STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145898	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Chicago Heights	120 West 26th Street South Chicago Height, IL 60411

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 0565 Level of Harm - Potential for minimal harm Residents Affected - Many	Honor the resident's right to organize and participate in resident/family groups in the facility. 38796 Based on interview and record review the facility failed to ensure that the assigned staff, thoroughly assisted and documented the resident concerns and grievances during the monthly resident council meeting from 01/22/2025 to 5/21/2025. This has the potential to affect all 99 of the residents in the facility reviewed for grievance and resident concerns. Findings include: According to the CMS 671 dated 05.28.25, there were 99 residents residing in the facility. On 5/28/25 request and approval was given to review resident council meeting minutes. There were no documented concerns noted on the records for the meetings from 01/19/2025 to 05/23/2025. During the hosted resident council meeting R83 (President) reviewed the documents presented by V2 (Administrator) and stated that the documents were not correct and the residents in fact mentioned concerns during the March, April and May meetings, and the concerns were not listed on the documents. R83 said this is an issue and that V27 (Activity Director) should be writing down the concerns for the meetings. R83 said one concern that was mentioned was about one particular Nursing staff's behavior of waking other residents up when giving medications to the room mates, talking loudly at night and leaving resident room lights on during the overnight shift. R83 said the facility did address that matter right away, however it should have been documented in the minutes. R83 said residents made suggestions related to food. Review of the facility concerns and grievances from 01/01/2025 to 5/27/2025, there was a total of three listed concerns. The concerns that were listed were not related to what was mentioned by R83. R83, R69, R89, and R44 asked what are their rights as a resident living in the long term care, all said the resident rights are not being reviewed. Using a reasonable person concept the facility failed to document all the resident concerns. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0565 Level of Harm - Potential for minimal harm Residents Affected - Many	On 5/30/25 at 12:12pm V27 (Activity Director) said the residents did mention concerns in the last resident council meeting, V27 said she can't recall what they were. V27 said she is responsible for typing the meeting minutes, she removes the concerns and gives them to Social Services. V27 was made aware that the minutes were requested for review on 5/27/25. V27 said she thinks the resident rights are reviewed during the resident council meetings, but she can't be certain. V27 was asked how are repeated concerns being monitored if the minutes are not being documented. V27 was made aware that the presented minutes appear as if the residents are not having concerns. Facility policy tilted Grievance/concerns last review date denotes in-part, it is the policy of the facility to allow and encourage residents and their representative to express grievances and concerns they may have regarding the facility, services and staff. Any staff member in the facility may receive a grievance or concern from a resident or family member. If possible, upon receiving the grievance or concern, attempt to resolve the grievance, or direct the resident or family member to the appropriate department head or the administrator. If the administrator or appropriate department-head are not available, the staff member will gather as much information as possible about the grievance or concern and complete a facility concern form. The staff member will submit the concern form to the appropriate department head designee for resolution. The department head is responsible for investigating the grievance or concern and speaking with the resident or family member who made the complaint regarding both the concern and possible resolution. The administrator will be the designated grievance officer will review and complete form and action taken and do any follow up necessary. Grievances and concerns will be discussed at the monthly QAPI meeting.

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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. 38796 Based on interview and record review the facility failed to prevent a resident to resident physical assault. This affected two of four (R48, R70) residents reviewed for physical abuse. This failure resulted in R48 assaulting R70 in the face with a shoe on 4/8/25. R70 sustained purple discoloration to the right eye lid and petechia above the eyebrow. Findings include: On 5/28/25 at 1:15pm R70 observed alert to person, place, time and situation. R70 stopped surveyor and stated the facility has mixed residents with mental illness with residents that have medical problems. R70 said R48 hit her in the face with a shoe and she sustained a bruise to the eye. R70 said this was last month. R70 showed surveyor a picture on her cellular phone. The image was of R70's face, there was a dark purple discoloration to the right eye lid and petechia above the eyebrow. R70 said V1 (Assistant Administrator) was aware, and she told her son about it. R70 said this happened the day the rooms were changed. Review of R70's progress notes noted that R70 and R48 had a verbal altercation and R48 was relocated to another room. On 5/28/25, R48 is not interview-able. The data information on R70 phone denotes that image was taken on 4/14/2025 at 9:33am. On 5/28/25 at 2:59pm V26 (R70's son) said that R70 did report to him that a resident hit her in the face with a shoe. V26 said that matter should be investigated. On 5/28/25 at 3:30pm V1 (Assistant Administrator) said R70 did inform him that R48 hit her in the face with a shoe. V1 said how does a bruise come a week later. V1 said he did see the bruise to R70's right eye, and when he asked R70 about it, R70 replied I told you what happened. V1 restated that R70 said R48 hit her with a shoe. V1 said he is not a medical professional. V1 said R70 also fabricates stories. V1 said he does not know how R70 sustained the bruise to the right eye and petechia to forehead. V1 said he did not report the injury of unknown origin to the State Department. V1 said he did not reach out to the Administrator for guidance regarding the bruise to R70's eye and reported injuries. V1 said he thought the matter was resolved with he separated R70 and R48's room. V1 said the injury of unknown origin should have been reported to the State Department. V1 said he did not investigate R70's allegation of physical assault when alleged. V1 said the allegation was not investigated. On 5/28/25 at 4:20pm V2 (Administrator) said she was not aware of the bruise to R70's right eye. V2 said there is nothing documented in R70's medical records about the bruise to the right eye. V2 agreed that V1 should have reported the injury to the State Department. (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Few	Facility policy for abuse with last review date 9/2024 denotes in-part the facility affirms the right of our residents to be free from abuse, neglect, mistreatment or misappropriation of resident property or mistreatment.

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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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 38796 Based on interview and record review the facility failed to follow their abuse policy and investigate an injury of unknown origin. This affected two of four residents (R48, R70) both reviewed for abuse policy and investigation. This resulted in a 44-day delay in investigating an injury of unknown origin to R70's face. Findings include: On 5/28/25 at 1:15pm R70 observed alert to person, place, time and situation. R70 stopped surveyor and stated the facility mixed residents with mental illness with residents that have medical problems. R70 said R48 hit her in the face with a shoe and she sustained a bruise to the eye. R70 said this was last month. R70 showed surveyor a picture in her cellular phone. The image was of R70's face, there was a dark purple discoloration to the right eye lid and petechia above the eyebrow. R70 said V1 (Assistant Administrator) was aware, and she told her son about it. R70 said this happened the day the rooms were changed. Review of R70 progress notes noted that R70 and R48 had a verbal altercation and R48 was relocated to another room. On 5/28/25 R48 is not interview-able. The data information on R70's phone notes that the image was taken on 4/14/2025 at 9:33am. On 5/28/25 at 2:59pm V26 (R70's son) said R70 did report to him that a resident hit her in the face with a shoe, V26 said that matter should be investigated. On 5/28/25 at 3:30pm V1 (Assistant Administrator) said R70 did inform him that R48 hit her in the face with a shoe. V1 said how does a bruise comes a week later. V1 said he did see the bruise to R70 right eye, and when he asked R70 about it, R70 replied I told you what happened. V1 restated that R70 said R48 hit her with a shoe. V1 said he is not a medical professional. V1 said R70 also fabricate stories. V1 said he does not know how R70 sustain the bruise to the right eye and petechia on the forehead. V1 said he did not report the injury of unknown origin to the State Department. V1 said he did not reach out to the Administrator for guidance regarding the bruise to 's eye and reported injuries. V1 said he thought the matter was resolved with he separated R70 and R48's room. V1 said the injury of unknown origin should have been reported to the State Department. V1 said he did not investigate R70's allegation of physical assault when alleged. V1 said the allegation was not investigated. 5/28/25 at 4:20pm V2 (Administrator) said she was not aware of the bruise to R70's right eye, V2 said there is nothing documented in R70's medical records about the bruise to the right eye. V2 was agreeable that V1 should have reported the injury to the State Department. (continued on next page)

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility policy for abuse with last review date denotes in-part external reporting, when an allegation of abuse, exploitation, neglect, mistreatment or misappropriation of resident property has been made, the administrator or designee shall notify Department of Public Health regional office immediately by telephone or fax. Public health shall be informed that an occurrence of potential abuse, neglect, mistreatment or misappropriation of resident property has been reported to the administrator and is being investigated. The report shall include the following information, if known at the time of the report: name, type of abuse, date time location and circumstances of allegation. This report shall be made immediately. As used herein the term immediately in relation to reporting abuse, neglect, mistreatment or misappropriation of resident property and suspicious of a crime shall be defined as following management of the immediate risk to the resident or residents, including the administration of necessary medical attention, and establishing the safety of the resident or residents involved or not later than two hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury or not later than 24 hours if the event caused suspicion do not result in serious injury.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 38796 Based on interview and record review the facility failed to follow the abuse policy and procedures and immediately report an injury of unknown origin. This affected two of four residents (R48, R70) reviewed for reporting abuse and injury of unknown origin. This failure resulted in a 44 day delay in reporting an injury of unknown origin. Findings include: On 5/28/25 at 1:15pm R70 observed alert to person, place, time and situation. R70 stopped surveyor and stated the facility mixed residents with mental illness with residents that have medical problems. R70 said R48 hit her in the face with a shoe and she sustained a bruise to the eye. R70 said this was last month. R70 showed surveyor a picture in her cellular phone. The image was of R70's face, there was a dark purple discoloration to the right eye lid and petechia above the eyebrow. R70 said V1 (Assistant Administrator) was aware, and she told her son about it. Review of R70's progress notes noted that R70 and R48 had a verbal altercation and R48 was relocated to another room. On 5/28/25 R48 is not interview-able. The data information on R70's phone denotes that image was taken on 4/14/2025 at 9:33am. On 5/28/25 at 2:59pm V26 (R70's son) said R70 did report to him that a resident hit her in the face with a shoe, V26 said that matter should be investigated. On 5/28/25 at 3:30pm V1 (Assistant Administrator) said R70 did inform him that R48 hit her in the face with a shoe. V1 said how does a bruise come a week later. V1 said he did see the bruise to R70's right eye, and when he asked R70 about it, R70 replied I told you what happened. V1 restated that R70 said R48 hit her with a shoe. V1 said he is not a medical professional. V1 said R70 also fabricate stories. V1 said he does not know how R70 sustain the bruise to the right eye and petechia on forehead. V1 said he did not report the injury of unknown origin to the State Department. V1 said he did not reach out to the Administrator for guidance regarding the bruise to R70's eye and reported injuries. V1 said he thought the matter was resolved with he separated R70 and R48's room. V1 said the injury of unknown origin should have been reported to the State Department. V1 said he did not investigate R70's allegation of physical assault when alleged. V1 said the allegation was not investigated. On 5/28/25 at 4:20pm V2 (Administrator) said she was not aware of the bruise to R70's right eye, V2 said there is nothing documented in R70's medical records about the bruise to the right eye. V2 was agreeable that V1 should have reported the injury to the state department. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility policy for abuse with last review date denotes in-part external reporting, when an allegation of abuse, exploitation, neglect, mistreatment or misappropriation of resident property has been made, the administrator or designee shall notify Department of Public Health regional office immediately by telephone or fax. Public health shall be informed that an occurrence of potential abuse, neglect, mistreatment or misappropriation of resident property has been reported to the administrator and is being investigated. The report shall include the following information, if known at the time of the report: name, type of abuse, date time location and circumstances of allegation. This report shall be made immediately. As used herein the term immediately in relation to reporting abuse, neglect, mistreatment or misappropriation of resident property and suspicious od a crime shall be defined as following management of the immediate risk to the resident or residents, including the administration of necessary medical attention, and establishing the safety of the resident or residents involved or not later than two hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury or not later than 24 hours if the event caused suspicion do not result in serious injury.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38796 Based on record review and interviews, facility staff failed to accurately code a Minimum Data Set (MDS) for two of three residents (R75, R99) reviewed for accurate assessment. R75 was not being treated for a stage 3 pressure ulcer, and R99 was transferred to the community and not the hospital. Findings include: 1. On 5/28/25 at 12:45pm during an interview R75 said he does not have any pressure ulcers, R75 said he has never had a pressure ulcer while a resident at the [NAME] Chicago Heights. On 5/28/25 at 12:51pm V7 (Wound Care Coordinator) said R75 has never been diagnosed or treated for a stage 3 pressure ulcer while a resident of the [NAME] Chicago Heights facility. V7 said R75 has never had any pressure ulcers while a resident at the facility. V7 said she does not have any documents to present to surveyor noting that R75 does not have pressure ulcers and R75 has not been treated for a stage 3 pressure ulcer. Review of R75 MDS dated [DATE] section M for skin, number of unhealed pressure ulcers, it is documented that R75 has one unhealed pressure ulcer, number of stage 3 pressure ulcers- one is documented. Review of R75 current physician order sheet, and April 2025 physician order sheet, there are no wound treatments orders noted. 05/30/25 12:43 PM V11 (MDS Coordinator) said MDS assessments should be accurate, it should reflect the care that the facility is providing. 40066 2. On initial review of the R99's MDS dated [DATE], it statesR99 was a planned discharge to the hospital. Progress notes for R99 dated 4/17/25 state R99 expressed intent to leave the facility against medical advice (AMA). At 1:26PM R99 verbalized understanding of what AMA is and signed the form. On 5/29/25 at 10:36am V1, Assistant Administrator, said R99 left the facility AMA. V1 said I spoke with him, and he had said he wanted to leave. V1 said I spoke with R99 regarding his need for medication. V1 said R99 said he did not want to be here. V1 said we advised R99 about AMA. V1 said R99 verbalized his understanding, and he did sign the form. On 5/29/25 at 11:44am V11, MDS nurse V11 said I modified it (the MDS) today. V11 said I thought R99 went to the hospital. V11 said I saw the progress notes today. V11 said it was an error on my part. Surveyor reviewed Release of Responsibility form dated 4/17/25 with R99's name on it. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility submitted an MDS dated [DATE] stated the discharge was unplanned and was discharged to home.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39340 Based on interview and record review, the facility failed to refer one resident who was later identified with serious mental illness for a level II preadmission screening. This affected one of one resident (R66) reviewed preadmission screening. Findings include: R66 was admitted to the facility on [DATE] with a diagnosis of alcoholic polyneuropathy, liver disease. R66 documents a diagnosis of major depressive disorder dated 9/30/22 and schizoaffective disorder dated 10/5/22. R66's preadmission screening and resident review (PASRR) level one screen outcome dated 9/8/22 documents no level II required-no Severe mental illness, intellectual disability. The level I screen indicates that a PASRR disability Is not present because e of the following reason: There is no evidence of a PASRR condition of an intellectual/developmental disability or a serious behavioral health condition. If changes occur or new information refutes these findings a new screen must be submitted On 5/29/25 at 10:51AM, V1(Assistant Administrator) said they review resident preadmission screening and resident review (PASRR) prior to admission and quarterly, V1 said they review to see if there are any changes with the resident and if there are any changes a new screening would be recommended. V1 verified that R66 had a diagnosis of major depressive disorder and schizoaffective disorder. V1 said a referral should have been sent for a new screening. V1 was asked to provide any additional documentation a screening was conducted. Facility failed to provide any additional screening for R66 during the survey.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 40066 Based on interviews and records reviewed the facility failed to review and revise the resident's wound care interventions. This affected one of three residents (R42) reviewed for care plan review and revisions. The findings include: On 05/29/25 at 11:00 AM V7, Wound nurse said R42 had one pressure ulcer on his ankle and it was found on 4/4/25 and documeted as a stage 3. On 5/29/25 at 12:35PM Wound Care Nurse, said R42's skin impairment needs to be identified in the care plan to specify the staging of the wound. I added the pressure ulcer stage 3 to the care plan. V7 said actual vs risk for skin impairment are different and will have different interventions. V7 said, it is important to know the history of a resident's skin impairments. The goal will be to resolve and prevent decline or complications. V7 was asked why the goal is not specified on the care plan, V7 did not answer the question. R42's MDS Skin Conditions dated 4/22/25 identifies he had a stage 3 pressure ulcer. The area was identified as healed on 5/23/25 in the progress notes. The goal identified is to maintain adequate skin integrity. Interventions for 2025 include notify MD and monitor for adequate for urine output. The surveyor reviewed R42's care plan in the facility and requested a copy on 5/29/25. The facility provided a copy of the care plan that states it was revised on 5/29/25. R42's care plan states at risk for skin complication r/t incontinence, immobility, weakness, skin pressure S 3 to the ankle. When the surveyor reviewed the care plan on the morning of 5/29 it did not include skin pressure S 3 to the ankle. No history of impairment was listed.

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F 0684 Level of Harm - 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** 40066 A. Based on interviews and records reviewed the facility failed to prevent one dependent resident receiving narcotic medication known to the cause side effect of constipation from developing a large stool burden. This affected one of one resident (R41) reviewed for quality of care and hospitalization s. This failure resulted in R41 being transferred to the hospital and admitted for a diagnosis of Sterocoral Colitis secondary to severe constipation. B. Based on interview and record review, the facility failed to follow physician' s orders for obtaining monthly laboratory draws for seizure medications levels for residents identified with seizure disorders. This affected two residents (R94 and R6) reviewed for following physician orders. Findings include: On 2/23/25 hospital History and Physical identifies R41's chief complaint constipation. R41 is being admitted for Sterocoral Colitis, Urinary Retention, and UTI. According to National Institutes of Health, they define Sterocoral as a rare inflammatory form of colitis that occurs when impacted fecal material leads to distention of the colon. R41 returned to the facility on [DATE]. R41's diagnosis include but are not limited to malignant neoplasm of right breast and constipation. On 05/28/25 at 1:06 PM R41 in bed observed twice, both times R41 was non-responsive. On 5/29/25 at 11:31AM V12, LPN, said R41 called 911, it happened before for bowels. V12 said R41 was on a narcotic that she took everyday, she took 2 a day. V12 said R41 was educated that a side effect of the narcotic was constipation. V12 said R41 was on a stool softener. V12 said R41 gets agitated when she can't go, it was not her first time not being able to go. V12 said R41 panics about not being able to have a bowel movement. V12 said R41 has a prescription for bowel care daily. V12 said in the past I have given her lactulose one time to go. V12 said R41 has a cancer diagnosis. V12 said if residents complain of not having a bowel movement we assess for distended abdomen or blood in the stool. V12 said I would ask R41 when she pooped last, and I would encourage fluids. V12 said we try to avoid using an enema on R41 because she might bleed. V12 said we discuss the care for R41 bowels with the Nurse Practitioner. V12 said we would document in the progress notes the assessment we did. (The facility provided V12 as an assigned nurse to R41 during 2/20/25-2/23/25.) On 5/29/25 at 9:59AM V22, LPN said R41 didn't tell me she needed anything on 2/23/25. V22 said R41 just called 911. I saw the ambulance came in; I was surprised. We went to her room and R41 transferred to the hospital. She never told me anything was wrong in the beginning. There was nothing told to me in report and no pain reported. V22 said R41 left, I didn't get an assessment. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	On 5/29/25 at 12:36PM V19, Nurse Practitioner, said R41 had breast cancer, and she had pain to the breast. V19 said R41 was on norco for pain management. V19 said constipation can be a side effect of the norco. V19 said constipation can be related to norco, immobility being in a wheelchair and age. V19 said R41 had bowel concerns for at least 1 year that I have been coming to the facility. V19 said R41 was on a bowel regimen with medications and providing adequate hydration. V19 said to monitor R41 she was verbal and could report her bowel concerns. V19 said the CNAs will report if a resident is not going. V19 said R41 was obsessive about her bowels. V19 said I would expect nurses to confirm with CNAs and give PRNs if needed if R41 was reporting the need to have a bowel movement. V19 said they should document symptoms and give the PRN if needed. V19 said R21 would probably present with pain or discomfort in the abdomen and possibly some tenderness. V19 said R21 would have been able to report that to us. V19 said the ER visits could have been avoided if treated in the facility for bowel care. On 5/30/25 at 9:49AM V3, Director of Nursing, reviewing R41's Documentation Survey Report for Bowel Continence with the surveyor and said the report shows R41 had small bowel movements on 2/21/25 and 2/22/25 day shifts and evening shifts. V3 said monitoring for constipation includes monitoring the stool output and how much she is going. V3 said the interventions were not effective in preventing constipation. At 10:30AM V3 said the only documentation with an assessment for R41 I have is the SBAR that was provided already, there was no progress notes documented. The only bowel related policy we have is for Retraining and 3 day assessments for new admissions. While reviewing the Medication Administration Record (MAR) for R41 with the surveyor, 2/1/25-2/23/25, V3 said R41 was not given as needed (PRN) Dulcolax suppository, enema or lactulose. R41 has Dulcolax suppository, enema, and lactulose available for administration on her MAR. V3 said the PRN constipation medication would be given based on assessment. At 10:43AM V3 said R41 had no inhouse labs for 2/1/25-2/23/25. R41's care plan states she has a bowel elimination problem (constipation) related to decreased GI motility. Interventions include assess and monitor bowel routine. Assess and monitor medication which may cause diarrhea. Give medication as ordered. Monitor for signs and symptoms of GI distress. Monitor medications which may contribute to constipation. Observe for decreased bowel sounds. R41's cognitive pattern assessment for 1/1/25 identifies a score of 13 and on 4/2/25 14, both are cognitively intact scores. R41's MDS 1/1/25 identify she uses a wheelchair. R41's requires substantial to maximum assist for toileting hygiene and is dependent for toilet transfers. R41 is always incontinent of stool. 39340 R94 was admitted to the facility on [DATE] with a diagnosis of major depressive disorder, anxiety and conversion disorder with seizures or convulsions. R94's physician orders document monthly Tegretol(Carbamazepine) level dated 2/14/25. Carbamazepine extended release 100 mg. Give one tablet two times a day for conversion disorder with seizures. R94 carbamazepine level dated 2/19/25 was 5.3 normal. There was no level drawn for March. R94 carbamazepine level dated 4/11/25 documents 2.6 low. Reference range for carbamazepine is (4.0 -12). There were no carbamazepine levels for May. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	R94's Nurse Practitioner (NP) note dated 4/11/25 documents: Tegretol level 2.6. Conversion disorder with seizures or convulsions Give additional dose of Carbamazepine ER 100 mg x 1 Continue Zonisamide and current dose of Carbamazepine Seizure precautions. On 5/29/25 at 12:04PM, V19 (NP) said she ordered monthly Carbamazepine levels to ensure R94's medication is at a therapeutic level. V19 said it is recommended to check monthly. If levels are low medication level would be rechecked in a month and if still low medication change would be initiated. V19 said she did order one time dose of Carbamazepine after April results. V19 said she was unable to find any other lab results for R94's Carbamazepine level after April. V19 said she would expect her orders to be followed, and another lab draw to have occurred for May to follow up. V19 said if the therapeutic level is low, it can put the resident at higher risk for seizures. On 5/30/25 at 10:18AM, V24 (Pharmacist) said if the carbamazepine level is low it is recommended to adjust the dose and recheck the level within a week to see if there are any changes. If only a one-time dose of carbamazepine was given it would not have any long term effect on therapeutic levels and it would be expected to recheck the level within a week. R6's medical record notes R6's primary diagnosis is unspecified convulsions. R6's POS (physician order sheet), dated 2/14/25, notes an order for monthly lacosamide, Keppra, phenobarbital, and valproic levels. R6's medical record, dated 10/23/24, notes R6's lacosamide level was 5.7 (normal range 5-10); Keppra level was 5.51 (normal range 10-40); phenobarbital level was 30.3 (normal range 15-40); and valproic acid level was 49.1 (normal range 50-100). There is no documentation found in R6's medical record noting these laboratory tests were completed and reported monthly or that the physician was notified laboratory testing was not done. Facility policy titled physician orders revised 1/2023 document: Physician orders are followed as written. Follow through with orders by making appropriate contact or notification (lab or pharmacy).

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 34072 Based on interviews and record reviews, the facility failed to follow its medication regimen review policy to ensure the outside pharmacist identified and reported the absence or inadequate indications for use of a medication. This failure affected 2 residents (R6 and R68) out of 3 residents reviewed for medication review in a sample of 48. Findings include: On 5/29/25 at 11:25 AM, V18 ADON (Assistant Director of Nursing) stated that the medication, apixaban, is a blood thinner. V18 stated that it is not used to treat tachycardia (increased heart rate) as is noted in R68's physician orders. V18 stated that she will correct R68's medical record now. On 5/30/25 at 10:30 AM, V24 (pharmacist) stated that apixaban is prescribed for persons with history of blood clots, traumatic brain injury, atrial fibrillation, or stroke. V24 stated that it is not used to treat tachycardia. V24 stated that benztropine mesylate is prescribed to treat movement disorder. V24 stated that she is not aware what other symbolic functions refers to as a diagnosis. R6's POS (physician order sheet), dated 6/5/24, notes an order for benztropine mesylate 1mg oral two times a day related to other symbolic functions. V25's (Consultant pharmacist) pharmacist clinical review and recommendations, dated 11/5/24 - 4/4/24, does not note any irregularities noted. R68's medical record does not note a diagnosis of tachycardia. R68's POS, dated 11/8/2022, notes an order for apixaban 2.5mg (milligrams) two times a day related to tachycardia, unspecified. R68's medical record, dated 2/28/25-5/29/25, notes R68's pulse rate ranges from 62-83 beats/minute. On one occasion, 5/10/25 at 10:59 PM, R68's pulse is documented as 94 beats/minute. V25's (Consultant Pharmacist) pharmacist clinical review and recommendations, dated 11/5/24 - 4/4/24, does not note any irregularities noted. This facility's consultant pharmacy services provider agreement, undated, notes the consultant pharmacist review the medication regimen of each resident at least monthly and documenting the review and finding in the resident's medical record. The consultant pharmacist is responsible for completing orders, including diagnoses and resident information. The pharmacist reviews the physician order and compares with resident profile for appropriate drug for indication (diagnosis).

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39340 Based on interview and record review, the facility failed to follow their transmission-based isolation policy by not relocating one resident's roommate after a resident was found to have Extended-Spectrum Beta-Lactamases (ESBL) in the urine and failed to discontinue the isolation order after treatment was completed. This affected two of two residents (R1, R38) reviewed for transmission-based precautions. Findings include: R38 was admitted to the facility on [DATE] with a diagnosis of dysuria, weakness, hernia, major depressive disorder, and ulcerative colitis. R38's Minimum Data Set, dated dated dated [DATE] under toileting hygiene documents substantial. Maximal assistance. Under section H documents no indwelling catheter and under urinary incontinence documents frequently incontinent. R38's physician order dated 3/22/25 created 3/25/25 documents: Contact Isolation related to Extended-Spectrum Beta-Lactamases (ESBL) in the urine. No discontinued or stop date. On 5/28/25 at 10:51AM, V16 (Infection Prevention RN) said once an infection is suspected a resident will be placed on isolation while results are pending, if results come back positive than the resident is placed on appropriate isolation. Roommate would be moved or resident with infection would move to another room. V16 said R38 required contact isolation in March for an infection of her urine which indicated Extended-Spectrum Beta-Lactamases (ESBL) and R1(R38's roommate) was moved to another room while on medication. V16 was unsure why there was still an order for contact isolation, but the order should be discontinued and R38 would be placed on enhanced standard precautions. R1 was admitted to facility on 12/2/20 with a diagnosis of Alzheimer's disease, dementia, bipolar. Age related bilateral cataracts and schizoaffective disorder. R1's brief interview for mental status dated 3/31/25 documents a score of 7/15 which h indicates moderately impaired cognition. R1's census and medical record do not document any room changes in March. Facility census sheets dated 3/22/25- 3/29/25 document R1 remaining in the room with R38. Census sheet documents open beds available. Facility policy titled transmission-based isolation precautions revised 3/24 documents: It is the policy of this facility to follow and implement isolation precautions according to the recommendations of the centers for disease control and prevention in order to aid in the prevention and transmission of pathogens. Contact precautions are used for residents with suspected or known infections of colonized microorganism that can transmitted by direct contact with the patient or resident or indirect contact. Also includes infections or colonization with multidrug resistance organisms (MDRO) IE Extended-Spectrum Beta-Lactamases (ESBL). Guidelines for isolation for MDRO; isolate residents who are infected with drainage that cannot be contained. Maintain contact isolation precautions for high risk residents including those who are totally dependent on Nursing aides for Activities of daily living. Discontinue isolation once residents has been treated.

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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. 34072 Based on interviews and record reviews the facility failed to administer the influenza vaccine during influenza season, failed to screen residents for and offer the pneumococcal vaccine to residents. This failure affected 4 of 5 residents (R38, R68, R78, and R93) reviewed for influenza and pneumococcal vaccines in a sample of 48. Findings include: On 5/28/25 at 10:57 AM, V16 (Infection Prevention Nurse) stated that residents are educated and offered the influenza and pneumococcal vaccines. V16 stated that she is responsible for educating and obtaining consent/refusals for vaccinations. V16 stated that an outsourced clinic comes to this facility and administers residents' vaccinations. On 05/29/25 1:14 PM, V16 stated that when she started working here in March 2025, she was informed by previous IP nurse that if resident refused flu and/or pneumonia vaccine, they were not provided any education. V16 stated that she is unable to provide any documentation of education provided to the residents that refused vaccination(s). 1.R38's medical record, dated 10/22/24, notes R38 received education for the influenza and pneumococcal vaccinations and consented to receive both vaccines. R83 only received the pneumococcal vaccination. It is documented in R38's medical record R38 refused the influenza vaccine. There is no documentation noting R38 refused the influenza vaccine during 2024 influenza season. R38's POS (physician order sheet), dated 9/13/23, notes an order for annual influenza vaccine. 2.R68's medical record does not note any documentation that R68 received education or was offered the influenza or the pneumococcal vaccinations. R68's medical record notes R68 refused both vaccinations. R68's POS, dated 11/8/22, notes an order for pneumococcal vaccine per facility policy. It also notes an order for annual influenza vaccine. 3.R78's medical record, dated 10/21/24, notes R78 received education for the influenza and pneumococcal vaccinations and consented to receive both vaccines. R78 only received the pneumococcal vaccination. It is documented in R78's medical record R78 refused the influenza vaccine. There is no documentation noting R78 refused the influenza vaccine during 2024 the influenza season. R78's POS, dated 4/13/23, notes an order for annual influenza vaccine. 4.R93's medical record, dated 10/22/24, notes R93 received education for the influenza and pneumococcal vaccinations and consented to receive both vaccines. R93 only received the pneumococcal vaccination. It is documented in R93's medical record R93 refused the influenza vaccine. There is no documentation noting R93 refused the influenza vaccine during 2024 influenza season. R93's POS, dated 10/7/24, notes an order for annual influenza vaccine. (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	This facility's immunization record policy, revised 9/5/23, notes if the vaccines have not been given, the health care provider will be contacted for an order. If the vaccine is contraindicated, the physician or nurse will document why in the medical record. The resident or resident responsible party will be contacted for consent. If the resident or responsible party refuses the vaccine, then documentation in the resident's electronic medical record shall include education regarding why the vaccine is important. The vaccine will be documented on the eMAR (electronic medication administration record) as given. This facility's pneumococcal vaccination policy, revised 03/23, notes all current residents or the resident's responsible party will be screened yearly and offered the pneumovax PPSV23 and/or PCV13, PV15, and PCV20. This facility's influenza vaccination policy, reviewed 9/2023, notes annually all residents or resident responsible parties will be asked if they want to receive the influenza vaccine. If the resident or responsible party signs the consent, the health care provider will be contacted for an order. The influenza vaccine will be administered and documented in the eMAR.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 38796 Based on interview and record review the facility failed to have an effective pest control policy/program, by not ensuring the facility was free of pest to include (rodents and flying insects). This affected two of two residents (R18, R15,) reviewed for pest control practices. This has the potential to affect the entire facility. Findings include: On 5/28/25 surveyor was informed that Resident # 18 came out her room screaming saying there was a mouse in the room. On 5/28/25 R83(Resident Council President) said R18 was screaming about a mouse. R83 said her and R18 heard the mice in the room a few days ago, they made V5 (Maintenance Director) aware and he put traps down. R83 said this morning V4 (Housekeeping) removed the trap with the mouse on it. On 5/28/25 at 12:37pm V4 (Housekeeping) said he did remove the mouse trap with a mouse on it this morning from R83 and R18's room, under R18 bed. V4 said the facility should be pest free. On 5/27/25 at 1:57pm there were many flies observed in R15's room, landing on the soiled linen that was on the floor. V28(CNA) and housekeeper were summoned to make observation, both identified the flies. Facility policy titled Pest Control with last review date 8/2024 denotes in-part the facility shall maintain an effective pest control program. The facility maintains an ongoing pest control program to ensure that the building is kept free of insects and rodents.