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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145858 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/21/2025 |
| NAME OF PROVIDER OR SUPPLIER Au Well Care Home, Inc | | STREET ADDRESS, CITY, STATE, ZIP CODE 152 Wilma Drive Maryville, IL 62062 | |

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) |
|---|---|
| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35156</p> <p>Based on interview and recored review, the Facility failed to submit their final abuse investigations for 3 of 3 residents (R1, R2 and R3) reviewed for abuse investigations. This has the potential to affect all 72 residents living in the Facility.</p> <p>Findings include:</p> <p>1. R1's Facesheet for ,d+[DATE] documents a diagnosis of Parkinson's disease without dyskinesia, with fluctuations; Encephalopathy, unspecified; Type 2 diabetes mellitus with unspecified complications; Morbid (severe) obesity due to excess calories; Acute and chronic respiratory failure with hypoxia; Dysphagia following cerebral infarction; Other lack of coordination; weakness; anemia; Other lack of coordination; Atherosclerotic heart disease of native coronary artery without angina pectoris; altered mental status; Paranoid schizophrenia; Long term (current) use of anticoagulants; Essential (primary) hypertension; and Developmental disorder of scholastic skills, Unspecified.</p> <p>R1's Minimum Data Set (MDS) document R1 was cognitively intact for decision making.</p> <p>R1's Care Plan: with a start date of [DATE] documents, Problem: ABUSE/NEGLECT: (R1) is at risk for abuse and neglect related to schizophrenia DX (diagnosis of), Impaired mobility, requires assistance with all ADL's (activities of daily living).</p> <p>R1's Initial Report dated [DATE] document, victim, wheelchair, mechanical lift, interviewable, no to informed decisions and alert and orientated x 2 and capable of communication. Resident reported a verbal abuse allegation. The person accused was immediately suspended. The concluding report to follow. The person submitting the report was documented as V1, Administrator. The report does not document the name of the staff.</p> <p>On [DATE] at 9:51 AM, R1 stated he does not remember any staff yelling at him and/or mistreating him and he does not want to get anyone in trouble.</p> <p>(continued on next page)</p> |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>On [DATE] at 3:30 PM, V5, Family Member, stated, I vaguely remember back in December there was a staff member that allegedly was verbally abusive to (R1) but honestly (R1) gets impatient so fast and when he wants something he wants it that second and gets upset if he does not get it. I don't remember the staff name and or anything else about it. I could not tell you if there was an investigation. I try and visit as often as I can, and I have not seen anyone mistreat (R1). I can only hope staff treat him good even when I am not around.</p> <p>On [DATE] at 1:33 PM, V1, Administrator, stated she did not have any final abuse investigation reports for R1, and she had provided everything she had.</p> <p>2. R2's Facesheet for [DATE] documents a diagnosis of Type 2 diabetes mellitus with ketoacidosis without coma; Suicidal ideations; Metabolic encephalopathy; Essential (primary) hypertension; Hemiplegia, unspecified affecting right dominant side; Aphasia following cerebral infarction; Schizophrenia, unspecified; Bipolar disorder, unspecified; Dysphagia following cerebral infarction; Major depressive disorder, recurrent, unspecified; Cerebral infarction, unspecified; Cerebrovascular disease, unspecified; and Vascular dementia, unspecified severity, with other behavioral disturbance.</p> <p>R2's Initial Report Incident date [DATE], alleged abuse, victim (R2) wheelchair, not interviewable, alert and orientated x 1, but capable of communication. Initial report for abuse allegation at (Facility). It was reported that a staff member pulled resident by his feet into his room. The investigation was initiated as soon as the allegation was reported. V1 was documented as the name of the person submitting the report.</p> <p>On [DATE] at 12:47 PM, V1, Administrator, stated there were no abuse reportable when she arrived at the facility. She only has what she started while she was here in the facility. No final investigations were completed for (R1), (R2) or (R3). There are no folders and/or interviews, only the initial reports is all she has.</p> <p>R2's Progress Notes do not document any allegations of abuse.</p> <p>R2 was no longer in the facility and had expired on [DATE] from Cardiopulmonary Arrest.</p> <p>On [DATE] at 3:32 PM, V1 stated she was still looking for the actual allegation and interviews that she had had regarding the allegation. (R3) had made the allegations and told staff he had seen (R2) being pulled by the legs. (R2) likes to throw himself on the floor and had behaviors of throwing himself on the floor. I remember interviewing people, but I do not know where those interviews are at, and I did do a final, but I cannot find my final report. I remember going back and looking at the cameras and I did not see anyone kick (R2) and staff transferred him with a sheet. I remember it was not substantiated. I am putting out so many fires here that I did not submit the final reports because of everything else that I am doing.</p> <p>(continued on next page)</p> | | |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>On [DATE] at 4:33 PM, R3 stated, (R2) had some issues and he would have the habit of throwing himself on the floor and yelling out. It got to the point where staff would check him one time and then be done with him. Now mind you, he was usually dressed in a hospital gown, and this is winter, and the ground is cold, and he would lay there for hours. I thought it was disrespectful and not right, but what really bothered me was one night I was at the nurse's station and the two nurses went into his room and as I was walking back to my room, they grabbed (R2) by his legs and pulled him into his room. For me that crossed a line, and I reported it to (V1). She came into my room and thanked me for reporting it and that was the end of it, and I never heard anything else. I never saw anyone kick (R2) but I felt like he was neglected and abused especially when staff would ignore him because they had went to his room earlier and so they would not go again.</p> <p>On [DATE] at 4:28 PM, No folder or interviews from other residents and/or staff were provided related to the allegation of abuse for R2 on [DATE]. No final investigation with details of the alleged abuse was provided. No other staff member was able to confirm and or deny the incident.</p> <p>3. R3's POS for [DATE] documents a diagnosis of Polyneuropathy, unspecified; Type 2 diabetes mellitus without complications; Pneumonitis due to inhalation of food and vomit; Radiculopathy, lumbar region; Other spondylosis, cervical region; Essential (primary) hypertension; Lumbago with sciatica, left side; Lumbago with sciatica, right side; Obstructive sleep apnea (adult) (pediatric); Hyperlipidemia, unspecified.</p> <p>R3's MDS dated [DATE] documents R3 was cognitively intact for decision making of activities of daily living.</p> <p>R3's Care Plan: Problem: I was involved in alleged abuse related to a physical incident that occurred between myself and an employee of the facility. Date [DATE].</p> <p>R3's Incident Report with date of incident on [DATE] document, (R3) male, wheelchair, interviewable, informed decisions, alert and orientated x 3, and capable of communication. Notification of an initial verbal abuse allegation at (Facility). The staff member accused of the allegation has been suspended pending an investigation. The final report will be submitted upon completion. This form was completed by V1.</p> <p>On [DATE] at 12:50 PM, V4, State Public Service Administrator, stated there was no final report provided from the facility for (R1, R2 or R3). There was an initial report for all of them, but no final report was submitted. In fact, there were no final reports from any abuse allegation the facility has sent into the state for [DATE] to present.</p> <p>The Facility undated Abuse Policy documents, All incidents of alleged abuse will be documented. Any incident or allegation involving abuse, neglect or misappropriation will result in an investigation. The Final. investigation report shall contain the following: Name, age, diagnosis, and mental status if the resident allegedly abuses or neglected. Facts determined during the investigation; conclusions of investigation based on known facts. Within five working days after the initial of the occurrence the final report will be sent to the Department of Public Health.</p> <p>The Facility's Long-Term Care Facility Application for Medicare and Medicaid (CMS 671) dated [DATE] documents there are 72 residents living in the Facility.</p> | | |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35156</p> <p>Based on interview and record review the Facility failed to thoroughly investigate allegations of abuse for 3 of 3 residents (R1, R2 and R3) reviewed for abuse. This has the potential to affect all 72 residents living in the facility.</p> <p>Findings include:</p> <p>1. R1's Facesheet for ,d+[DATE] documents a diagnosis of Parkinson's disease without dyskinesia, with fluctuations; Encephalopathy, unspecified; Type 2 diabetes mellitus with unspecified complications; Morbid (severe) obesity due to excess calories; Acute and chronic respiratory failure with hypoxia; Dysphagia following cerebral infarction; Other lack of coordination; weakness; anemia; Other lack of coordination; Atherosclerotic heart disease of native coronary artery without angina pectoris; altered mental status; Paranoid schizophrenia; Long term (current) use of anticoagulants; Essential (primary) hypertension; and Developmental disorder of scholastic skills,</p> <p>Unspecified.</p> <p>R1's Minimum Data Set (MDS) document R1 was cognitively intact for decision making.</p> <p>R1's Care Plan: with a start date of [DATE] documents, Problem: ABUSE/NEGLECT: (R1) is at risk for abuse and neglect related to schizophrenia DX (diagnosis of), Impaired mobility, requires assistance with all ADL's (activities of daily living).</p> <p>R1's Initial Report dated [DATE] document, victim, wheelchair, mechanical lift, interviewable, no to informed decisions and alert and orientated x 2 and capable of communication. Resident reported a verbal abuse allegation. The person accused was immediately suspended. The concluding report to follow. The person submitting the report was documented as V1. The report does not document the name of the staff.</p> <p>On [DATE] at 1:33 PM, V1, Administrator stated she does not have any interviews and or anything else related to the investigation for R1, and she had given me everything she had.</p> <p>No staff name, no verification of timecards that staff member was sent home, no interviews from other staff working that day, no interviews from other residents and no name of the alleged staff member was provided for R1.</p> <p>On [DATE] at 9:51 AM, R1 stated he does not remember any staff yelling at him and/or mistreating him and he does not want to get anyone in trouble.</p> <p>On [DATE] at 3:30 PM, V5, Family of R1 stated, I vaguely remember back in December there was a staff member that allegedly was verbally abusive to (R1), but honestly (R1) get impatient so fast and when he wants something he wants it that second and gets upset if he does not get it. I don't remember the staff name and/or anything else about it. I could not tell you if there was an investigation. I try and visit as often as I can, and I have not seen anyone mistreat (R1). I can only hope staff treat him good even when I am not around.</p> <p>(continued on next page)</p> | | |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>2. R2's Facesheet for [DATE] documents a diagnosis of Type 2 diabetes mellitus with ketoacidosis without coma; Suicidal ideations; Metabolic encephalopathy; Essential (primary) hypertension; Hemiplegia, unspecified affecting right dominant side; Aphasia following cerebral infarction; Schizophrenia, unspecified; Bipolar disorder, unspecified; Dysphagia following cerebral infarction; Major depressive disorder, recurrent, unspecified; Cerebral infarction, unspecified; Cerebrovascular disease, unspecified; and Vascular dementia, unspecified severity, with other behavioral disturbance.</p> <p>R2's Initial Report Incident date [DATE], alleged abuse, victim (R2) wheelchair, not interviewable, alert and orientated x 1, but capable of communication. Initial report for abuse allegation at (Facility). It was reported that a staff member pulled resident by his feet into his room. The investigation was initiated as soon as the allegation was reported. (The allegation does document the name of the staff member). V1 was documented as the name of the person submitting the report.</p> <p>R2's Progress Notes do not document any allegations of abuse.</p> <p>R2 was no longer in the facility and had expired on [DATE] from Cardiopulmonary Arrest.</p> <p>On [DATE] at 3:32 PM, V1 stated she was still looking for the actual allegation and interviews that she had had regarding the allegation. (R3) had made the allegations and told staff he had seen (R2) being pulled by the legs. (R2) likes to throw himself on the floor and had behaviors of throwing himself on the floor. I remember interviewing people, but I do not know where those interviews are at, and I did do a final but I cannot find my final report. I remember going back and looking at the cameras and I did not see anyone kick (R3) and staff transferred him with a sheet.</p> <p>On [DATE] at 4:33 PM, R3 stated, (R2) had some issues and he would have the habit of throwing himself on the floor and yelling out. It got to the point where staff would check him one time and then be done with him. Now mind you, he was usually dressed in a hospital gown, and this is winter and the ground is cold and he would lay there for hours. I thought it was disrespectful and not right but what really bothered me was one night I was at the nurse's station and the two nurses went into his room and as I was walking back to my room, they grabbed (R2) by his legs and pulled him into his room. For me that crossed a line, and I reported it to (V1). She came into my room and thanked me for reporting it and that was the end of it, and I never heard anything else. I never saw anyone kick (R2) but I felt like he was neglected and abused especially when staff would ignore him because they had went to his room earlier and so they would not go again.</p> <p>On [DATE] at 4:28 PM, No folder or interviews from other residents and/or staff were provided related to the allegation of abuse for R2 on [DATE]. No name of the staff member was documented. No interviews from other residents and or staff member and no timecards were provided documenting any alleged staff member was sent home.</p> <p>3- R3's POS for [DATE] documents a diagnosis of Polyneuropathy, unspecified; Type 2 diabetes mellitus without complications; Pneumonitis due to inhalation of food and vomit; Radiculopathy, lumbar region; Other spondylosis, cervical region; Essential (primary) hypertension; Lumbago with sciatica, left side; Lumbago with sciatica, right side; Obstructive sleep apnea (adult) (pediatric); Hyperlipidemia, unspecified.</p> <p>R3's MDS dated [DATE] documents R3 was cognitively intact for decision making of activities of daily living.</p> <p>(continued on next page)</p> | | |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>R3's Care Plan: Problem: I was involved in alleged abuse related to a physical incident that occurred between myself and an employee of the facility. Date [DATE].</p> <p>R3's Incident Report with date of incident on [DATE] document, (R3) male, wheelchair, interviewable, informed decisions, alert and orientated x 3, and capable of communication. Notification of an initial verbal abuse allegation at (Facility). The staff member accused of the allegation has been suspended pending an investigation. The final report will be submitted upon completion. This form was completed by V1.</p> <p>On [DATE] at 12:47 PM, V1, Administrator stated there were no abuse reportable when she arrived at the facility. She only has what she started while she was here in the facility. No final investigations were completed for (R1), (R2) or (R3). There are no folders and/or interviews, only the initial reports for (R1), (R2) and (R3). (None of the initial investigation document the name of the alleged staff member).</p> <p>On [DATE] at 4:00 PM, No other interviews, no details of any investigation was provided for R1, R2 or R3. No staff interviews, resident interviews and or anything related to any of the investigation for R1, R2 and R3 was provided.</p> <p>The Facility undated Abuse Policy documents, All incidents of alleged abuse will be documented. Any incident or allegation involving abuse, neglect or misappropriation will result in an investigation.</p> <p>The Facility's Long-Term Care Facility Application for Medicare and Medicaid (CMS 671) dated , d+[DATE]//25 documents there are 72 residents living in the Facility.</p> | | |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45947</p> <p>Based on interview and record review, the Facility failed to ensure Care Plans were resident centered for 3 of 3 residents (R1, R5 and R8) reviewed for comprehensive resident centered care plans in the sample of 31.</p> <p>Findings include:</p> <p>On 1/15/2025 all residents that were elopement risk were requested to V1.</p> <p>On 1/15/2025 a list was provided and R8 was not documented as being an elopement risk.</p> <p>1-R8's Face Sheet documents R8 was admitted to the facility on [DATE] with diagnoses including schizophrenia, anxiety, and acquired absence of right leg below knee.</p> <p>R8's Minimum Data Set, dated dated [DATE] documented R8 was severely cognitively intact, ambulated with wheelchair, required supervision with rolling from side to side and required substantial assistance with transfer.</p> <p>R8's Elopement Evaluation dated 8/7/24 was incomplete and not filled out in all areas. Most of the areas were blank.</p> <p>R8's Care Plan does not contain documentation pertaining to elopement risk and or R8 trying to get out of the window and or sticking her head out of the window.</p> <p>On 1/16/2025 at 10:11 AM, V11, Licensed Practical Nurse (LPN), stated (R8) was not in a good mood today and was refusing her medications. (R8) is yelling out and having delusions. (R8) only has one leg. She still is exit seeking and tries to go out the window. I am not aware of her ever getting out of the Facility, but it's not from lack of trying.</p> <p>R8's Progress Note dated 1/16/25 documented (R8) was sent to the hospital on 1/16/25 for psychiatric evaluation for negative behavioral symptoms.</p> <p>On 1/17/25 at 11:19 AM, V18, Social Services Director, stated she once saw (R8) sticking her head out the window in her room. She was not sure if (R8) was trying to get out of the Facility or just looking around outside.</p> <p>On 1/17/25 at 12:25 PM, V18 stated she was not informed of R8 being an elopement risk; otherwise, she would have put it on her care plan and created a program to address it.</p> <p>On 1/17/25 at 1:47 PM, V1, Administrator, stated she would expect any residents at elopement risks to be care planned including any resident who is exit seeking.</p> <p>On 1/17/25 at 12:07 PM, requested the Facility Policy regarding Care Plans from V1, Administrator.</p> <p>(continued on next page)</p> | | |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 1/17/25 at 4:00 PM, no policy was received from the Facility related to Care Plans and or Care Plans being up to date.</p> <p>35156</p> <p>2-R5's Physician Order Sheet (POS) for January 2025 documents a diagnosis of diabetes mellitus due to underlying condition with hyperglycemia, and infectious gastroenteritis and colitis. R5's POS also documents, ST (Speech Therapist) recommends diet downgrade to mech (mechanical) soft/thin liquids, double portion at all meals, sugar free health shakes at each meal.</p> <p>R5's January 2025 Dietary card documents regular mechanical soft diet, double portions, health shakes at meals, plate guard.</p> <p>On 1/15/2025 at 9:39 AM, R5's dietary intakes were requested.</p> <p>On 1/21/2025 at 12:00 PM, R5's dietary intakes were not provided. The last record of intake was documented as 9/2024.</p> <p>R5's R.D. (Registered Dietician) note dated 1/11/25, documents, Resident followed d/t (related to) continued unplanned weight loss. January weight = 113.6# indicating a 3# loss x 1 month, 33.2# significant loss x 3 mo. (-22.6%). BMI = 17.2 (underweight). Diet = LCS (Low concentrated sweets) Mechanical Soft with Double portions, SF Health Shakes at each meal. BS (Blood sugar) has been in relatively good control. Recommend a D/C (discontinued) LCS diet and change to Regular w/ SF Beverages. Contact PCP (Primary Care Physician) and see if mirtazapine can be increased to 15 mg (milligrams) daily. Add PB (peanut butter) Sandwich at HS (bedtime).</p> <p>R5's Care Plan does not address any weight loss and or goals or interventions addressing his weight loss.</p> <p>3-R1's Facesheet for 1/2025 documents a diagnosis of Parkinson's disease without dyskinesia, with fluctuations; Type 2 diabetes mellitus with unspecified complications; Morbid (severe) obesity due to excess calories; Acute and chronic respiratory failure with hypoxia; Dysphagia following cerebral infarction.</p> <p>R1's Physician Order Sheet (POS) for January of 2025 documents a regular diet.</p> <p>R1's Diet Card for January 2025 documents he is on regular diet.</p> <p>R1's Care Plan does not address his dysphagia (issues with swallowing).</p> | | |

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| <p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>35156</p> <p>Based on interview and record review the Facility failed to ensure the kitchen was being managed and nutritional guidelines were being followed for 5 of 5 residents (R1, R4, R5, R6 and R7) reviewed for diets in the sample of 32.</p> <p>Findings include:</p> <p>On 1/17/25 at 1:22 PM, V6, Dietary Manager, stated he thinks the nurses enter the diet orders, then they bring us a paper so it can be entered into the computer to go on the diet sheets. We always give the papers back to them. If the order says mechanical soft, we send mechanical soft, not pureed, unless they change the orders. Mechanical soft is chopped up and puree is ground with no chunks. The mechanical soft diets are also supposed to get gravy. I don't know anything about weights. I was not making gravy for the pureed and or mechanical diets.</p> <p>On 1/17/25 at 1:25 PM, V7, Cook, stated he thinks the administrator or dietary manager is responsible for putting in the diet orders, then they print them off the computer. Pureed is like mashed potatoes consistency and the mechanical we just put in the food processor and add gravy. I just got here, and we weren't putting gravy on them until I found out we were supposed to yesterday. We were not putting gravy on any of the mechanical or pureed.</p> <p>1-R1's Facesheet for 1/2025 documents a diagnosis of Parkinson's disease without dyskinesia, with fluctuations; Type 2 diabetes mellitus with unspecified complications; morbid (severe) obesity due to excess calories; acute and chronic respiratory failure with hypoxia; dysphagia following cerebral infarction.</p> <p>R1's Physician Order Sheet (POS) for January of 2025 documents a regular diet.</p> <p>R1's Diet Card for January 2025 documents he is on regular diet.</p> <p>R1's diet does not address his dysphagia (issues with swallowing).</p> <p>On 1/17/2025 at 10:04 AM, V1, Administrator stated I do not have any records where (R1) was seen by the Speech Therapist.</p> <p>2-R5's POS for January 2025 documents a diagnosis of diabetes mellitus due to underlying condition with hyperglycemia, and infectious gastroenteritis and colitis. R5's POS also documents, ST (Speech Therapist) recommends diet downgrade to mech soft/thin liquids, double portion at all meals, sugar free health shakes at each meal.</p> <p>R5's January 2025 Dietary card documents regular mechanical soft diet, double portions, health shakes at meals, plate guard.</p> <p>On 1/15/2025 at 9:39 AM, R5's dietary intakes were requested.</p> <p>(continued on next page)</p> | | |

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| <p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 1/21/2025 at 12:00 PM, R5's dietary intakes were not provided. The last record of intake was documented as 9/2024.</p> <p>01/11/2025 02:09 PM R.D. (Registered Dietician) Note: Resident followed d/t (related to) continued unplanned weight loss. January weight = 113.6# indicating a 3# loss x 1 month, 33.2# significant loss x 3 mo. (-22.6%). BMI = 17.2 (underweight). Diet = LCS (Low concentrated sweets) Mechanical Soft with Double portions, SF Health Shakes at each meal. BS (Blood sugar) has been in relatively good control. Recommend a D/C (discontinued) LCS diet and change to Regular w/ SF Beverages. Contact PCP (Primary Care Physician) and see if mirtazapine can be increased to 15 mg (milligrams) daily. Add PB (peanut butter) Sandwich at HS (bedtime).</p> <p>On 1/15/2025 from 11:59 AM, R5 was served a pureed diet with no gravy on it. This diet does not match the physician orders.</p> <p>On 1/15/2025 at V6, Dietary Manager stated he was not sure when or if R5's diet had changed. We just follow the dietary cards for the type of diet.</p> <p>On 1/15/2025 at 11:41 AM, in the kitchen area on the steam table, food was placed on top of it including fried egg rolls, mashed potatoes, mixed vegetables, chicken Alfredo, pureed vegetable and pureed chicken Alfredo. No mechanical diet was on the steam table for any of the food. No pureed egg roll was on the steam table.</p> <p>On 1/16/2025 at 12:00 PM, there were no mechanical pureed diets on the steam table.</p> <p>On 1/16/2025 at 12:00 PM, R4, R5, R6 and R7 did not receive a mechanical soft diet.</p> <p>On 1/16/2025 at 12:40 PM, V8, Dietician I am relatively new, I did a remote consult last week due to the weather. No one has notified me regarding substituting anything on the menu. I would expect if something does not come on the truck then the Facility would swap and replace it with that same item, for example protein with a protein and a vegetable with vegetable. I was not aware that no vegetable was served on 1/15/2025, and I would expect a vegetable to be served. I do not see a lot of fried foods and I am not sure an egg roll has enough protein in it to replace roast beef. Fried foods are not a healthy option and can contribute to weight gain and fat. Occasionally it is okay, but I would expect the Facility to be following the Menu and if they can't follow the menu, I need to know what is happening to ensure we get the proper diet for the residents and nutritional adequacy. If a resident is on a mechanical and or pureed diet, I would expect gravy to be used on both of these items, so the food is easier to swallow, and reducing the risk of choking. If a resident has a diagnosis of dysphagia, I would expect them to be evaluated by ST (speech therapy) to ensure they can eat regular food, as they may need a mechanical and or puree diet depending on the assessment.</p> <p>On 1/17/2025 at 10:00 AM, a dietary Policy for coordination of the kitchen was requested from V1, Administrator.</p> <p>On 1/21/2025 at 1:51 PM, No Dietary Policy was provided.</p> | | |

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| <p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>35156</p> <p>Based on observation, interview, and record review the Facility failed to ensure a Dietary Manager, with the appropriate training and skills to carry out the functions of the kitchen, was working and preparing food in the Facility and communicating with the Dietician. This has the potential to affect all 72 residents living n the facility.</p> <p>Findings include:</p> <p>On 1/15/2025 at 11:41 AM, in the kitchen area on the steam table, food was placed on top of it including fried egg rolls, mashed potatoes, mixed vegetables, chicken Alfredo, pureed vegetable and pureed chicken Alfredo. No mechanical diet was on the steam table. No pureed egg roll was on the steam table. No temperatures were taken on any of the food before food service.</p> <p>The food being served on 1/15/2025 at 11:41 does not match the Menu for the protein as the menu documents, The Menu for January 2025 documents on 1/15/2024 for the lunch menu: Roast beef, sour cream chive mashed potatoes, mixed vegetables, fruit crumble and beverage.</p> <p>On 1/15/2025 at 11:54 AM, V6 stated he was the Dietary Manager. He stated he had just started working at that position for the past three weeks.</p> <p>On 1/15/2025 at 11:59 am, V6 stated chicken [NAME] was the substitute meal. V6 stated they don't follow the menu/book for recipes, but they know what to put in the food.</p> <p>On 1/15/2025 at 12:02 PM, V6 stated he makes up a few pureed diets and today he made pureed chicken [NAME] and pureed vegetables.</p> <p>On 1/15/2025 at 12:03 PM, V6 stated the facility currently does not have any mechanical soft diets in the building and it varies depending on who was admitted and/or discharged .</p> <p>On 1/15/2025 from 11:54 to 12: 15 PM, During this meal service no mechanical soft diet was served to any resident.</p> <p>On 1/15/2025 at 1:03 PM, the certification for the Dietary Manager was requested for V6. V6 stated since he was new his certification was at home. V6 also stated he did not have an associate degree and or any experience in Long Term Care before this job.</p> <p>On 1/15/2025 at 1:30 PM, Certification for the Dietary Manager for (V6) was requested to V1, Administrator.</p> <p>On 1/16/2025 at 12:40 PM, V8, Dietician, stated I am relatively new, I did a remote consult last week due to the weather. I was told that the Dietary Manager recently walked off and they had hired a new Dietary Manager. I was not aware he was not certified. Again, I just started. No staff member has been communicating to me any issues with dietary and I have not had the opportunity to see the building yet or see what is going on.</p> <p>(continued on next page)</p> | | |

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| <p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>On 1/16/2025 at 10:02 AM, V1, Administrator stated (V6) does not have a certification for Dietary Manager and still has to complete the class. We do not have a Dietary Manager in the Facility and unfortunately no one is overseeing (V6). I do not have a menu to give you because no one is following the menu in the kitchen.</p> <p>The Facility's Long-Term Care Facility Application for Medicare and Medicaid (CMS 671) dated 1/16//25 documents there are 72 residents living in the Facility.</p> | | |

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| <p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>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.</p> <p>35156</p> <p>Based on observation, interview, and record review the Facility failed to ensure Menus and Physician Order Diets were being followed. This has the potential to affect all 72 residents living in the facility.</p> <p>Finding include:</p> <p>The Menu for January 2025 documents on 1/15/2024 for the lunch menu: Roast beef, sour cream chive mashed potatoes, mixed vegetables, fruit crumble and beverage.</p> <p>On 1/15/2025 at 11:41 AM, in the kitchen area on the steam table, food was placed on top of it including fried egg rolls, mashed potatoes, mixed vegetables, chicken Alfredo, pureed vegetable and pureed chicken Alfredo. No mechanical diet was on the steam table. No pureed egg roll was on the steam table. No temperatures were taken on any of the food before food service. None of the residents received roast beef.</p> <p>On 1/15/2025 at 11:59 R4, R5, R6 and R7 did not receive a mechanical soft diet and instead was served a purred diet. R4, R5, R6 and R7 all were documented on their dietary cards to receive a mechanical soft diet.</p> <p>The Menu for January 2025 documents the lunch menu as roasted pork loin dijonnaise, parmesan crusted sweet potatoes, buttered cabbage, apple cobbler, dinner roll/margarine, and beverage.</p> <p>On 1/16/2025 at 11:59 AM, the following was being served; fried chicken strips, French fries, and a cup of canned fruit and beverage. (no vegetable was being offered).</p> <p>On 1/16/2025 at 12:00 PM, there were no mechanical pureed diets on the steam table.</p> <p>On 1/16/2025 at 12:00 PM, R4, R5, R6 and R7 did not receive a mechanical soft diet.</p> <p>On 1/16/2025 at 11:43 AM, V6, Dietary [NAME] was wearing gloves but was not measuring or weighing any of the meat. He would put three pieces of fried chicken strips on a plate using his gloved hands, then grab a handful of French fries and place on the plate. No utensils were being used, only V7's gloves hands and no portion sizes were being controlled.</p> <p>(continued on next page)</p> |

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| <p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>On 1/16/2025 at 12:40 PM, V8, Dietician, stated I am relatively new, I did a remote consult last week due to the weather. No one has notified me regarding substituting anything on the menu. I would expect if something does not come on the truck then the Facility would swap and replace it with that same item, for example protein with a protein and a vegetable with vegetable. I was not aware that no vegetable was served on 1/15/2025 and I would expect a vegetable to be served. I do not see a lot of fried foods and I am not sure an egg roll has enough protein in it to replace roast beef. Fried foods are not a healthy option and can contribute to weight gain and fat. Occasionally it is okay, but I would expect the Facility to be following the Menu and if they can't follow the menu, I need to know what is happening to ensure we get the proper diet for the residents and nutritional adequacy. I would expect residents on a mechanical diet to receive a mechanical diet and not any other type of diet.</p> <p>On 1/16/2025 at 1:00 PM, Dietary Policies were requested to V1, Administrator.</p> <p>On 1/21/2025 at 9:35 AM, No dietary policies were provided.</p> <p>The Facility's Long-Term Care Facility Application for Medicare and Medicaid (CMS 671) dated 1/16//25 documents there are 72 residents living in the Facility.</p> |

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| <p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>35156</p> <p>Based on observation, interview, and record review the Facility failed to employ key personnel and adequately trained staff to ensure resident needs are met. This has the potential to affect 72 residents living in the Facility.</p> <p>Findings include:</p> <p>On 1/15/2025 at 9:03 AM, the survey team entered the facility. There was no Director of Nursing (DON), and no Infection Control Specialist (ICP) working in the Facility.</p> <p>On 1/15/2025 at 10:31 AM, V1, Administrator, stated they no longer have a DON and the facility does not use agency but she does have an ADON (Assistant Director of Nursing). We just get written/tags for that- for not having a full time DON. We also do not have a maintenance man. We had to terminate our last maintenance man, then we were using an outside contractor who was working for us, but there was something about his background check that made him ineligible to hire.</p> <p>On 1/15/2025 at 10:33 AM, V1 stated no, we do not have a full time ICP.</p> <p>On 1/16/2025 at 10:02 AM, V1 stated (V6, Dietary Manager) does not have a certification for Dietary Manager, and still has to complete the class. We do not have a Dietary Manager in the Facility and unfortunately no one is overseeing (V6). I do not have a menu to give you because no one is following the menu in the kitchen. I guess I will have to start overseeing the kitchen now too and making sure supplies are being ordered.</p> <p>On 1/15/2025 at 4:00 PM, V1 stated they do not have a Facility Assessment.</p> <p>On 1/17/2025 at 4:04 PM, V1 stated after (V23, Owner and Medical Director), bought the Facility he brought her in as the Administrator, but I am doing everything, and I do not have any support staff with the exception of the ADON (Assistant Director of Nursing). It is a lot for one person to be in charge of everything.</p> <p>On 1/21/2025 at 3:08 PM, V1 stated there was no policy on Administration and/or management, Dietary/Food and Nutrition, no policy on Care Plans, no policy on equipment and physical environment, and no policy on training requirements.</p> <p>The Resident Rights Policy with a revision date of 11/2018 documents, Your facility must provide services to keep your physical and mental health, at their highest practical levels.</p> |

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| <p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>35156</p> <p>Based on observation, interview, and record review, the Facility failed to ensure the plumbing and equipment was in safe, working condition. This has the potential to affect all 72 residents living in the Facility.</p> <p>Findings include:</p> <p>On 1/15/2025 at 10:42 AM, V1, Administrator stated the plumbers had just been here last week, but the basement was dry and she was not aware that there was any water leaking in the basement.</p> <p>On 1/15/2025 at 10:39 AM, Tour of the basement was conducted and near the second crawl space (old maintenance room) the room was empty and did not contain any furniture. The space/tunnel crawl above the main structure, there was a hole in the floor with the sump pump running. The water was not coming from the sump pump. There was water all over the entire floor that was coming out of the room and flowing into the next adjacent room where there were lots of cardboard boxes with contents inside being used for storage. The water was not gushing but was gently flowing. The water was clear in color and was hot/warm water. When walking straight upon entering before getting to the old maintenance room there was a metal storage cabinet and against the wall were multiple boxes of supplies. The water was under the supply cabinet and underneath the supply's boxes. There were two fans running in two of the three rooms. The water was coming from the crawl space/tunnel and was not visible without assessing a ladder to see inside the hole.</p> <p>On 1/15/2205 at 10:52 AM, R11 stated, We are constantly having plumbing issues in this building, it is ridiculous! They are constantly shutting the water off, repairing something and then something else breaks and it starts all over. We even had sewer water in my room. It was disgusting! I am not exaggerating; this has been going on for about a month. Shutting the water off is an inconvenience and it is happening too much, I don't know how it is not fixed by now.</p> <p>On 1/15/2025 at 10:58 AM, R31 stated the building has been having plumbing issues for months now and the pipes are always breaking.</p> <p>On 1/15/2025 at 11:03 AM, R3 stated, the facility has been experiencing issues with the plumbing for months now and are constantly turning off the water to repair things. I think they need to replace the entire system because when they fix one another one breaks. It has been continuous.</p> <p>On 1/16/2025 at 4:03 PM, V22, Plumber, stated, It is difficult at this point to say how extensive the work will be and/or what needs to be done because we must cut out all the cast iron pipes that are in this small crawl space to gain access to see what is actually going on. I am not sure if there is another crawl space, or another access, but unless we can find another way to get in it is going to be tough to even see what is going on. Right now, there is water coming from that area I believe it is a pin hole break in the pipe that is causing the water. We really will not know more until we get down there and see what is happening. This is an old building, with thin pipes and we will see what we need to do to try and fix it.</p> <p>(continued on next page)</p> | | |

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| <p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Resident Council Meeting Minutes dated 11/5/2024, documents, Maintenance: Bathroom leaking.</p> <p>Resident Council Meeting Minutes dated 12/3/2024 Maintenance: Pipes broken.</p> <p>On 1/15/2025 at 10:00 AM, Equipment and Maintenance Policy was requested to V1.</p> <p>On 1/21/2025 at 10:00 AM, no equipment and or Maintenance Policy was provided.</p> <p>The Facility's Long-Term Care Facility Application for Medicare and Medicaid (CMS 671) dated 1/16//25 documents there are 72 residents living in the Facility.</p> | | |

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| <p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>45947</p> <p>Based on interview and record review, the Facility failed to ensure all staff had completed the required annual abuse training. This has the potential to affect all 72 residents living in the Facility.</p> <p>On 1/17/2025 at 9:30 AM, All abuse training for all staff employed by the Facility was requested.</p> <p>On 1/17/25 at 1:47 PM, V1, Administrator, stated she does not think she will be able to find any abuse training documentation because the prior administration was not even reporting abuse and there was no documentation available to her to provide. V1 stated I do not have any abuse training for any staff.</p> <p>The Facility's Undated Abuse Prevention Program Policy documents, During orientation of new employees, the facility will cover at least the following topics: What constitutes abuse, neglect and misappropriation of resident property; Staff obligations to prevent and report abuse, neglect and misappropriation of property. On an annual basis, staff will receive a review of the above topics.</p> <p>The Facility's Long-Term Care Facility Application for Medicare and Medicaid (CMS 671) dated 1/16//25 documents there are 72 residents living in the Facility.</p> |

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| <p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>45947</p> <p>Based on interview and record review, the facility failed to maintain a training program for Certified Nurses Assistants (CNA). This failure has the potential to affect all 72 residents residing in the facility.</p> <p>Findings Include:</p> <p>On 1/17/25 at 3:06 PM, the Facility's annual nurse aid in-services and the policy regarding annual nurse aid in-services were requested from V1, Administrator.</p> <p>On 1/17/24 at 1:47 PM, V1 stated she doubted she had any training documentation.</p> <p>On 1/17/25 at 4:00 PM, the Facility did not provide any nurse aid in-services or policies as requested by the survey team.</p> <p>The Facility's Long-Term Care Facility Application for Medicare and Medicaid (CMS 671) dated 1/16/25 documents there are 72 residents living in the Facility.</p> |