STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145995	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Archer Heights Healthcare	4437 South Cicero Chicago, IL 60632

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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 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 interview and record review, the facility failed to ensure proper food safety practices by permitting a dietary aide to continue working with an expired food handler certification. This failure has the potential to affect all 208 residents residing in the facility.On 4/27/2026 at 1:13 PM, V3 (Dietary Manager-Temporary) provided copies of V16 (Dietary Aide) state food and safety certificate issued on 10/31/2022 documents an expiration date of 3 years from the issue date (10/31/2025). On 4/28/2026 at 9:37 AM, Reviewed V16 (Dietary Aide) time cards dated for the 2 week time period of 3/29/2026 to 4/11/2026 which documents V16 worked 7:45 hours for eleven (11) shifts during that time period and V16 time cards dated for the 2 week period of 4/12/2026 to 4/26/2026 documents V16 worked eleven (11) shifts for seven hours and fifteen minutes to ten hours and thirty minutes.On 4/29/2026 at 10:49 AM, V33 (Registered Dietician) stated all staff should have a certification in food handling and I believe that is the policy; the purpose of dietary aides obtain a certification in food handling is to educate on hygiene, food storage, and temperature; and dietary staff should probably not be handling food on an expired license. On 4/29/2026 at 2:11 PM, V3 (Dietary Manager) stated I (V3) noticed that one person did not have an updated food handler certification. Surveyor verified with V3 one dietary aide (V16) has been working on an expired food handling certification since October 2025. Facility's policy titled Policy and Procedures for Food Handling with a revision date of 1/2025 documents the facility will promote food safety through proper food handling techniques and the purpose is to establish principles for dietary personnel to minimize or prevent infections related to food handling.Facility's Dietary Aide Job Description undated documents, in part, dietary aides adhere to all food safety and sanitation guidelines as per state (Illinois) regulations, CMS standards, and facility policies and must possess a valid Food Handlers certificate.

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

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observations, record reviews, and interviews, the facility failed to ensure that dietary staff followed the planned menu, therapeutic diets, or resident preferences. This failure has the potential to affect all 208 residents residing in the facility on an oral diet with one resident (R70) receiving a gastric tube and pleasure feed.On 4/27/2026 at 10:21 AM, R152 stated the food is terrible and he (R152) does not receive meat with every meal.On 4/28/2026 at 10:36 AM, V34 (Dietary Cook) stated the residents were fed eggs, toast, and oatmeal; some people get boiled eggs or no eggs depending on their ticket likes and dislikes; sausage didn't come in, so she (V34) did not make the egg casserole on the menu for today but made the other items on the menu; and the dietary supervisor tell us to cook what we have.On 4/28/2026 at 10:42 AM, V3 (Dietary Manager) verified with surveyor the freezer contains frozen pork breakfast sausage, sausage crumbles, chicken tenders, ground turkey and beef, burgers, bacon, ravioli and meat balls; 3 boxes of pork sausage crumbles with 1 box dated received 1/2/2026 and use by date 7/2026 and 2 boxes of sausage crumbles with a receive date of 4/14/2026 and use by date 7/2026.On 4/28/2025 at 10:53 AM, V3 (Dietary Manager-Temporary) stated the sausage crumbles are used to prepare the egg and sausage casserole on the menu for breakfast today 4/28/2026; V34 (Dietary Cook) should have followed the breakfast menu for today and prepared the egg and sausage casserole; the purpose of following the menu selections is to make we give enough protein and nutrients to the residents; and the effect of not providing enough protein in residents daily diet can result in weight loss along with other things. On 4/28/2026On 4/28/2026 at 1:46 PM, R152 stated he (R152) received a slice of toast, a boiled egg, and oatmeal for breakfast. Reviewed the dietary menu for the week of 4/26/2026 to 5/1/2026. On 4/28/2026 for breakfast the menu reads the following food items will be served for breakfast: choice of vitamin c juice (6oz), oatmeal or cold cereal (1/2 cup or 3/4 cup), egg & sausage casserole (1 piece=2 ounces of protein), Toast (1 slice), Jelly (1 each), Margarine (1 each), 2% Milk (8 ounces), coffee/tea (6 ounces), and condiments (1 each) and lunch menu selection for protein is 2 ounces of chicken and dinner menu selection of protein is 2 ounces of savory meatloaf.On 4/29/2026 at 10:49 AM, V33 (Registered Dietician) stated the menu comes from an outside food agency and is approved by a certified dietician; a food substitutions should be provide to replace the nutritional value and calorie intake on the menu; and if the food item is not replaced with the appropriate calorie intake it can cause lead to a resident losing weight.Facility's policy titled Menu Requirements with a revision date of 9/25/2023 documents, in part, menus are developed to meet the daily recommended intake national guidelines, regional food preferences, resident input.a table of the recommend daily or weekly amount from the different food groups or subgroups based on a 2,000-calorie diet below will be the base for planning menus: meat group- a total of 6 ounces a day by weight of quality protein to provide 38-42 g of protein daily.Facility's policy titled Menu Substitutions dated 10/11/2023 documents, in part, if a situation arises that makes an item on the menu unavailable, a substitute of similar nutritional value will be provided. Facility's dietary cook job description undated documents, in part, an overview of the facility is committed to providing high-quality, compassionate care to our residents and believe nutrition plays a crucial role in the well-being and recovery of our residents. Menu planning and execution responsibilities include collaborating with the dietary manager to plan and prepare nutritious, appealing meals that meet the dietary needs and preferences of residents, including those on therapeutic diets.

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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 ensure safe food storage practices by not monitoring and documenting refrigerator and freezer temperatures of stored foods daily. This failure affects all residents residing in the facility. On 4/27/2026 at 9:46 AM, surveyor observed the walk-in refrigerator cooler's thermometer reading was 41 degrees Fahrenheit with missing daily refrigerator tracking temperature entries on 4/19/2026, 4/24/2026, and 4/26/2026.On 4/27/2026 at 9:50 AM, walk-in freezer -3 degrees Fahrenheit. Observed missing daily refrigerator tracking temperature entries on 4/19/2026, 4/24/2026, and 4/26/2026. On 4/27/2026 at 9:53 AM, sandwich cooler temperature 36 degrees Fahrenheit with missing daily refrigerator tracking temperature entries and signatures for the following dates on 4/19/2026, 4/24/2026, and 4/26/2026.On 4/27/2026 at 9:59 AM, surveyors verified with V3 (Dietary Manager-Temporary) the walk-in refrigerator, refrigerator cooler, and walk-in freezer had missing daily log in temperatures. Requested copies of the walk-in refrigerator log, walk-in freezer, and refrigerator cooler logs and informed V3 not to fill in any of the missing entries.On 4/27/2026 at 1:13 PM, V3 (Dietary Manager-Temporary) provided surveyor with the walk-in refrigerator, walk-in freezer, and refrigerator cooler tracking logs with the temperatures and initials filled in on 4/19/2026, 4/24/2026, and 4/26/2026 but no times entered on 4/19/2026, 4/24/2026, and 4/26/2026. On 4/30/2026 at 2:16 PM, V3 (Dietary Manager-Temporary) stated the refrigerator/cooler/freezer logs are completed every morning and night; to make sure the temperatures are at the recommended standard temperatures of 41 degrees Fahrenheit and below zero degrees Fahrenheit for the freezer and to make sure the food don't go bad or spoil; the residents can get sick if the temperatures are not maintained; and the perfect explanation of daily tracking of temperatures is to prevent food borne illness. Facility's policy titled Storage of Refrigerated/Frozen Foods with a revision date of 4/26/2026 documents, in part, temperatures will be recorded on the refrigerator and freezer tracking logs at least two times a day.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure Enhanced Barrier Precaution (EBP) signage was visibly posted for a resident (R231) requiring Enhanced Barrier Precaution; and failed to maintain infection control practices to prevent the potential spread of infection (staff placed soiled linen on the floor for one resident (R53) and staff failed to separate clean and soiled linen in the laundry processing area). These failures affected two residents (R53 and R231) and has the potential to affect all 208 residents reviewed for infection control.Findings include: On 4/27/26 at 2:15 pm, Surveyors and V14 (Laundry and Housekeeping Manager) conducted a tour in the laundry area and observed the laundry rooms clean processing area with three bags on the floor. V14 stated that the three bags on the floor were residents' soiled linen dropped off by the floor technicians. V14 stated that the soiled linen items should not be placed on the floor or in the clean laundry processing because it can cause contamination. The facility document dated 1/25 and titled Linen Handling documents, in part: Purpose: To ensure proper handling of soiled and clean linen and personal laundry to prevent the spread of microorganisms. Procedure: 2. Clean and soiled linen should remain separate on the nursing units and in the laundry processing area. Findings include: R53 face sheet shows that R53 has diagnosis which includes but is not limited to peripheral vascular disease. R53's Brief Interview for Mental Status (BIMS) dated 6/9/26 shows that R53 has a score of 9 which indicates that R53 has some cognitive impairment. R231 face sheet shows that R231 was admitted to the facility 4/24/26 in which R231 does not have a BIMS at this time. During this survey R231 was able to answer surveyors' questions appropriately. R231's face sheet shows that R231 has diagnosis which includes but is not limited to cellulitis of left lower limb, unspecified open wound left lower leg subsequent encounter and other injury of unspecified body [NAME]. R231 Physician Order Sheet (POS) shows active order dated 4/29/26 and does not document EBP orders for R231. On 4/27/26 at 10:32 am, R231 was observed in her room, in bed with a dressing to R231's left leg. Surveyor did not observe R231's room door with an EBP sign on the door. On 04/27/26 at 10:33 am Surveyor observed V10 (Certified Nursing Assistant, CNA) performing Activities of Daily Living (ADL) care with R53 and throwing R53's soiled linens on the floor next to R53's bed. On 4/27/26 at 10:33 am, Surveyor brought this observation to V10 (Certified Nursing Assistant, CNA), and V10 stated, I am about to get that off the floor (referring to the soiled linen observed on the side of R53's bed). (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 4/27/26 at 11:10 am, V9 (Infection Preventionist ,IP, Licensed Practical Nurse, LPN) stated residents with wounds should have an EBP sign placed on the door and staff should be donning Personal Protective Equipment (PPE) (gown and gloves) when performing high contact care. V9 stated that an EBP sign is to prevent staff and the resident from transmitting infection. V9 also stated that residents soiled linen should not be placed on the floor and should be placed in a plastic bag to contain the linen and prevent staff and residents from tracking germs throughout the building. The facility's document 04/27/26 and titled Enhanced Barrier Precautions Tracking Log shows that R231 requires EBP due to wound. The facility's policy dated 4/28/25 and titled Enhanced Barrier Precautions and documents, in part: Purpose: Reduce the transmission of novel or targeted multi-drug-resistant organism (MDRO). It is the policy of the facility to ensure that additional appropriate PPE (Personal Protective Equipment) is utilize when indicated, to prevent the spread of multidrug-resistant organisms also known as MDRO's (Multi Drug Resistant Organisms) . Procedure: 4. Ensure that all necessary supplies are available in an enclosed clean labeled container outside the resident's room. 5. Ensure that proper receptacles are in placed to collect discarded EBP in the resident's room. The facility's policy dated 1/25 and titled Linen Handling (Nursing) documents, in part: Purpose: To ensure proper handling of soiled and clean linen and personal laundry to prevent the spread of microorganisms. Procedure: 6. Every effort will be made to ensure that soiled linens or clothing does not come into contact with uniforms, furniture, or other areas deemed clean. Soiled linens shall not be placed on the floor.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure that disposable razors were not at bedside and failed to ensure proper disposal of razors in accordance with facility protocol which affected 4 residents (R72, R102, R162, R211) of 4 residents reviewed for hazards in a total sample of 70 residents. Findings include: On 4/27/26 at 10:55am, R211 opened the top drawer of his bedside table which contained three disposable razors. On 4/28/26 at 10:31am, R211 indicated that he has been able to keep disposable razors at the bedside because staff does not ask for them back and that they're thrown in the garbage when he's done with them. R211's Face Sheet documents, in part, the following medical diagnosis: Long term use of Aspirin. R211's Physician Order Sheet (POS) documents an order for Aspirin 81 mg (milligrams) since 1/23/24. On 4/28/26 at 10:30am, R72 showed four disposable razors that were inside a bath basin. R72 stated that staff allows him to keep the razors and does not ask for them back. R72 indicated that he throws them away in the bathroom garbage can. R72's POS documents an order for a blood thinner which reads: Xarelto Oral Tablet 20 MG - Give one tablet by mouth one time a day for Afib (Atrial Fibrillation). R72 has been on the blood thinner since 11/13/25. On 4/28/26 at10:35am, R102 revealed that he had two disposable razors. R102 stated, Nurses are the ones that gave it to me and let me keep it. I throw it in the garbage can when I am done. R102's POS documents an order for Aspirin EC (enteric coated) Tablet Delayed Release 81 mg - Give one tablet by mouth one time a day for prophylaxis since 5/15/25. R102's Face Sheet documents a past medical history of Cerebral Infarction. R72, R102 and R211 all stated that they use their disposable razors without staff supervising them. On 4/28/26 at 10:47am, V19 (LPN -Licensed Practical Nurse) stated that there should not be razors at the bedside but if the residents are independent with no cognitive issues, they know the policy to dispose of razors safely. On 4/28/26, V2 (DON-Director of Nursing) and V18 (Director of Social Services) both indicated that disposable razors are not allowed to be kept at bedside even if the residents are alert. V2 indicated that residents on blood thinner medications need to be supervised. A facility policy dated March 2024 and titled, Policy on Contraband Materials, Inspection of Rooms and Use of Recording Devices documents, in part: The following items are NOT ALLOWED in resident rooms at any time and are not allowed on the resident's person unless permission has been granted from administration and supervision is being provided: razors and razor blades. Findings include: (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R162 face sheet shows that R162 has diagnosis which includes but not limited to paranoid schizophrenia, anxiety, insomnia, and major depressive. R162's Brief Interview for Mental Status (BIMS) dated 5/526 shows that R162 has a score of 12 which indicates that R162 is cognitively intact. R162's Minimum Data Set (MDS) dated [DATE] shows that R162 requires supervision or touch assistance for shaving. On 4/27/26 at 10:48 am, R162 was observed in his room lying in the bed with a shaving razor on his dresser. R162 stated that he shaves himself usually twice a week. R162 then stated that when he is done with using a razor for shaving he will toss the razor in the trash can in his room. R162 also stated that staff does not observe him shave or dispose of R162's shaving razor in a sharp's container when R162 completes shaving.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on interview and record review, the facility failed to ensure that psychotropic medication consents were obtained prior to the initiation/administration of medications and failed to ensure that the correct medical diagnosis was documented for the use of the psychotropic medications which affected 5 residents (R2, R5, R63, R163, R195) of five residents reviewed for unnecessary medications in a total sample of 70. Findings include: R2's Order Summary Report with active orders as 4/28/2026, documents in part, Olanzapine Oral tablet 5 mg with a start date of 4/6/26. R2's April 2026, Medication Administration Record documents that R2 received Olanzapine Oral Tablet 5mg from 4/6/26-4/27/26 with no consent R2's Psychotropic Consent Form was obtained after surveyor requested and was dated for 4/28/2026. R2 has a diagnosis of but not limited to Schizoaffective disorder, Bipolar disorder, and Hypertension. Policy and Procedure Psychotropic Medication with a revision date of 1/2025 documents, in part, psychotropic medication shall not be prescribed without the informed consent of the resident. Findings include: R5 has a diagnosis of but not limited to Type 2 Diabetes Mellitus, Schizoaffective Disorders, Schizophrenia, Schizoaffective Disorder, Bipolar Type, Major Depressive Disorder, Generalized Anxiety and Post-Traumatic Stress Disorder. R5's Order Summary Report with active orders as of 4/29/2026 documents, in part, Risperidone Oral Tablet 1 MG and Mirtazapine Oral Tablet 15 MG with a start date 03/04/2026 and Sertraline HCl Oral Tablet 50 MG with a start date of 4/16/2026. R5's March 2026 Medication Administration Record documents that R5 received Risperidone Oral Tablet 1 MG and Mirtazapine Oral Tablet 15 MG in March 2026 and April 2026 with no consent. R5's April 2026 Medication Administration Record documents that R5 received Risperidone Oral Tablet 1 MG and Mirtazapine Oral Tablet 15 MG in March 2026 and April 2026 with no consent. R5's Pyschotropic Consent Form dated 4/28/2026 documents, in part, Psychotropic Consent 1. Psychotropic Medications: Risperidone Oral Tablet 1 MG and Mirtazapine Oral Tablet 15 MG with a start date 03/04/2026 and Sertraline HCl Oral Tablet 50 MG with a consent date of 4/28/2026. Policy and Procedure Psychotropic Medication with a revision date of 1/2025 documents, in part, psychotropic medication shall not be prescribed without the informed consent of the resident. Findings include: (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R195's psychiatric progress note dated 4/16/26 and authored by V38 (Psychiatric Nurse Practitioner) documents the following psychiatric diagnoses: PTSD (post traumatic stress disorder) with psychotic features, Schizoaffective disorder, Insomnia and three hospitalizations for Suicidal Ideation. None of these diagnoses are listed on R195's Face Sheet under Diagnosis Information. R195's Order Summary Report documents, in part, the following medication orders: Hydroxyzine 50 mg (milligrams) every eight hours for anxious with a start date of 2/24/26, Aripiprazole 20 mg one time a day for anxiety with a start date of 2/24/26, Mirtazapine 15 mg one time a day for anxiety with a start date of 2/24/26 and Trazodone 150 mg at bedtime for insomnia with a start date of 4/15/26. It was noted that R195 did not sign his Psychotropic Consent for Hydroxyzine, Apiprazole, Mirtazapine and Trazodone until 4/28/26. R195's February 2026, March 2026 and April 2026 Medication Administration Records (MAR) document that R195 continuously received his psychotropic medications without consent. R195's psychotropic consent also did not contain the psychiatric diagnoses of PTSD with psychotic features, schizoaffective disorder. It also did not document Insomnia. On 4/30/26 at 9:43am, V38 stated, Once I document the psychiatric diagnoses in my notes, it should be added to the resident's official diagnosis list. If it not part of the diagnosis list, then the facility will not know what to monitor the residents for. V38 continued to state that R195's Apiprazole (psychotropic medication) was ordered for schizoaffective disorder and not for anxiety. V38 said, It is not a first line medication for anxiety. V38 also indicated that R195's Mirtazapine was ordered for PTSD and should not be documented as a medication for R195's anxiety. V38 stated, When I order a psychotropic medication, I usually put a rationale for it. The facility should follow that. R63's Face Sheet documents, in part, the following pertinent diagnoses: Generalized Anxiety disorder and Alcohol Abuse with Alcohol Induced Mood disorder. R63's POS (Physician Order Sheet) documents the following psychotropic medication orders: Sertraline 50 mg one time a day for General Anxiety disorder with a start date of 1/22/26, Sertraline 25 mg one time a day with a start date of 3/5/26, Mirtazapine 7.5 mg every bedtime for Major Depressive disorder with a start date of 3/4/26 and Melatonin 3 mg every bedtime for Insomnia with a start date of 2/21/26. R63's medical diagnoses list does not document Insomnia or Major Depressive disorder. R63's electronic medical record (EMR) documents that psychotropic consents for Mirtazapine, Sertraline 25 mg and Melatonin were not obtained/signed until 4/28/26. There is a psychotropic consent for Sertraline 50 mg that shows that it was signed on 1/22/26. This was confirmed with V26 (ADON – Assistant Director of Nursing) who manages the psychotropic program. On 4/29/26 at 12:30pm, V26 stated, I did not change the dates on the consents. I think what happened is that I printed it from (R63's) medical record and it already had the date of 1/22/26 on it. V26 confirmed that the date should have been changed because she had R63 sign all four of his psychotropic consents on 4/28/26. On 4/29/26 at 9:27am, R63 also confirmed that he signed four medication consents on 4/28/26. R63's MAR's for January 2026, February 2026, March 2026 and April 2026 document that R63 continuously received his psychotropic medications without consent. R163's Face Sheet documents the following pertinent diagnoses: Anxiety disorder and Major (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Depressive disorder. R163's Report Summary and POS documents a psychotropic medication order for Mirtazapine 15 mg every bedtime for Major Depressive disorder with a start date of 3/13/25. R163 did not sign the Psychotropic Consent for Mirtazapine until 4/28/26. R163's MAR's for March 2026 and April 2026 document that R63 continuously received his psychotropic medications without consent. Also, this consent does not list Major Depression disorder under the diagnosis portion. On 4/29/26 at 12:30pm, V26 (ADON) stated, I have been the psychotropic nurse since December 2025. For this program, I monitor psychotropic consents and GDR (gradual dose reduction) program. The nurses can normally obtain consents for the psychotropic medications on admission. But I audit it. When resident comes in and is a new admission, if not obtained then I will obtain it from resident or family. Definitely should obtain consent before administering the medications to the resident and should definitely attempt to get the consent upon admission and when dosage is increased or decreased. Residents cannot receive psychotropic medications without consent. A facility policy dated 7/1/25 and titled, Policy and Procedure Psychotropic Medication Policy documents, in part: Policy: To establish the process for monitoring the use of and the reduction of doses of psychotropic medications without compromising the resident's health and safety, ability to function appropriately, or the safety of others. Definitions: Psychotropic medication: medication that is used for or listed as used for antipsychotic, antidepressant, anti-maniac, or anti-anxiety behavior modification for behavior management purposes. Policy Specifications: 1. Psychotropic medication shall not be prescribed without the informed consent of the resident, the resident's guardian, or other authorized representative. 2. Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary to treat a specific or suspected condition as diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions listed in the guidelines of recognized external review agencies.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review the facility failed to ensure that a treatment administration cart was kept locked; and failed to label and discard expired insulin for two residents (R4, R173). These failures affected two residents (R4, and R173) and has the potential to affect all 60 residents on the second-floor unit at the facility. Findings include: On 4/27/26 surveyors were presented with a facility census of 60 residents residing on the second floor of the facility. On 4/29/26 at 10:02 am, Surveyor observed the second-floor treatment cart unlocked, unattended with chemical medication solutions accessible in the bottom treatment cart drawer and residents ambulating throughout the second-floor hallway. On 4/29/26 at 10:11 am, Surveyor brought this observation to V31 (Licensed Practical Nurse, LPN) and V31 stated, I had V32 (Certified Nursing Assistant, CNA, Wound Technician) bring me supplies from the cart because I was in the middle of a dressing change. She must have left it open. V31 then explained that the licensed nurse is authorized to access the treatment cart and that the treatment cart should remain locked at all times when not in use. V31 then explained if the treatment cart is left open and unattended, the residents can access the chemicals and injure themselves. The facility policy dated 5/1/2018 and titled Storage of Medications documents, in part: Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medications supply is accessible only by licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Procedures: B. Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications (such as medication Aides) permitted to access medications. Medication rooms, carts, emergency kits/boxes, and medication supplies are locked when not attended by persons with authorized access. R173's has a diagnosis of but not limited to Diabetes Mellitus, Dementia, Hypertension and Depression. R173's Order Summary Report active orders as of 12/14/2022, documents, in part, Humalog Solution 100 Unit/ML. R4's has a diagnosis of but not limited to Diabetes Mellitus Type 2, Dementia, Hypertension, and Atrial Fibrillation. R4's Order Summary Report active orders as of 08/04/2025, documents in part Insulin Glargine 100 Unit/ ML Solution. On 4/29/26 at 12:37 PM Surveyor inspected V5 (License Practical Nurse -LPN) medication cart (cart 1) on the fourth floor and observed Humalog (Lispro) for R173 with no open and expiration dates written on the vial. The opening date on R173's Humalog (Lispro) box was 2/8/26. Surveyor also observed R4's Glargine vial with no open date and expiration date and the opening date on the Glargine box was 3/25/26. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/29/26 at 12:42 PM V5 (LPN), stated Insulin is kept for 30 days and the Insulin should be labeled with an open date, so we know when it expires and when to discard the insulin. On 4/29/26 at 1:08 PM V2 (Director of Nursing-DON) stated the nurses are expected to put the open and discard date on the insulin vial because they expire after 28 days. After the 28th day the nurses should dispose of them (insulin vials) in the sharps container or send them back to pharmacy and order more. On 4/29/26 at 2:02 PM via phone V41 (Pharmacist) stated insulin should not be used past 28 days after opening and that is standard across the board. If insulin is used a month past the used by date I would need to call the manufacturer help line to see what they say. Policy titled Storage of Medications with a revision date of 5/01/2028 documents, in part, Medications and biologicals are stored safely, securely and properly, following manufacturer's recommendations or those of the supplier and outdate, medications are immediately removed from inventory, disposed of according to procedures for medication disposal, E. When the original seal of a manufacturer's container or vial is initially broken, the vial will be dated. 1. The nurse shall place a date opened sticker on the medication and enter the date opened and the new date of expiration. The expiration date of the vial will be 30 days unless the manufacturer recommends another date or regulations/guidelines require different dating. G. No expired medication will be administered to a resident. H. All Expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled: 70Number of residents cited: 3Based on observations, interviews and record reviews, the facility failed to provide feeding assistance for dependent residents receiving pleasure from eating and failed to clean and cut residents' nails. This failure affected three residents (R6, R54 and R70) out of 70 residents reviewed for ADL care. Findings include: On 04/27/2026 at 11:29 AM, R70 was lying in the bed extremely thin on a puree diet. V20 (Licensed Practical Nurse/LPN) placed a tray containing a puree meal on R70's bedside table then positioned R70 and R70's bed upward. V20 then placed the bedside table with R70's lunch over R70. Then left V20 to feed to R70. No one assisted R70 with his meal. On 04/27/2026 at 12:11 PM, R70 was still sitting upright with R70's untouched puree lunch still on the tray table. V4 (Certified Nursing Assistant/CNA) followed the surveyor and immediately entered R70's room. R70 had not eaten the puree food. V4 then asked R70 if R70 wanted the food and R70 pushed it away. V4 said R70 does not want it. V4 offered R70 the puree lunch again for confirmation and R70 pushed it away again with R70's left hand. (R70's right hand was not operable due to R70's stroke diagnosis.) V4 said, see! R70 does not want it. V4 did not offer R70 an alternative meal after V4 took R70's food tray and walked away. When surveyor asked R70 if R70 wanted something else, R70 facial expression lifted, R70 shook R70's head and said yes. On 04/27/2026 at 12:27 PM, V4 never returned to R70's room. V4 stated that R70 receives pleasure food sometimes and maybe that is why R70 was not hungry. V4 said they cannot offer alternatives to R70 because R70 receives a puree diet. V4 added we cannot offer R70 anything else without consulting the nurse for meal alternatives. On 04/27/2026 at 12:27 PM, V20 (Licensed Practical Nurse) stated that V20 was not aware that R70 did not eat R70's pureed lunch. V20 said R70 was pleasure fed earlier but V20 did not know who fed R70. On 4/28/2026 at 11:37 AM, V2 (Director of Nursing), V2 provided a list of residents requiring feeding assistance entitled Assistance with Meals List. R70 was on the list. V2 said residents on this list requiring feeding. On 4/28/2026 at 11:25 AM, V3 (Dietary Manager) stated meal tickets lists residents requiring feeding assistance. The three meal tickets that V3 provided did not indicate which residents require feeding. V3 said they did not know when the feeding status information was removed from the meal ticket. On 4/28/2026 at 11:46 AM, V4 dropped off R70's lunch tray and placed it on R70's bedside table. R70 was sitting upright and seemed ready to eat. R70's right arm seemed weak so R70 was using R70's left hand with difficulty. At 11:51 AM, R70 drank R70's water, looked at R70's food, then stared at the television. The food smelled appetizing. At 11:56 AM, R70's meal tray was still in R70's presence and R70 stared at the television. On 4/28/2026 at 12:03 PM, R70's puree food was still uncovered and untouched. R70 had difficulty answering the surveyor's questions on whether R70 needed eating assistance. R70 then pushed the tray away. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/28/2026 at 12:07 PM, R70 still has not been fed. At 12:16 PM, no floor nurse or assistant entered R70's room to feed R70 or check on R70. At 12:21 PM, R70 still not fed. At 12:27 PM R70 still not fed. On 4/28/2026 at 12:41 PM, V25 (Licensed Practical Nurse) said they have a lot of residents that require feeding but there are only two CNAs for V20's section of the floor. V4 was feeding R225 and V23 (CNA) was feeding R77 from approximately from 11:52 AM to 12:27 PM. On 04/28/2026 at 2:01 PM, V4 said when they receive new residents, the nurses usually let the CNAs know whether the resident is total care or require feeding assistance. V4 said R70 is total care, has a gastronomy tube and receives pleasure-eating. V4 stated if R70 pushes away the food tray, R70 does not want it. Otherwise, if R70 does, they assist him, and he opens his mouth, and they feed R70. On 04/28/2026 at 2:19 PM, V23 (CNA) of 20 years and dedicated to R70's floor stated V23 determines if a resident requires feeding assistance if the resident just sits there and does not touch their tray. V23 said that tells V23 the resident requires feeding. V23 stated based on V23's observation R70 has a tube feeding and receives a pleasure tray. V23 said it seems like R70's appetite decreased after R70 returned from surgery. V23 stated R70 does require feeding and R70 does not have special equipment or tools to help feed himself. On 04/28/2026 at 2:32 PM, V24 (CNA) stated V24 can tell if residents require feeding assistance if they are not eating enough. V24 said they watch the residents eating to see what they can do. V24 said if their efforts are low, the CNAs help them eat and they report decline in eating to the nurse. V24 said they observe the residents' eating patterns. V24 added they have a lot of residents needing assistance and they check their rooms to see if they need help. V24 said because there are so many residents that require feeding, they are not assigned residents to feed. V24 was not certain if R70 required total assistance because V24 works both sides of the floor. 04/28/2026 2:46 PM, V25 (LPN) stated nurses inform CNAs of the activities for daily living (ADL) status of new residents upon admissions and upon change of condition. V5 said sometimes the CNAs notify them of residents' change in eating. V25 stated R70 receives pleasure feed and has a gastronomy tube. V25 said R70 can eat independently and do everything by himself. V25 stated that speech therapy told them that R70 can eat independently. V25 said they will assist R70 if R70 requests or if they see R70 needing help. V25 added if residents require total assist and/or are the feeders list, we feed them. V25 said R70 is not on their feeders list entitled Assistance with Meals List because R70 does not require feeding assistance. On 04/28/2026 at 3:18 PM, V20 stated that R70 was not on the feeders list because R70 knows how to feed himself and R70 does not require eating assistance. V20 said R70 learned how to feed himself after finishing occupational therapy. V20 was adamant R70 knew how to himself because V20 said V20 witnessed it themselves. On 04/28/2026 at 3:42 PM, V30 (CNA) and V29 (Restorative Aide) weighed R70 using a Hoyer lift containing a scale. (They stated that the lift itself weighs nothing.) R70 weighed 126 lbs., experiencing a one-pound loss. V29 stated R70 has a gastronomy tube, receives pleasure food and requires eating assistance with all meals. V29 said this information is in R70's POC and nurses should know and inform the CNAs. V29 said they have a list of residents that requires and residents on that list should be fed. On 04/29/2026 at 10:12 AM, V33 (Registered Dietician) since September 2025 with facility (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated that R70 has a gastronomy tube and receives puree pleasures meals. V33 said V33 works remotely, has not physically met R70 and does not know if R70 requires feeding assistance. On 04/30/2026 at 10:54 AM, V39 (Part-time Registered Dietician) stated that V39 was not familiar with R70's dietary or feeding assistance needs because R70 was new and only visited the facility once and did not get a chance to meet or assess R70. On 04/29/2026 at 12:58 PM, V2 stated it is expected that all residents on the floor's Assistance with Meals List are fed by either a nurse or CNA because all nurses are required to feed residents. V2 said R70 should not be on the list of feeders that V2 provided to the surveyor on the first day of the survey. V2 added it is expected that residents that are assessed as needing substantial assistance on the Minimum Data Sheet feed themselves if possible. R70's Face Sheet documents R70's diagnosis of congestive heart failure, dysphagia following cerebral infarctions, chronic kidney disease, chronic obstructive pulmonary disease and muscle wasting/atrophy. R70's Minimum Data Sheet (MDS) dated [DATE] shows R70 requires Substantial/Maximal Assistant meaning Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. R70 documents a Brief Interview for Mental Status (BIMS) score of 0 indicating severe cognitive impairment. R70's weight chart indicated that R70 experienced a significant weight loss of 6% in one week: going from 130 lbs. on 4/7/2026 to 122 lbs. as of 4/14/2026. R70s care plan initiated on 1/22/2026 documents R70 is at High risk to potentially choke, aspire foods or liquids. R70s care plan initiated on 10/07/2025 states to Provide one-to-one staff intervention to promote proper nutritional intake. The facility failed to follow their Policy and Procedure Feeding and Assisting Residents to Eat policy dated 1/2026 which documents Assist the residents to obtain nutrients and hydration and Feed the resident slowly with a fork or spoon. Findings include: R6's face sheet dated 04/28/2026 documents in part that R6 was admitted to the facility on [DATE] with diagnosis of complete traumatic amputation between right hip and knee, chronic obstructive pulmonary disease, asthma, diabetes mellitus, congestive heart failure, schizoaffective disorder, anxiety ,major depressive disorder, insomnia, essential hypertension, heart failure, peripheral vascular disease, chest pain. R6's Minimum data set for Cognitive patterns dated 03/11/2026 documents in part that R6 brief interview for mental status score is 7 which means R6 has severe impairment; Self care section: gg documents that R6 requires partial/moderate assistance from staff for showers, baths, toileting, personal hygiene and hand washing. R6's care plan dated 05/21/2025 documents in part that R6 has self-care deficit; Intervention[staff to provide moderate assistance with hygiene task]. R54 face sheet dated 04/29/2026 documents in part that R54 was readmitted to the facility on [DATE] with diagnosis of muscle wasting and atrophy, protein calorie malnutrition, peripheral (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	vascular disease, cataract, lack of coordination, essential hypertension, hidradenitis suppurativa. R54's Minimum data set for Cognitive patterns dated 02/11/2026 documents in part that R54 brief interview for mental status score is 13 which means R54 is cognitively intact. Self-care section: gg documents that R54 is dependent on staff for showers, baths, toileting, personal hygiene and hand washing. Staff does all the effort . R54's care plan dated 12/27/2023 documents in part that R54 has self-care deficit; Intervention[staff to provide total assistance in all aspects of hygiene]. On 04/27/2026 at 11:05 AM, R54 was observed in bed resting R54 was alert and responsive. R54 reports that he receives showers, and his wound care is done a few days during the week .R54 nails were observed long with dark color particles underneath the nails and R54 reports that he would like his nails to be cut.R54 states that he is unable to cut his nails or provide care to himself and that he depends on staff to provide all care and grooming for him. On 04/27/2026 at 11:10 AM, R6 observed in bed resting alert and responsive able to make all needs known to staff and denies pain or discomfort. R6 nails are long with dark color particles underneath the nails and R6 reports that he would like his nails to be cut.R6 has face full of facial hair but states that he prefers his face but does not want a shave at this time.R6 depends on staff for all care needs and grooming. On 04/28/2026 at 11:28 AM, R6 observed laying in bed alert and responsive with long nails and dark particles underneath the nails.R6 stated that he still wants to have his nails cut because they are too long. On 04/27/2026 at 11:28 AM,V6 (Certified nursing assistant/ CNA) states that nail care for the residents should be done daily for checks and cut as needed. Long nails can cause skin tears to the resident and long nails can also cause the resident to scratch and cut the staff's skin. If a resident refuses grooming or nail care the aide is responsible to inform the nurse and the nurse documents. On 04/27/2026at 11:36 AM, V8 (Licensed Practical Nurse/LPN) stated if a resident refuses grooming or nail care the aide is expected to inform the nurse and the nurse would go into the room and attempt to redirect the behavior and encourage the resident to have grooming and nail care.V8 stated no aides have informed her that nail care or grooming was refused today.V8 states that R6 digs in his feces even though he is alert there are periods of confusion.R6 is constipated most days and tries to dig out feces from rectum. On 04/27/2026 at 12:10 PM, V2 (Director of Nursing) Showers are done 2x a week for residents, at that time the staff will check nails and see if they need to be trimmed or cleaned. Grooming is done daily and as needed. V2 stated if the resident refuses, the staff is responsible to inform the nurse who informs the nursing leaders so this behavior can be care planned.v2 stated the first floor is mostly alert and oriented residents that do not need much assistance and are independent, if residents need help, staff will provide it. On 04/28/2026 at 11:18 AM, V16 (LPN) stated resident should receive nail care at least once a week to decrease risk for bacteria. If a resident's nails are too long, they can injure themselves or others. V16 stated she expects the aide to come and report to her if a resident refuses care or nails to be cut or cleaned. V16 would then attempt to speak with the resident to check if she can encourage the (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident to change their mind but if the resident continues to refuse, V16 would document and educate resident. V16 stated no aides informed her that any resident has refused nail care or grooming today. Many residents on the first floor provides self-care. The residents that are dependent are the responsibility of the aides to provide care to those residents. Resident 54 receives bed baths from staff and R6 also receive grooming care and baths from staff .V16 stated she expects staff to wipe/wash the hands of residents prior to meals to decrease the risk for infection and make sure the hands are clean before eating. On 04/28/2026 at 11:30 AM, V17 (CNA) stated that if resident's nails are too long the resident can scratch themselves or scratch others. V17 stated that R6 has a habit of digging in his feces.V17 stated the dark debris under R6's nails could be feces and that she (V17) will clean and cut the nails of R6 today.V17 stated if a resident has dirt of feces under their nails that can cause them to become sick if their nails are not cleaned and the resident is eating foods. On 04/28/2026 at 12:47 PM, V9 (LPN/Infection preventionist) stated residents that have debris or old food particles under their nails can be at risk for skin infection and or transferring bacteria to someone else. Residents can be placed at risk for gastro infections from eating and have old particles or debris under the nails .V9 reports that she expects staff to cut and clean under the resident's nails. Education is provided to staff to encourage residents to wash hands and nails before and after restroom and meals. Staff are educated to wipe surfaces clean before and after meals. Staff should wash the residents' hands with soap and water and check the nails of the dependent residents. Handwashing in service has been provided to staff.