STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145945	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Imboden Creek Senior Living	180 West Imboden Decatur, IL 62521

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide effective resident supervision to prevent repeat traumatic falls. These failures resulted in R7 experiencing 14 or more falls between November and December 2025 causing abrasions, skin tears, a hematoma, swelling, pain, and an eyebrow laceration requiring emergency transfer to the hospital for surgical repair. R7 is one of two residents reviewed for accidents on the sample list of 29.Findings include:R7's diagnosis list (1/7/2026) documents diagnoses including Metabolic Encephalopathy (brain dysfunction caused by metabolic imbalance), Convulsions, Muscle Wasting and Atrophy, Lack of Coordination, Unsteadiness on Feet, History of Falling, Neurocognitive Disorder, Dementia, Repeat Falls, Major Depressive Disorder, and Anxiety Disorder.R7's Resident Assessment (12/7/2025) documents R7 requires substantial/maximal assistance from staff for transfers, utilizes a wheelchair for mobility, and has bilateral upper extremity impairment in range of motion. R7's fall risk assessment (12/16/2025) documents R7 is at risk for falls.The facility fall log (November 2025 through January 2026) documents R7 had nine falls in the facility on the following dates: 11/14/25, 11/23/25, 12/2/25, 12/8/25, 12/12/25, 12/14/25, 12/16/25 (twice on this date), and 12/17/25. On 1/7/2026 at 2:40PM, V1 (Administrator) reported the above fall log documented all resident falls occurring during November 2025 through January 2026. On 1/9/2026 at 12:12PM, V2 (Director of Nursing) reported there were no more additional resident falls other than the ones documented on the above fall log. V2 stated, If that's what she's (V1) given you, that's all we have, we go through them every day.The facility SBAR Communication Tool to Physicians (12/28/2025) documents facility staff contacted R7's medical provider to report R7 had experienced six falls back to back in the facility over the weekend of 12/27/2025 to 12/28/2025. The same record documents R7 sustained abrasions to R7's forehead and nose, and a laceration resulting in sutures to R7's right eyebrow. Facility fall investigations (#578, #579, #580, #582) document R7 experienced five or more additional falls not reported on the above fall log. The investigations document R7 had falls on 12/23/25, twice on 12/26/25, and twice on 12/27/25.R7's Progress Notes (12/16/2025) document R7 was found by staff face down on the floor after an unwitnessed fall with a skin tear to the left arm and a goose egg to the back of the head. R7's Progress Notes (12/17/2025) document R7 complained to staff of head pain and body pain from R7's 12/16/2025 fall.R7's Progress Notes (12/23/2025) document R7 experienced a fall causing a skin tear to the right forearm. R7's Progress Notes (12/26/2025) document facility staff found R7 face down on the floor after an unwitnessed fall in front of R7's wheelchair with a bleeding laceration to the right side of the forehead and was sent by ambulance to the hospital emergency room for evaluation and treatment. R7's Fall investigation (12/27/2025) documents R7 returned to the facility from the hospital on [DATE] after R7's 12/26/2025 fall with sutures to R7's right eyebrow and orders for wound treatment.R7's Progress Notes (12/27/2025) document R7 was found by staff on the floor after having an unwitnessed fall resulting in a bleeding abrasion to R7's nose, a bleeding abrasion to R7's forehead, swelling to the right hand, and a skin tear with bleeding to the left arm.The facility Telephone Encounter (12/18/2025) documents an order from V24 (R7's Nurse Practitioner) for staff (continued on next page)

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

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F 0689 Level of Harm - Actual harm Residents Affected - Few	to ensure R7 is toileted frequently and R7 doesn't get up by R7's self.R7's Care Plan (November 2025 through January 2026) documents the focus area of R7 being at risk for falls and the goal of R7 to not experience any injuries related to falling. The same record documents a new intervention on 12/17/2025 as Resident (R7) to nurses station for 1:1 for resident's safety.R7's Physician Orders (1/8/2026) document the order Right Eye Lid: remove sutures after 6 days, if area is showing healed per hospital orders.On 1/8/2026 at 12:32PM, R7 was seated in a wheelchair at lunch and had sutures present on R7's right eyebrow. When asked if R7 experienced pain when R7 fell on [DATE] causing the eyebrow laceration and sutures, R7 replied, Oh yeah. V10 (R7's representative) was present and reported R7 had multiple falls in the facility over the weekend of 12/27/2025 to 12/28/2025. V10 reported believing the facility did not have enough staff to provide 1:1 supervision of R7 during that weekend. R7 denied ever receiving 1:1 supervision during the month of December 2025.The facility Falls policy (March 2018) documents the facility will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure over the counter medications were not expired, failed to ensure a bottle of eyedrops was labeled, and failed to ensure insulin pens were dated when opened. This failure affects three of three (R2, R9, R74) residents reviewed for medication storage on the sample list of 29 and has the potential to affect all 79 residents residing in the facility.Finding include: The facility's Storage of Medications policy, dated April 2007, documents medications without a label will be returned to the pharmacy and expired medications will not be used and will be returned to the pharmacy or destroyed. On 1/7/25 at 9:45 AM, V21, Licensed Practical Nurse, opened the top drawer of a medication cart. Inside the drawer, a box labeled prednisone suspension 1% and with R74's name contained a white eyedrop bottle without a label. Also in the top drawer were opened bottles of zinc 50 milligrams with an expiration date of 12/2025, bisacodyl 5 milligrams with an expiration date of 12/2025, and multivitamin with minerals with an expiration date of 11/2025. At that time, V21 confirmed the eyedrop bottle did not have a label and stated she could not verify the contents of the bottle since it was not labeled. V21 confirmed that the bottles of zinc, bisacodyl, and multivitamin with minerals were expired. V21 stated the expired zinc, bisacodyl, and multivitamin with minerals could be used for any resident in the facility.On 1/7/26 at 10:07 AM, a medication cart contained an undated Lantus and an undated Lispro multidose insulin pen for R9. Both of these pens had been opened. This cart also contained an undated Degludec and an undated Lispro multidose insulin pen for R2. At that time, V2, Director of Nursing, who had opened the medication cart, stated the pens should be dated when opened and confirmed R2 and R9's multidose insulin pens were not dated and were opened. The Facility Long-Term Care Facility Application for Medicare and Medicaid, dated 1/6/25, documents there are 79 residents residing in the facility.

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on observation, interview, and record review, the facility failed to employ a clinically qualified Director of Food and Nutrition Services and failed to employ a person-in-charge (PIC) with the required Food Protection Manager Certification. These failures have the potential to affect all 79 residents in the facility. Findings include:On 1/6/2026 at 12:42 PM, V5 (Dietary Manager) was actively supervising dietary operations in the facility kitchen. V5 reported being the full-time manager of the facility food service (person in charge) since September 2025 and reported not being a clinically qualified Certified Dietary Manager or having equivalent training. V5 denied meeting the State of Illinois standards to be a food service manager or dietary manager. V5 reported the facility Dietician does not work in the facility full-time. V5 also denied being a certified Food Protection Manager, as required, for every person in charge of a food service. V5 denied:-being a Dietician;-being a Certified Dietary Manager;-having an associate's or higher degree in food service management or in hospitality;-having 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting;-being a graduate of a dietetic and nutrition school or program authorized by the Accreditation Council for Education in Nutrition and Dietetics, the Academy of Nutrition and Dietetics, or the American Board of Nutrition; -being a graduate, prior to July 1, 1990, of a Department (Illinois Department of Public Health) approved course that provided 90 or more hours of classroom instruction in food service supervision and having experience as a supervisor in a health care institution which included consultation from a dietician; -or having completed an Association of Nutrition & Foodservice Professionals approved Certified Dietary Manager or Certified Food Protection Professional course. The Food and Drug Administration Food Code (2022) documents a dietary service Person in Charge (PIC) shall be a Certified Food Protection Manager.Throughout the duration of the survey from 1/6/2026 to 1/8/2026, the facility failed to maintain sanitary food storage areas, food service equipment, and food preparation areas.The Facility Assessment (2025) documents the facility's Staffing Plan includes a Certified Dietary Manager. On 1/6/2026 at 12:42PM, V5 reported food from the kitchen is available for all residents in the facility to eat. The facility Long-Term Care Facility Application for Medicare and Medicaid (1/6/2026) documents 79 residents reside in the facility.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to maintain sanitary food storage areas, food service equipment, and food preparation areas. These failures have the potential to affect all 79 residents residing in the facility.Findings include:On 1/6/2026 at 9:48AM, the kitchen table mounted can opener and receiver were both soiled with heavy accumulations of dark and sticky food debris. The opener also had accumulations of metal shavings. On 1/6/2026 at 9:52AM, wire storage shelves present inside of the kitchen walk-in cooler were covered with white fuzzy biological growth resembling mold. Food was stored on all portions of the shelves. The cooler flooring surface was soiled with an unidentified puddle of brown liquid and another puddle of unidentified yellow liquid. Debris including plastic wrap, paper, and single serve condiment packets was scattered on the cooler floor which was also damp throughout.On 1/6/2026 at 9:54AM, the kitchen food preparation sink was heavily soiled and stained with brown deposits across all surfaces of the sink basins.On 1/7/2026 at 1:17PM, the can opener, walk-in cooler storage shelves and flooring, and two-basin sink remained as above.On 1/8/2026 at 11:24AM, the can opener, walk-in cooler shelves and flooring, and two-basin sink remained as above on 1/6/2025. V8 (Cook) was present and reported not being aware of when the can opener was last cleaned or if the kitchen staff cleans the can opener. On 1/8/2026 at 11:31AM, V8, Cook, reported the fuzzy substance covering the walk-in cooler shelves looked like mold.On 1/6/2026 at 12:42PM, V5, Dietary Manager, reported food from the kitchen is available for all residents in the facility to eat. The facility Long-Term Care Facility Application for Medicare and Medicaid (1/6/2026) documents 79 residents reside in the facility.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. Based on interview and record review, the facility failed to develop and implement an antibiotic stewardship program that included protocols to ensure appropriate antibiotic use, systems to monitor antibiotic outcomes, resistance, and adverse events, and use of standardized tools and criteria to assess resident infections. This failure has the potential to affect all 79 residents in the facility.Findings include:On 1/8/2025 at 10:11AM, V1 (Administrator) provided the facility antibiotic use logs for infections for the previous calendar year. June through December 2025 logs were present and no other months were present. On 1/8/2025 at 3:12PM, V1 (Administrator) reported the facility does not have any additional information related to their antibiotic stewardship or infection control program than the above records document. The provided infections logs do not document what symptoms residents experienced signifying an infection, if any standardized criteria were used to justify and guide antibiotic use, when antibiotic therapies were first initiated, if response to treatment was monitored to determine if the antibiotic was effective and still indicated or adjustments should be made. The logs do not document the dose, schedule, or duration of antibiotic treatment for each infection. The logs do not document when an antibiotic therapy was changed when initially prescribed on an empirical basis by a medical provider. The facility Long-Term Care Facility Application for Medicare and Medicaid (1/6/2026) documents 79 residents reside in the facility.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review, the facility failed to prevent unnecessary use of psychotropic medications, failed to complete psychotropic medication assessments, failed to track targeted behaviors necessitating use of psychotropic medications, and failed to implement non-pharmacological interventions prior to the use of psychotropic medications. These failures affect one resident (R6) of five reviewed for unnecessary medications on the sample list of 29.Findings include:R6's Physician Order Summary Report, dated 1/8/2026, documents the following orders: Citalopram (Antidepressant) 10 milligrams (mg) one tablet by mouth in morning; Lorazepam (Benzodiazepine) 0.5mg one tablet by mouth daily; Risperidone (Antipsychotic) 0.5mg one tablet by mouth at bedtime and Zolpidem (Sedative-Hypnotic) one tablet by mouth at bedtime.R6's Medical Record does not document any psychotropic medication assessments or behavior tracking.R6's Care Plan (current) documents R6 has Psychotic Disorder with delusions, Major Depressive Disorder, Delusional Disorder, and Anxiety Disorder. The Care Plan further documents R6 takes the following psychotropic medications: Citalopram, Lorazepam, Risperidone, and Zolpidem. R6's Care Plan does not document any specific behaviors or non-pharmacological interventions to manage behaviors.On 1/9/26 at 10:27 AM, V2, Director of Nursing, stated, I don't know about psych assessments. V2 confirmed R6 is not receiving psychiatric services. V2 confirmed R6 does not have any behaviors documented.On 1/9/26 at 10:36 AM, V7, Regional MDS Coordinator, confirmed there are no non-pharmacological interventions, behavior triggers, and/or targeted behaviors on R6's Care Plan.The facility's Psychotropic Medication Use Policy, dated February 2025, documents the following: When determining whether to initiate, modify, or discontinue medication therapy, the interdisciplinary team conducts and documents an evaluation of the resident. Behavioral and other non-pharmacological approaches are used to minimize or eradicate the need for medications. Residents receiving psychotropic medication are monitored and the response to treatment is documented.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a person-centered comprehensive care plan. This failure affects three (R3, R6, and R71) of 18 residents reviewed for care plans on the sample list of 29. Findings include: 1. R3's Physician Order Summary Report, dated 1/8/26, documents the following orders: Warfarin Sodium (Anticoagulant) 2 milligrams (mg), take one tablet by mouth at bedtime every Wednesday, Thursday, and Friday, and Warfarin Sodium 3mg, take one tablet by mouth at bedtime every Monday, Tuesday, Saturday, and Sunday. R3's Care Plan (current) documents R3 is on Anticoagulant therapy Eliquis. This same record does not include R3's Warfarin use and/or monitoring. On 1/8/26 at 10:08 AM, V7, Regional MDS Coordinator, confirmed R3's Warfarin is not on R3's current care plan. 2. R6's Physician Order Summary Report, dated 1/8/2026, documents the following orders: Citalopram (Antidepressant) 10 milligrams (mg) one tablet by mouth in morning; Lorazepam (Benzodiazepine) 0.5mg one tablet by mouth daily; Risperidone (Antipsychotic) 0.5mg one tablet by mouth at bedtime and Zolpidem (Sedative-Hypnotic) one tablet by mouth at bedtime. R6's Care Plan (current) documents R6 has Psychotic Disorder with delusions, Major Depressive Disorder, Delusional Disorder, and Anxiety Disorder. The Care Plan further documents R6 takes the following psychotropic medications: Citalopram, Lorazepam, Risperidone, and Zolpidem. R6's Care Plan does not document any specific behaviors or non-pharmacological interventions to manage behaviors. On 1/9/26 at 10:36 AM, V7, Regional MDS Coordinator, confirmed there are no non-pharmacological interventions, behavior triggers, and/or targeted behaviors on R6's Care Plan. 3. The EMR (electronic medical record) diagnoses sheet for R71, dated 1/14/2026, documents R71's medical diagnoses are Flaccid Hemiplegia Affecting Left Non-Dominant side and Frontal Lobe and Executive Function Deficit, Following Cerebral Infarction. The Minimum Data Set, dated [DATE], documents R71 is dependent on staff for all Activities of Daily Living, has an indwelling urinary catheter, and R71 has a BIMS (Brief Interview Mental Status Assessment) of 15, which indicates R71 is cognitively intact. Progress Notes, dated 12/18/25, document Referral Packets for transfer were sent to other facilities at R71's request. R71's care plan which was updated since R71 returned from the hospital on 1/5/26 does not address discharge planning for R71. On 1/9/26 at 2:30 PM, V1, Administrator, stated, We have been sending referrals to all the facilities (R71) has requested to be transferred to. I was not aware his care plan did not address (R71's) discharge planning. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility's Care Plan, Comprehensive Person-Centered Policy, revised December 2016, documents the following: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The comprehensive, person-centered care plan will: Include the resident's stated preference and potential for future discharge, including his or her desire to return to the community and any referrals made to local agencies or other entities to support such a desire.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on interview and record review, the facility failed to obtain resident diagnostics as ordered by a medical provider. This failure affects one resident (R7) of three reviewed for laboratory diagnostics on the sample list of 29.Findings include:R7's diagnosis list (1/7/2026) documents the diagnosis Convulsions. R7's Physician Orders (1/8/2026) document orders for Levetiracetam, Lamotrigine, and Divalproex sodium (all anti-convulsant medications).R7's neurology provider facsimile to the facility (12/9/2025) documents an order to obtain laboratory diagnostics for R7 including complete metabolic profile, complete blood count, ammonia level, Lamotrigine level, Levetiracetam level, and Divalproex sodium level. On 1/9/2026 at 12:09PM, V2 (Director of Nursing) reported R7's laboratory diagnostics ordered by R7's neurologist on 12/9/2025 were not obtained by the facility until 12/23/2025.R7's laboratory reports (12/23/2025, 12/24/2025) document the facility did not collect and submit R7's medical specimens to the laboratory until 12/23/2025.

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, interview, and record review, the facility failed to determine if a medication was appropriate and safe for self-administration. This failure affects one resident (R59) of 24 reviewed for supervised medication use on the sample list of 29. Findings include:R59's Resident Assessment (10/31/2025) documents R59 has intact cognition. R59's diagnosis list (1/13/2026) documents the diagnosis of Pain.R59's Physician Orders (1/8/2026) documents the medication order Tylenol Extra Strength Tablet, 500 MG, give two tablets by mouth every 8 hours as needed for pain.On 1/6/2026 at 2:05PM, R59 was seated in a chair in R59's room with a overbed table nearby. A medication cup was present on the table and contained two white oblong medication caplets resembling Tylenol. R59 reported the caplets were Tylenol and provided to him by the facility nurse the previous evening but were not taken. On 1/9/2026 at 12:19PM, V2 (Director of Nursing) reported staff should not leave medications in resident rooms for residents to take unsupervised. V2 reported the facility does not allow self-administration of resident medications and reported R59 had not been assessed for any self-administration medications. On 1/9/2026 at 2:11PM, R59's electronic medical record (undated) did not contain any assessment for medication self-administration. The facility Medication Administration policy (2/17/2024) documents staff will record in the resident's medication administration record each medication given to a resident and documents residents may self-administer their own medications only if their attending physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely.

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide privacy during a procedure by not pulling the curtain for R36. R36 is one of 29 residents reviewed for privacy in a total sample of 29.Findings include:The Physician's Order Sheet dated January 2026 documents R36's diagnoses as Cancer, Malignant Neoplasm of the Colon, and CVA (Cerebrovascular Accident) with right side impairment. R36 is on hospice for his cancer diagnosis. The Minimum Data Set, dated [DATE], documents R36 has a BIMS (Brief Mental Status Assessment) of 7, which indicates severe cognitive impairment, that R36 is dependent on staff for activities of daily living, and that R36 has an indwelling urinary catheter and is frequently incontinent of bowel.On 1/7/26 at 10:48 AM, V6, CNA (Certified Nurse Assistant) performed urinary catheter care for R36. V6 did not pull the curtain before performing the catheter care for R36. R36's bed is the first bed when you enter the room. There were two times staff knocked on the door and opened the door which exposed R36 to any person passing by the room.On 1/7/26 at 1:30 PM, V6 stated, Yes, I did forget to close the curtain around (R36). I should have closed the curtain for privacy.The facility policy titled Catheter Care, Urinary with revision date of September 2014 documents under Steps in the Procedure #12, Provide privacy. Cover the resident with a sheet, exposing only the perineal area.

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Imboden Creek Senior Living	180 West Imboden Decatur, IL 62521

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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** Based on interview and record review, the facility failed to accurately complete a resident's comprehensive assessment. This failure affects one (R3) of 24 residents reviewed for accuracy of assessments on the sample list of 29.Findings include:R3's Comprehensive Assessment (MDS), dated [DATE], documents R3 is taking an antipsychotic medication.R3's Physician Order Summary Report, dated 1/8/2026, does not document R3 as being prescribed and/or receiving any antipsychotic medications.On 1/8/26 at 10:05 AM, V2, Director of Nursing, stated R3 has not been on any antipsychotic medication for months. On 1/8/26 at 10:08 AM, V7, Regional MDS Coordinator, stated R3 is not currently on any antipsychotic medications. V7 confirmed R3's MDS is incorrect.

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F 0659 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care by qualified persons according to each resident's written plan of care. Based on observation, interview, and record review, the facility failed to ensure qualified staff applied medicated cream to a resident for one of two (R36) residents reviewed for urinary catheter care in the sample of 29. The EMR (Electronic Medical Record) form titled Medical Diagnosis, dated 1/14/26, documents the following diagnoses for R36: Malignant Neoplasm of the Colon and Secondary Malignant Neoplasm of the lung. R36 requires an indwelling urinary catheter for urination. On 1/7/26 at 10:48 AM, V6, Certified Nursing Assistant/CNA, performed catheter care for R36. After completing the procedure, V6 stated to R36, I am going to put this cream you have on your (buttocks) and on all your red spots. V6 took the cream off of the bed side table and put the cream on her gloves and applied the cream onto R36 buttocks, between his thighs, and also on the glans penis. V6 stated to R36, This cream should help your redness. The cream V6 used was labeled Silicone Cream with Zinc Oxide. R36's Physician's Orders dated January 2026 document under the Treatment Administration Record (TAR) Buttocks: apply Zinc every day and night shift for redness until healed, Notify MD (Medical Doctor) of any changes. Start Date 12/16/25 at 1800 (6pm).The facility policy titled Administering Medication, with revision date April 2019, states under #1 Only persons licensed or permitted by this state to prepare, administer and document the administration of medications may do so.On 1/7/26 at 11:45 AM, V17, RN (Registered Nurse) Regional Corporate Nurse, and V18, RN, Regional Corporate Infection Control Coordinator, stated Certified Nursing Assistants cannot apply Zinc Oxide to the residents. V17 and V18 confirmed Zinc Oxide is considered a medication which has to be administered by the licensed staff.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop a plan of care with pressure relieving interventions for one of three residents (R53) reviewed for pressure ulcers on the sample list of 29. Findings include:On 01/08/2026 at 9:30 AM, a quarter sized unstageable pressure ulcer containing 90 percent slough was present on R53's coccyx. At that time, V11, Wound Nurse, confirmed the area on R53's coccyx was an unstageable pressure ulcer. R53's Nurse's Note, dated 10/7/25, documents R53 was admitted to the facility on [DATE] at 3:33 PM due to left shoulder fracture. R53's Nurse's Note, dated 11/19/25 at 2:23 PM, reports pressure wound stage two on sacrum. R53's Medical Record nor Care Plan documents a plan of care with pressure relieving interventions until 12/23/25. On 1/9/25 at 11:00 AM, V2, Director of Nursing, stated R53's pressure ulcer plan of care with pressure relieving interventions was not developed until 12/23/25. V2 confirmed the pressure ulcer was identified on 11/19/25. The facility's Care Plan policy, dated December 2016, documents the care plan will include problem areas with interventions. The facility's Pressure Ulcer policy documents when a pressure ulcer is present a plan of care with interventions will be implemented.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview, and record review, the facility failed perform complete urinary catheter/perineal care and failed to prevent cross contamination during catheter/perineal care for one of two residents (R36) reviewed for urinary catheter care in a sample of 29. Findings include:The EMR (Electronic Medical Record) Medical Diagnosis sheet, dated 1/2026, documents R36 has diagnoses of Malignant Neoplasm of Colon, Secondary Malignant Neoplasm of the Lung, and Cerebral Vascular Accident. R36's January 2026 Physician Order Sheet documents an order to clean R36's urinary catheter twice daily.On 1/7/26 at 10:48 AM, V6, CNA (Certified Nurse's Assistant), performed catheter care for R36. V6, came in through the door with her hands full of wet clothes and towels. V6 stated V6 was going to complete R36's catheter care. V6 started by washing R36's penis shaft. V6 washed the shaft toward the glans penis with a soapy washcloth and cleansed the same area again without changing the area of the washcloth. V6 then went to the opposite side of the penis and washed the shaft once again without changing area of the washcloth. V6 then cleansed the meatus of the penis and cleaned around the meatus still not changing the area of the washcloth. V6 then rinsed the areas she cleaned with a washcloth with just water on it. V6 dried R36 and did not clean the urinary catheter tubing. V6 then assisted R36 to turn on his left side and V6 began cleaning R36's buttocks. R36 had a large bowel movement which was dark, thick, and smearing every time V6 wiped R36. V6 again washed the buttock area with a soapy washcloth and went over the same area two times without changing the area of the cloth. Upon completion of cleaning R36's buttocks, V6 took another towel and dried R36's buttocks without rinsing the area first. V6 put a clean brief on R36 and announced she was done and was going to put cream on R36 because R36 had a reddened area.On 1/7/26 at 11:45 AM, V2, Director of Nurses, stated, (V6) must have been nervous or scared when she was doing the procedure. I will speak with her to ensure she knows how to do correct catheter care.On 1/7/26 at 1:30 PM, V6 stated, I understand I did not do a good job when I did (R36's) catheter care. I was told of my errors and (V2) stated she would help me correct my errors and re-train me so I can do everything right the next time.The facility policy titled Catheter Care, Urinary with the revision date of September 2014 documents #16 For a male resident: Use a washcloth with warm water and soap to cleanse around the meatus. Cleanse the glans using circular strokes from the meatus outward. Change the position of the washcloth with each cleansing stroke. With a clean washcloth, rinse with warm water using the above technique. Return foreskin to normal position. #17. Use a clean washcloth with warm water and soap to cleanse and rinse the catheter from insertion site to approximately four inches outward.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observation, interview, and record review, the facility failed to provide nutritional supplements as ordered for a nutritionally at-risk resident. This failure affects one resident (R1) of three reviewed for nutrition on the sample list of 29.Findings include:R1's Physician Order Summary Report, dated 1/9/2026, documents R1 has the diagnosis of protein-calorie malnutrition. The Order Summary further documents the following dietary supplement orders: high calorie nutritional supplement twice a day; fortified pudding and whole milk with meals.R1's Care Plan (current) documents R1 is nutritionally at risk and supplements as ordered.R1's Lunch Meal Tray Slip, dated 1/9/26, documents R1 is to receive fortified pudding and whole milk with R1's meal.On 1/8/26 at 12:31 PM, R1 was eating lunch in the dining room. R1 did not have any nutritional supplements present with R1's lunch meal.On 1/9/26 at 12:02 PM, R1 was eating lunch in the dining room. R1 did not have any nutritional supplements present with R1's lunch meal.On 1/9/26 at 10:27 AM, V2, Director of Nursing, stated, (R1) is to receive (R1's) high calorie nutritional supplement at lunch and supper and the other supplements (fortified pudding and whole milk) at all meals.On 1/9/26 at 12:06 PM, V20, Activity Director, was passing lunch meal trays in the dining room. V20 stated, Residents should receive supplements with their meals if supplements are on their meal tray slip.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review, the facility failed to store respiratory care equipment in a sanitary manner. This failure affects one resident (R7) of six reviewed for oxygen therapy on the sample list of 29.Findings include:R7's diagnosis list (1/7/2026) documents diagnoses including Acute Respiratory Failure With Hypoxia, Chronic Obstructive Pulmonary Disease With Acute Exacerbation, Asthma, and Pneumonia.R7's Physician Orders (1/6/2026) document the order for two liters of oxygen as-needed. On 1/6/2026 at 11:11 AM, R7 was sleeping in bed with an oxygen concentrator located at the foot of R7's bed. Oxygen tubing and a nasal cannula were attached to the concentrator and were laying in direct contact with the floor. On 1/8/2026 at 11:15AM, R7's oxygen tubing and nasal cannula were coiled on top of R7's oxygen concentrator. On 1/8/2026 at 12:32PM, R7 reported R7 does use the oxygen concentrator, tubing, and nasal cannula in R7's room. On 1/9/2026 at 12:28PM, V2 (Director of Nursing) reported staff should store resident oxygen tubing and nasal cannulas in bags when not in use.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to document administration of resident medication. This failure affects one resident (R59) of 24 reviewed for medications on the sample list of 29.Findings include:R59's Resident Assessment (10/31/2025) documents R59 has intact cognition. R59's diagnosis list (1/13/2026) documents the diagnosis of Pain.R59's Physician Orders (1/8/2026) document the medication order Tylenol Extra Strength Tablet, 500 MG, give two tablets by mouth every 8 hours as needed for pain.On 1/6/2026 at 2:05PM, R59 was seated in a chair in R59's room with an overbed table nearby. A medication cup was present on the table and contained two white oblong medication caplets resembling Tylenol. R59 reported the caplets were Tylenol and provided to him by the facility nurse the previous evening (1/5/2026) but were not taken. R59's Medication Administration Record (January 2026) does not document R59 received any Tylenol medication anytime January 1-January 8, 2026. On 1/9/2026 at 12:19PM, V2 (Director of Nursing) reported nurses should document all medications administered to residents. V2 reported nursing staff probably forgot to document R7's Tylenol administration and staff should sign off on all medications including as-needed orders.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on interview and record review, the facility failed to respond timely to multiple pharmacy requests to reconcile duplicate medication orders resulting in duplicate administration of medication. This failure affects one resident (R7) of eighteen reviewed for medications on the sample list of 29.Findings include:R7's Physician Orders (1/8/2026) document an order for Lamotrigine (anti-convulsant medication), 100 milligrams, take one tablet by mouth twice daily with a start date of 11/8/2025 and a discontinuation date of 12/31/2025. The same record documents an additional order for Lamotrigine, 150 milligrams, take one tablet by mouth twice daily with a start date of 12/10/2025 and a discontinuation date of 12/31/2025. The Consulting Pharmacy Note (12/12/2025) documents: Please note that resident has a new order for Lamotrigine 150mg (milligrams) BID (twice daily), but previous order for Lamotrigine 100mg BID was not discontinued. Please clarify current dose with prescriber and discontinue previous order if necessary.R7's medication administration record (December 2025) documents R7 received both the 100 milligram and 150 milligram doses of Lamotrigine twice daily from December 10 through December 31, 2025. On 1/9/2026 at 11:50AM, V2 (Director of Nursing) reported believing R7's above medication orders were duplicative and reported R7 did receive duplicate doses of Lamotrigine during December 2025 resulting in R7 receiving a total daily dose of 500 milligrams instead of the intended dose of 200 milligrams. The Consulting Pharmacy Note sent to V23 (R1's attending medical provider) on 12/29/2025 documents: Resident reviewed for fall assessment due to multiple falls. Resident has an order for Lamotrigine 100mg (milligrams) BID, and an additional order for Lamotrigine 150mg BID was added 12/10/2025, resulting in a total daily dose of 500mg if administered as written. Lamotrigine may contribute to dizziness, ataxia, and impaired, increasing fall risk. Please review lamotrigine orders for potential duplication and evaluate appropriateness of current dosing. Consider dose reduction or simplification if clinically appropriate.

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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. Based on observation, interview, and record review, the facility failed to ensure droplet isolation infection control precautions were utilized for a resident with severe acute respiratory syndrome coronavirus 2 (COVID-19) infection. This failure affects one resident (R2) of 18 reviewed for infection control in the sample list of 29.1. On 1/6/26 at 11 AM, Enhanced Barrier Precaution signage was located on R2's room door and R2's room door was open.R2's Progress Note, dated 1/2/26, documents R2 tested positive for Covid-19 during routine testing and R2 was moved to a private room.On 1/6/26 at 10:08 AM, V1, Administrator, stated, Only one resident (R2) is Covid-19 positive in the facility at this time and the other Covid-19 positive resident (R75) is currently recovering at home.On 1/6/26 at 11:11 AM, V3, Certified Nursing Assistant, stated R2 has been residing in that room since 1/2/26 due to being Covid positive. V3 stated V3 was unsure who is responsible for putting the correct isolation signage on resident room doors.On 1/13/26 at 10:54 AM, V17, Regional Corporate Nurse/RN, stated residents with Covid-19 are placed on Contact/Droplet precautions. V17 stated R2 should have Contact/Droplet precautions isolation signage on R2's door.The facility's Covid-19 Policy (undated) documents the following: Residents with Confirmed COVID-19- Resident placement: single room with door closed if safe to do so. Isolate using Transmission-Based Precautions. Duration of Transmission-Based Precautions for residents with COVID-19 with mild-to-moderate illness should be a minimum of 10 days since symptoms first appeared or first diagnostic test.