chicken, Pureed Steamed [NAME] and Pureed Oriental Vegetables. Facility provided recipes titled, Pureed Buttered [NAME] and Pureed Cooked Vegetables using stir fry vegetables. Facility provided recipe titled Baked Ham which documented in part, portion size 3-ounces. Facility provided policy titled Standardized Recipes dated 2018 which documents in part, food will be prepared according to standardized recipes provided by the menu source. Facility provided [NAME] Job Description which documents in part, duties to prepared all food as planned on the cycle menu for the clients and follow standardized recipes in food preparation to ensure quality of foods prepared.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. 46342 Based on observation, interview and record review, the facility failed to prepare ground/mechanical soft and pureed food in appropriate diet consistency form. This failure has the potential to affect 10 residents on mechanical soft/ground diets (R15, R19, R26, R36, R39, R60, R79, R81, R82, R95) and 8 residents on pureed diets (R68, R71, R84, R94, R106, R114, R115, R116) prepared in the facility kitchen based on list of residents receiving mechanical soft with ground meat and pureed diets dated 03/04/25. Findings Include: Facility had 10 residents on mechanical soft/ground diets and 8 residents on pureed diets. On 03/04/25 at 12:16 PM, observed V19 (Cook) portioning out food on the tray line. Observed large pan of Sweet and Sour Chicken and smaller container of pureed Sweet and Sour Chicken. V19 stated the regular diets and mechanical soft/ground diets are receiving the same entree in the same form for lunch. V19 stated a separate ground Sweet and Sour Chicken was not prepared. V19 stated the chicken already comes in diced up. Observed multiple large chunks of chicken mixed in with smaller diced up pieces of chicken. On 03/04/25 at 12:54 PM, tasted Sweet and Sour Chicken and noted multiple large pieces of chicken which had to be broken up with a fork for surveyor to fit into mouth to taste. On 03/04/25 at 1:06 PM, V17 (Dietary Manager) observed the Sweet & Sour Chicken and stated the diced chicken does not have uniform sized pieces of chicken and there are some large pieces mixed in with smaller pieces. V17 stated the chicken in the Sweet & Sour Chicken should be ground for the mechanical soft diets. V17 stated the larger chicken pieces could be a potential choking hazard and that is why the chicken should be ground. On 03/05/25 at 10:50 AM, during pureed lunch food preparation observed the pureeing process for ham and V19 stated she uses a blender to puree the food and the consistency of the puree should be pudding like with no chunks or particles in it. V19 stated the overall consistency should be smooth like baby food and require no chewing. On 03/05/25 at 11:43 AM, observed V19 pureeing ham and adding broth and noticed the solids and liquids were separating instead of becoming emulsified into a cohesive product. V19 was using an older blender which did not seem to be working effectively. When V19 finished pureed preparation and the final product was portioned into a serving pan surveyor tasted the pureed ham. The final product was not pureed. The ham had large particles of ham that the surveyor had to chew before swallowing. On 03/05/25 at 11:45 AM, V17 tasted the pureed ham and stated the ham was not pureed enough and could not be served like that. (continued on next page)

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/05/25 at 12:00 PM, V23 (Registered Dietitian) stated reasons residents may be on a mechanical soft or ground diet is that they could have chewing problems. V23 stated ground/mechanical soft consistency should be like taco meat texture, not large chunks of regular meat. V23 stated the potential problem if a resident on a ground diet was to receive large chunks of chicken that was not ground is the residents may not be able to eat the food and it could potentially cause a resident to choke. V23 stated the chicken should be ground up not cut up or diced. V23 stated the reason a resident may be on a pureed diet could be swallowing or chewing issues. V23 stated the pureed consistency should be mashed potatoes, no chunks and cohesive meaning the liquids should not be separating from the solids. V23 stated the problem with serving a resident on a pureed diet food that is not pureed is that they could potentially choke. Facility provided [NAME] Job Description dated 2017 which documents in part, duties to prepare all food as planned on the cycle menu for the clients and prepare all foods for the clients on special diets as planned on the extended menus. Facility provided document titled Diet Spreadsheet Day 3-Tuesday which documents in part, for Mechanical Soft diets to serve ground Sweet and Sour Chicken with sauce. Facility provided recipe titled, Ground Sweet & Sour Chicken dated 2025 which documents in part, ingredients to use as diced ground chicken. Facility provided recipe titled Pureed Baked Ham dated 2025 which documents in part, blend until smooth and to achieve smooth, pudding or soft mashed potato consistency. Facility provided policy titled Mechanical Soft Diet dated 2017 which documents in part, food will be provided in a form designed to meet individual needs and unless otherwise indicated, meat and meat substitutes will be mechanically ground. Facility provided policy titled, Pureed/Dysphagia Diet undated which documents in part, food will be provided in a form designed to meet individual needs and whole food will be pureed in a blender or a food processor to a semi-solid consistency (i.e. the consistency of pudding-like) and standardized recipes for pureed food will be followed.

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. 46342 Based on observations, interviews, and record reviews, the facility failed to provide double portions as part of the therapeutic diet as prescribed by the physician for 19 (R9, R17, R18, R23, R47, R78, R97, R98, R100, R107, R134, R136, R155, R164, R165, R174, R176, R232, R433) residents reviewed for dining services in a total sample of 35. Finding include: On 03/04/25 at 12:16 PM, during tray line observation observed V19 (Cook) portioning out food onto resident's trays for lunch. V19 stated the serving size for regular diets was 6-ounce ladle Sweet & Sour Chicken, #8 scoop (4-ounces) [NAME] Rice, and 4-ounce ladle Stir Fry Oriental Vegetables. V19 stated the residents with orders for double portions receive a double portion of the white rice (8-ounces total), and a standard portion of the Sweet and Sour Chicken (6-ounces) and Stir Fry Oriental Vegetables (4-ounces). V19 stated only the rice/starch is doubled, not the protein/main entree or vegetables. On 03/04/25 at 12:17 PM, observed V19 portion out food for double portion diets based on their meal tickets for R47, R97, R134, R174 which consisted of 6-ounces Sweet and Sour Chicken, 8-ounces white rice and 4-ounces Stir Fry Oriental vegetables. On 03/05/25 at 12:06 PM, V23 (Registered Dietitian) stated a double portion order is a therapeutic diet if it is ordered by the physician. V23 stated residents may have orders for double portions to give them more calories to promote weight gain and there are some residents who have that order because it is a food preference for more food. V23 stated double portions for the meal means everything on the plate should be doubled. V23 stated yesterday the residents on double portions should have received double the standard portion for the protein, starch and vegetable. V23 stated if this is not what the residents received that means the diet order is not being followed. V23 stated maybe that is why the residents are still hungry and asking for more food after meals. Facility provided list of residents with diet orders dated 03/04/25 including those with orders for double portions. Facility provided policy titled, Transmitting Diet Orders to Food and Nutrition Services dated 2017 documents in part, clients are served their diets as ordered. Facility provided policy titled, Double/Large Portion dated 2017 which documents in part, double portions are served as double serving of food on the plate.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 46342 Based on observations, interviews, and record reviews, the facility failed to ensure a.) kitchen staff wearing appropriate hair covering, b.) hand washing was being done in between handling dirty and clean dishes/equipment, c.) food items were properly labeled and dated. These failures have the potential to affect all 175 residents receiving food prepared in the facility's kitchen. Findings include: On 03/04/25 at 9:10 AM, upon entering the kitchen to conduct initial kitchen tour observed V18 (Dietary Aide) working in the dish machine area by himself. A hairnet was covering his head however V18 had a full mustache that was not covered. V18's mustache was extending over his top lip. On 03/04/25 at 9:15 AM, V17 (Dietary Director) stated everyone who enters the kitchen must wear a hairnet to cover their hair on their head. V17 stated beard/mustache coverings do not need to be worn in the kitchen and that facial hair does not need to be covered, only the hair on someone's head needs to be covered. V17 stated the purpose of wearing a hairnet is to prevent hair from falling into the prepared food and served to the residents. On 03/04/25 at 12:00 PM, observed V18 working on the lunch tray line. V18 was still not wearing any hair protector to cover V18's mustache. On 03/04/25 at 12:10 PM, observed V21 (Dietary Aide) walking around the kitchen filling up water pitcher with ice from the ice machine only wearing a hairnet on his head. V21 had a mustache and beard which were not covered with a hair restraint. V21 stated he was never told or asked to cover his beard or mustache before. On 03/04/25 at 12:45 PM, observed V18 and V21 walking around the kitchen wearing face masks. On 03/04/25 at 01:10 PM, V17 stated when she pulled the policy on hair restraints it said that facial hair should be covered so she told the male staff to cover their beards/mustaches with a face mask until she can order beard protectors for them to wear. On 03/04/25 at 9:10 AM, observed V18 feeding dirty trays into the dish machine and then pulling the cleaned trays out of the dish machine without performing any hand hygiene in between handling the dirty and cleaned items. On 03/04/25 at 9:17 AM, observed V18 putting dirty plates into the dish machine and then removing the cleaned plates from the dish machine and stacking the plates in a pile. No hand hygiene was performed in between handling the dirty and cleaned items. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 03/04/25 at 9:20 AM, V17 stated the dish machine area typically has two people working in there with one staff scraping and feeding the dirty items into the dish machine and the other staff pulling out the cleaned items from the machine once they are cleaned. V17 observed V18 working in the dish room putting soiled items into the dish machine and pulling the cleaned items out of the dish machine without performing any hand hygiene. V17 stated after V18 feeds the dirty items into the dish machine he should be changing his gloves, washing his hands, and putting on new gloves before pulling the cleaned items out of the dish machine. V17 stated this is important because she does not want V18 transferring bacteria and other pathogens from his dirty gloves or hands to the cleaned items. V17 stated this could potentially make the residents sick and proper hand hygiene is important for infection control to minimize potential illness which could spread throughout the facility. On 03/04/25 at 9:25 AM, V17 stated any prepared or opened food should be wrapped in plastic and a sticker should be added which has the prepared/opened date and use by date/expiration date of the product and stored in the refrigerator. V17 stated prepared items should be used within three days; all other items used within seven days except for condiment items which are good for 30 days. V17 stated it is important to label and date the items with open and use by dates so that the staff knows if an item(s) is safe to use. V17 stated if the item is opened but not labeled with an open/use by date then the staff would not be able to know who long the item has been in the refrigerator. On 03/04/25 at 9:27 AM, in Prep Refrigerator observed the following: 1.) Opened one-gallon Italian Dressing delivered 02/01/25. There was no open or use by date on the product. 2.) Opened 46-ounce container of Thickened Apple Juice from Concentrated Moderately Thick with no opened or use by date on it. On 03/04/25 at 9:32 AM, in Walk-In Refrigerator observed the following: 1.) Opened plastic bag of Shredded Cheddar and Monterey [NAME] Cheese wrapped in plastic. Not labeled with an open or use by date. 2.) Opened five-pound Sliced American Yellow Cheese wrapped in plastic. Not labeled with an open or use by date. 3.) Container of prepared chili like material covered in tin foil. Not labeled with an open or use by date. 4.) Container of diced tomatoes with a label documenting a preparation date 02/03/25 and a use by date 02/10/25. On 03/04/25, facility provided list of diet orders for all residents in the facility. The diet order list indicates there are not any residents nothing by mouth (NPO). Facility provide policy titled, Hair Restraints/Jewelry/Nail Polish/False Eyelashes dated 2017 documents in part, food and nutrition service employees shall wear hair restraints and beard guards and hairnets will be worn at all times in the kitchen. [NAME] guards or masks will be worn as indicated. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Facility provided policy titled, Dish Room Safe Food Handling dated 2017 documents in part, potential for cross-contamination is prevented in the Dish Room and the task of loading the dirty dishes and utensils into the dishwashing machine is handled by one person. The task of removing the clean dishes and utensils from the dishwashing machine is handled by a different person. If there is only one person working in the dish room, the person will remove their gloves, wash their hands and put on fresh gloves whenever they cross over to the clean side of the dishwashing machine to unload the sanitized dishes and utensils. Facility provide policy titled Labeling and Dating Food documents in part, foods prepared and packaged foods will be labeled and rotated to decrease the risk of food borne illnesses, provide the highest quality of product for the residents and minimize waste and foods prepared on the premises to be held cold will be labeled with the date of preparation and this food will also be labeled with the date to discard or use by date. The discard/use by date will be a maximum of 6 days after preparation.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 44103 Based on observation, interview and record review, the facility failed to follow their linen handling policy and procedure to ensure soiled linens are properly placed inside closed plastic bags with no loose items. This failure has the potential to affect all 175 residents residing in the facility reviewed for infection control. Findings Include: On 3/5/25 at 1:46 PM, Surveyor inspected the facility's laundry chute with V30 (Laundry Aide). When V30 opened the laundry chute, loose soiled and dirty incontinence pads, towels, and bed sheets were found that were not inside a plastic bag. V30 stated that staff should be bagging dirty soiled linens and clothing before dropping them in the laundry chute. V30 stated it's not sanitary to drop them in the chute without properly bagging them. On 3/5/25 at 1:54 PM, V2 (Director of Nursing/Infection Preventionist) stated that staff should properly place dirty and soiled linens inside a plastic bag and make sure the bag is securely closed before dropping them in the laundry chute to keep from spreading bacteria. V2 stated that if soiled dirty linens are not properly bagged, biohazard materials could get on things that it should not get on. It could contaminate other things that would negatively affect the staff and residents. The facility's LINEN AND LAUNDRY HANDLING FOR LAUNDRY DEPT policy dated 10/14 documents in part: To ensure proper handling of soiled and clean linen and personal laundry to prevent the spread of microorganisms. Every effort will be made to ensure that soiled articles do not come into contact with the floor, uniforms, furniture, or other areas deemed clean. Soiled linens shall be placed in plastic bags by nursing personnel. The facility's residents' roster printed on 3/4/25 shows a total of 175 residents residing in the facility.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44103 Based on interview and record review, the facility failed to: (1) provide eligible residents and/or resident representatives education regarding the benefits and potential side effects of all available pneumococcal vaccinations; (2) assess eligibility and offer pneumococcal vaccinations to five (R61, R85, R156, R44, R332) of five residents reviewed for pneumococcal vaccinations; (3) update the facility's Pneumococcal Screening and Immunization policy to reflect the recent Centers for Disease Control and Prevention (CDC) Adult Vaccination Schedule and guidance. This had the potential to affect any residents eligible to receive the Pneumococcal vaccinations. Findings include: 1. Review of R61's electronic health record (EHR) revealed R61 was admitted to the facility on [DATE] and is [AGE] years of age with diagnoses that included, but not limited to diabetes mellitus, alcohol abuse, cerebral infarction, and hyperlipidemia. R61's minimum data set (MDS) dated [DATE] shows R61 is cognitively intact with BIMS (Brief Interview for Mental Status) of 15. R61's smoking risk review dated 1/22/25 shows R61 is a smoker. R61's EHR revealed no documentation indicating the facility assessed R61's eligibility to receive the pneumococcal vaccination and/or that R61 was provided education related to the pneumococcal vaccination. 2. Review of R85's EHR revealed R85 was admitted to the facility on [DATE] and is [AGE] years of age with diagnoses that included, but not limited to chronic obstructive pulmonary disease, essential hypertension, and hyperlipidemia. R85's MDS dated [DATE] shows R85 is cognitively intact with BIMS of 15. R85's smoking risk review dated 2/17/25 shows R85 is a smoker. R85's EHR revealed no documentation indicating the facility assessed R85's eligibility to receive the pneumococcal vaccination and/or that R85 was provided education related to the pneumococcal vaccination. 3. Review of R156's EHR revealed R156 was admitted to the facility on [DATE] and is [AGE] years of age with diagnoses that included, but not limited to psychoactive substance abuse and psychosis. R156's MDS dated [DATE] shows R156 is cognitively intact with BIMS of 15. R156's smoking risk review dated 1/1/25 shows R156 is a smoker. R156's EHR revealed no documentation indicating the facility assessed R156's eligibility to receive the pneumococcal vaccination and/or that R156 was provided education related to the pneumococcal vaccination. 4. Review of R44's EHR revealed R44 was admitted to the facility on [DATE] and is [AGE] years of age with diagnoses that included, but not limited to chronic diastolic heart failure, cirrhosis of liver, hyperlipidemia, alcohol dependence, and chronic obstructive pulmonary disease. R44's MDS dated [DATE] shows R44 is cognitively intact with BIMS of 14. R44's smoking risk review dated 12/9/24 shows R44 is a smoker. R44's EHR revealed no documentation indicating the facility assessed R44's eligibility to receive the pneumococcal vaccination and/or that R44 was provided education related to the pneumococcal vaccination. (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. Review of R332's EHR revealed R332 was admitted to the facility on [DATE] and is [AGE] years of age with diagnoses that included, but not limited to type 2 diabetes mellitus, hyperlipidemia, and essential hypertension. R332's MDS dated [DATE] shows R332 is cognitively intact with BIMS of 15. R332's EHR revealed no documentation indicating the facility assessed R332's eligibility to receive the pneumococcal vaccination and/or that R332 was provided education related to the pneumococcal vaccination. During an interview with V2 (Director of Nursing/Infection Preventionist) on 3/5/25 at 11:36 AM, V2 stated that the corporate nurse was responsible for updating the facilities policies and procedures related to infection control including immunization policies. V2 stated pneumococcal consents and education are only provided to certain residents if they are above [AGE] years old and immunocompromised. V2 stated if a resident is under [AGE] years of age, pneumococcal consent and education will not be provided because they are not eligible to receive the vaccine. Review of Facility Policy: Immunizations dated 9/14 documents in part: Usually only one dose of pneumococcal vaccine is administered however, a second dose is recommended for those people aged 65 or older who got their first dose when they were under 65, if 5 or more years have passed since that dose. This second dose should only be given based on an assessment and practitioner recommendation. Each resident or the resident's representative will receive education regarding the benefits and potential side effects of pneumococcal immunization. Each resident over the age of 65 is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized. The facility's policy did not reflect the CDC's Pneumococcal Vaccination guidance and did not include information on recommended doses of PCV15, PCV20 or PCV21.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44103 Based on interview and record reviews, the facility failed to document the information on the resident's (R332) COVID-19 vaccine and failed to document if education was provided regarding the benefits and potential risks associated with the COVID-19 vaccine to 3 (R61, R156, R332) out of 5 residents reviewed for COVID-19 immunizations in a final sample of 35. Findings include: On 3/5/25 at 9:24 AM, R61, R156, and R332's electronic health records (EHR) were reviewed for immunizations. R61 and R156 revealed both refused the COVID-19 vaccine. R332 had no documentation regarding each dose of COVID-19 vaccine administered to R332 or if he did not receive the COVID-19 vaccine due to medical contraindications or refusal. R61, R156, and R332's EHR also do not have documentation if education was provided to them or their representatives regarding the benefits and potential risks associated with the COVID-19 vaccine. There were no COVID-19 consents found in R61, R156, and R332's EHR. On 3/6/25 at 10:35 AM, Surveyor requested from V2 (Director of Nursing/Infection Preventionist) documentation showing education was provided to R61, R156, and R332 regarding the COVID-19 vaccine, but did not provide. V2 stated there are no documentation that education was provided about the COVID-19 vaccine to the residents because there were done verbally. R61's EHR revealed R61 was admitted to the facility on [DATE] with diagnoses that included, but not limited to diabetes mellitus, alcohol abuse, cerebral infarction, and hyperlipidemia. R61's minimum data set (MDS) dated [DATE] shows R61 is cognitively intact with BIMS (Brief Interview for Mental Status) of 15. R156's EHR revealed R156 was admitted to the facility on [DATE] with diagnoses that included, but not limited to psychoactive substance abuse and psychosis. R156's MDS dated [DATE] shows R156 is cognitively intact with BIMS of 15. R332's EHR revealed R332 was admitted to the facility on [DATE] with diagnoses that included, but not limited to type 2 diabetes mellitus, hyperlipidemia, and essential hypertension. R332's MDS dated [DATE] shows R332 is cognitively intact with BIMS of 15. (continued on next page)

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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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Department of Health & Human Services Centers for Medicare & Medicaid Services QSO-21-19-NH documents in part: The resident's medical record must include documentation that indicates, at a minimum, that the resident or resident representative was provided education regarding the benefits and potential side effects of the COVID-19 vaccine, and that the resident (or representative) either accepted and received the COVID-19 vaccine or did not receive the vaccine due to medical contraindications, prior vaccination, or refusal. If there is a contraindication to the resident having the vaccination, the appropriate documentation must be made in the resident's medical record. Documentation should include the date the education and offering took place, and the name of the representative that received the education and accepted or refused the vaccine, if the resident has a representative that makes decisions for them. Facilities should also provide samples of the educational materials that were used to educate residents.