

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Village		STREET ADDRESS, CITY, STATE, ZIP CODE 1270 Franciscan Drive Lemont, IL 60439	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide assistance to residents requiring staff assistance with ADLs (Activities of Daily Living). This applies to 2 of 3 residents (R22 and R117) reviewed for ADL care in the sample of 19. The findings include: 1. R22's EMR (Electronic Medical Record) showed R22 was admitted to the facility on [DATE], with diagnoses that included Parkinson's without dyskinesia and dysphagia (difficulty swallowing), oropharyngeal phase. R22's MDS (Minimum Data Set) dated June 10, 2025, showed R22 was cognitively intact and required set-up or touching assistance.</p> <p>R22's Physician Progress note dated July 18, 2025, showed, [R22] having difficulty feeding himself with Parkinson's so staff will now feed him. R22's care plan showed R22 had a self-care performance and functional mobility deficit related to Parkinson's disease and dementia. R22 had inadequate oral intake related to disliking diet texture and decreased appetite. Interventions included, provide dining assistance as necessary.</p> <p>On August 18, 2025, at 12:27 PM, staff passed R22 his lunch tray in the dining room. At 12:46 PM, R22 said he was done eating. Staff did not provide R22 assistance or encouragement with the meal.</p> <p>On August 19, 2025, at 12:24 PM, R22 was in the dining room for lunch. R22's tray consisted of ground meat, mashed potatoes, corn, and canned peaches. R22 ate only the corn and the peaches. At 12:30 PM, R22 told staff he was done eating. No one assisted R22 or encouraged him to eat.</p> <p>On August 20, 2025, at 8:38 AM, V34 (CNA /Certified Nurse Assistant) was passing breakfast trays. V34 took R22's tray into his room. He was given a disposable bowl with dry cereal, glass of orange juice, and milk for the cereal. R22 was in bed. V34 left the room while R22 to eat. Later, R22 was noted to eat only 25% of cereal, and spilled most of the juice down the front of his gown. V34 said at this time that R22 does not need assistance.</p> <p>On August 20, 2025, at 12:08 PM, V17 (Registered Dietician) said there is an order for R22 to be a 1:1 feed either in room or dining room. V17 also added that R22 should be fed in the dining room to encourage intake. V17 also stated that. R22 has been in the hospital a couple of times and has lost some weight.</p> <p>On August 20, 2025, at 12:29 PM, V5 (Director of Dining) said the resident's meal ticket will have a note showing the resident requires assistance with feeding. R22's diet ticket was provided, and it showed no straws.</p> <p>On August 20, 2025, at 12:53 PM V5 (Director of Dining Services) said the staff look at the resident's meal ticket and it will show at the bottom if they need assistance with eating.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On August 20, 2025, at 12:57 PM, V5, V17, and V6 (Assistant Dining Service Director) said that when a diet order is entered into the system and they add an intervention like no straws, it will carry over to the diet ticket, but if there is a physician order for a resident to be 1:1 feed, the nurse will enter it and then let dietary know and let the CNAs know that there is a change or a new order for the resident to be assisted with eating.</p> <p>2. R117 is a [AGE] year-old female with a history of Dementia, Leg Fracture, Neuropathy, and Pain in Left Hip who was admitted to the facility 08/11/2025.</p> <p>On 08/18/2025 at 10:25 AM Observed R117 lying in her room in her bed wearing a gown, with a strong bowel odor, observed her bedside table with multiple cups of red colored beverages a few feet away from her bed.</p> <p>On 08/18/2025 at 11:45 AM Observed R117 still with a strong bowel odor and with flies flying around her, observed her bedside table positioned over her bed.</p> <p>On 08/18/2025 at 12:00 PM, V30 (Certified Nursing Assistant) stated approximately 8:30 or 9AM this morning was the last time that R117 was provided personal care and changed.</p> <p>R117's current care plan initiated 08/11/2025 documents she has bowel incontinence with interventions including check the resident every two hours.</p> <p>On 08/20/2025 at 10:21 AM V30 (Certified Nursing Assistant) stated R117 doesn't use the call light to call for assistance. V30 added that for residents who don't use the call light for assistance she usually checks them for incontinence care at the beginning of her shift, around breakfast and lunch time during her shift and every 2 and a half to 3 hours.</p> <p>On 08/20/2025 at 12:02 PM V2 (Director of Nursing) stated residents should be checked for incontinence care every two hours and as needed.</p> <p>The facilities Grievance Logs and Grievance Forms from April, May, and July 2025 and Resident Council Meeting Reports and Grievances from February &ndash; April and July 2025 document multiple concerns regarding activities of daily living.</p> <p>The facility's Activities of Daily Living Policy received August 21, 2025, documents:</p> <p>Residents with be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs) Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition and personal and oral hygiene.</p> <p>Appropriate care and services will be provided for residents who are unable to carry out ADL's independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with:</p> <p>Elimination (toileting)</p> <p>Dining (meals and snacks).</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Incontinence Care Policy received August 21, 2025, states:</p> <p>Incontinence care is provided based on individual resident's needs and as per service plan.</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure safe transfer mobility for a resident who is dependent on staff for transfer assistance. This failure resulted to R118 falling from her wheelchair and sustaining fracture injury. In addition, the facility also failed to follow recommended transfer assistance and appropriate use of assistive devices for residents who are identified as high-risk for falls. This applies to 4 of 4 residents (R10, R43, R52, R118) reviewed for accidents and supervision in the sample of 19. The findings include: 1. R118's face sheet showed that R118 was admitted to the facility on [DATE], with diagnosis that included urinary tract infection, toxic encephalopathy, personal history of transient ischemic attack with cerebral infarction, cognitive communication deficit, rheumatoid arthritis, unsteadiness on feet, and lack of coordination.</p> <p>R118's Minimum Data Set, dated [DATE] showed R118 had lower extremity impairment on the left side and is dependent on staff for transfers and mobility. Dependent means helper does all of the effort</p> <p>R118's progress notes dated August 12, 2025 and written by V24 (Registered Nurse) showed the following: At around 12:50 PM writer answered call light to assist resident to the bed. While transferring the resident to the bed the resident lost her balance in the wheelchair and fell on her side. The resident hit her head on a small cabinet. No bleeding or injury noted. Provider notified with no new orders given.</p> <p>The facility's incident report dated August 16, 2025 showed the following: R118 had diagnoses that included toxic encephalopathy, cerebral infarction with affected left side. R118 was alert and oriented to self, and time and required a 2 person assist with transfers. On August 12, 2025, R118 was being transferred by the registered nurse when R118 lost her balance, fell, and hit her head on a cabinet. On August 14, 2025, R118 was noted to have left hip pain and was guarding during positioning. The provider was notified and an x-ray of R118's left hip was ordered. R118's x-ray results of her hip showed a fracture and R118 was sent to the emergency room for evaluation and treatment.</p> <p>Conclusion: education for registered nurse provided for proper transfer of patients. Documented coaching given to the registered nurse, and all staff to be in-serviced on proper resident transfers.</p> <p>R118's x-ray results ordered on August 14, 2025 showed a fracture of the left femoral neck with displacement of the distal fragment.</p> <p>On August 20, 2025, at 1:19PM, V24 (Registered Nurse) stated that around 12:50PM on August 12, 2025, V24 was passing medications when R118's call light went on. V24 answered the call and asked R118 if she would like to get into bed. V24 asked R118 if she was able to stand up and assist V24 with repositioning the wheelchair. V24 stated she began to reposition the wheelchair when she stopped the wheelchair it was facing the bed and R118 slid out of the chair. R118 slid onto her left side hitting her head and shoulder on the dresser and then landing on the floor. V24 stated that R118 had left sided weakness and required two staff members for transfers. V24 noted three family members were present in room at time of incident. V24 stated she told the resident not to move then she left the room and found V25 (Certified Nursing Assistant) in hallway and asked for assistance with resident.</p> <p>On August 20, 2025, at 2:02PM, V32 (Family Member 1) stated that R118's left leg has not been</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>mobility, weakness, left sided weakness and had ADL (Activities of Daily Living) self-care and mobility deficit.</p> <p>R118's fall care plan showed the following intervention dated August 12, 2025: Re-educate staff related to transfer status.</p> <p>R118 was seen by physical therapy and occupational therapy between August 12, 2025, an August 15, 2025. Therapy progress notes showed R118 required maximum assistance for transfers and bed mobility.</p> <p>R118's 72 hour post fall monitor dated August 14, 2025 at 3:47 PM showed the following: R118 &ldquo;verbalized pain on left hip, guarding during positioning.&rdquo;</p> <p>R118's progress note dated August 14, 2025 at 10:59 PM showed the following: Resident complained of left hip pain and guarding her side during positioning. The doctor was notified and gave an order for a left hip x-ray to rule-out fracture.</p> <p>R118's had and order dated August 14, 2025 at 10:44 PM for an X-ray of the left hip.</p> <p>2. Face sheet shows that R52 is 93 years-old who has multiple medical diagnoses including dementia, generalized muscle weakness, unsteadiness on feet, lack of coordination, and repeated falls.</p> <p>On August 18, 2025, at 11:33 AM, R52 was in the dining room eating lunch, sitting on her wheelchair, she had a wound on her forehead that was almost healed. A staff member stated that R32 fell 2 to 3 weeks ago.</p> <p>On August 19, 2025, at 12:59 PM, V19 (Certified Nursing Assistant/CNA) assisted R52 in the bathroom for toileting. R52 was assisted to stand and pivot for transfer from wheelchair to toilet seat. After R52 voided, V19 assisted R52 to stand up and instructed R52 to stay still while V19 provided peri-care. Afterwards V19 assisted R52 back to the wheelchair. This process was all done without using a gait belt.</p> <p>R52's Morse Fall Scale dated May 28, 2025, shows R52 is high risk for fall.</p> <p>R52's Minimum Data Sheet (MDS) dated [DATE], shows R52 is cognitively impaired and dependent with sit to stand position and toilet transfer care.</p> <p>Fall incident log and progress notes from April to August 2025 showed that R52 has history of multiple fall incidents.</p> <p>R52's active care plan shows she is at risk/active for falls. R52 has altered safety awareness. R52 overestimates her abilities related to previous CVA (cerebrovascular accident), history of falls, decrease balance/mobility/ADL skills. Decrease cognitive function and decrease thought process due to dementia. This same care plan shows multiple interventions including two staff assistance with use of gait belt for transfers.</p> <p>3. Face sheet shows that R43 is 97 years-old with multiple medical diagnoses including vascular dementia, poly-osteoarthritis, generalized muscle weakness, history of fall, history of fracture of unspecified part of neck of right femur, subsequent encounter for closed fracture with routine healing.</p> <p>(continued on next page)</p>		

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F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>On August 19, 2025, at 1:25 PM, V20 and V21 (Both CNA) transferred R43 from reclining wheelchair to bed via mechanical lift. R43 was positioned in the middle lower half of the sling with the lower part of her buttocks and lower extremities off the sling and not supported. R43 was screaming that her back was hurting. V21 stated the sling was sliding while she was in the reclining chair. V20 placed her arms under R43's legs during transfer, while R43 was screaming all throughout that her back was hurting.</p> <p>4. Face sheet shows R10 is R100 years-old who has multiple medical diagnoses including spinal stenosis, generalized muscle weakness, lack of coordination, and unspecified dementia.</p> <p>On August 20, 2025, around 12:20 PM, V23 and V29 (Both CAN) transferred R10 from bed to wheelchair using a gait belt. R10 appeared afraid and hesitant to transfer. R10's knees were bent/foled and was not fully standing. There was no non-skid wheelchair pad on her wheelchair seat.</p> <p>R10 Morse Fall Scale dated 8/13/25 shows, R10 is a high risk for fall.</p> <p>Facility's fall log from February to August 2025 shows that R10 has had multiple fall incidents.</p> <p>R10's Fall Care Plan shows: R10 is at risk/actual falls related to diagnoses of orthostatic hypotension, history of falls, incontinence, muscle weakness, joint stiffness, and dementia. This same care plan shows interventions which include ensuring non-skid mat on the wheelchair seat.</p> <p>On August 20, 2025, at 3:36 PM, V2 (Director of Nursing/DON) stated that staff must follow all fall prevention interventions especially for residents who are identified as high-risk for fall. Ensure that staff use assistive device as recommended to prevent fall incidents.</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews the facility failed to assess and provide interventions for a resident exhibiting pain during care. This failure applies to 1 of 3 (R117) reviewed for pain management from a total sample of 19. The findings include: R117 is a [AGE] year-old female with a history of Dementia, Leg Fracture, Neuropathy, and Pain in Left Hip who was admitted to the facility 08/11/2025. R117's admission progress note dated 08/11/2025 documents she was admitted from the Hospital with a diagnosis of Left femur (thigh bone) fracture and post fracture surgical care; Feels pain when turning. R117's practitioner progress note dated 08/13/2025 documents she was seen on 08/13/2025 with chief complaints including mobility dysfunction secondary to fall, left proximal femur (thigh bone) fracture, and pain. R117 was admitted to the facility for skilled nursing and rehab and asked to be seen by primary team to optimize therapy and for pain control; she complained of left hip pain with movement. On 08/18/2025 at 12:08 PM V30 (Certified Nursing Assistant) stated R117 can be changed by one staff with no issue however R117 does scream and yell when touched. Observed R117 screaming and yelling in pain and yelling for help throughout the course of receiving incontinence care from V30 (Certified Nursing Assistant). On 08/18/2025 at 12:35 PM Observed R117's meal tray still sitting in her room untouched. V30 (Certified Nursing Assistant) asked R117 if she could raise her bed so she can eat, R117 stated she couldn't handle that and preferred not to be moved. V30 then stated when she asked the nurse for pain medication for R117, the nurse (V24) told V30 that she did not know if R117 had any orders for medication. On 08/18/2025 at 12:49 PM V24 (Registered Nurse) stated she was waiting for V30 (Certified Nursing Assistant) to finish providing incontinence care to R117 to administer pain medication and R117 does have a prescribed Tylenol medication that can be administered. R117's current physician orders include active orders effective 08/11/2025 to monitor her Pain Level and Location each shift; effective 08/12/2025 for one 500mg Acetaminophen (analgesic) Extra Strength Tablet by mouth every 6 hours as needed for Pain may give with hydrocodone/Acetaminophen; effective 08/13/2025 for two 325mg Hydrocodone-Acetaminophen Oral Tablets by mouth every 4 hours as needed for severe pain and one tablet by mouth every 4 hours as needed for moderate pain; and effective 08/18/2025 for two 325mg Acetaminophen 325 tablets by mouth every 6 hours for pain. R117's Current care plan initiated 08/11 documents she is on pain medication therapy (Hydrocodone/Acetaminophen) related to Pain with interventions including Administer analgesic medications as ordered by physician. On 08/20/2025 at 10:21 AM V30 (Certified Nursing Assistant) stated R117 can't get out of bed and doesn't like to move because it hurts. V30 stated on 08/18/2025 she had started providing R117 with incontinence care and R117 began screaming, V24 (Registered Nurse) overheard R117 screaming. V30 stated V24 said she could not give R117 anything for pain because she was waiting for R117 to finish receiving incontinence care; V30 stated when R117 expresses pain and begins screaming she handles her gently, rubs her back and reassures her that she will be gentle but had to continue performing incontinence care for R117 on Monday 08/18/2025 because she had feces on her. On 08/20/2025 at 12:02 PM V2 (Director of Nursing) stated that if a resident is exhibiting significant pain during incontinence care the nurse should assess them for pain, determine the source of pain and the resident should be medicated prior to initiating care, if the resident cannot tolerate incontinence care even if they have stool on them they should be medicated if they have pain medication and made comfortable before proceeding with care, if the resident doesn't want to be touched until the pain goes away the staff should wait and reapproach. The facility's Activities of Daily Living Policy received August 21, 2025, states: Appropriate care and services will be provided for residents who are unable to carry out ADL's (Activities of Daily Living)</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that their controlled substance medications were completely sealed in their packaging. This applies to 7 of 7 residents (R8, R10, R35, R44, R50, R60, R65) reviewed for medication storage in the sample of 19. The findings include: On August 19, 2025, from 3:40 PM to 4:20 PM medication room and cart observations were conducted from the 3rd floor to the first floor of the facility with V13, V14, and V15 (All Nurses). The following were observed: 1. R35's Lorazepam 0.5 mg (milligram) number18 tablet's packaging was broken and was taped over.2. R50's Lorazepam 0.5 mg number 27 tablet's packaging was broken and was taped over.3. R10's Triazolam 0.25 mg number 1 and 5 tablets' packaging were broken and taped over.4. R60's Hydrocodone/APAP 5-325 mg number 20 tablet's packaging was broken and taped over.5. R65's Tramadol 50 mg number 12's tablet's packaging was broken and was taped over.6. R44's Lorazepam 0.5 mg number 16 tablet's packaging was broken and was taped over.7. R8's Oxycodone HCL 5mg number 29 capsules packaging was broken and was taped over. On August 20, 2025, at 10:14 AM, V2 (Director of Nursing/DON) stated that staff must ensure that controlled substance medications are in their original packaging and completely sealed, to ensure that they have complete accountability of each tablet or capsule. Policy regarding medication storage in the facility dated March 2021 stated, Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. In addition, the controlled substance storage policy stated, Medications included the Drug Enforcement Administration (DEA) classifications as controlled substances are subject to special handling, storage, disposal and recordkeeping in the facility in accordance with federal, state and other applicable laws and regulations.</p>		

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NAME OF PROVIDER OR SUPPLIER Franciscan Village		STREET ADDRESS, CITY, STATE, ZIP CODE 1270 Franciscan Drive Lemont, IL 60439	

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observation, interview, and record review, the facility failed to follow physician orders for medication administration. There were 28 medication opportunities with 2 errors resulting in 7.14% error rate. This applies to 1 of 6 residents (R100) reviewed for medication pass in the sample of 19. The findings include: On August 19, 2025, at 9:28 AM, V4 (Nurse) administered medications to R100 including Metoprolol Succinate ER (Extended Release) 50 mg tablet. V4 crushed the Metoprolol ER and gave it to R100. During medication reconciliation and review of Medication Administration Record (MAR), it was observed that R100 has an order of Polyethylene Glycol 3350 17 Grams Powder for Oral Solution (Miralax). V4 did not administered this medication. On August 19, 2025, at 11:09 AM, V4 stated that whatever medications that was observed that she administered for the morning were the only medications R100 has. On August 20, 2025, at 9:30 AM, V2 (Director of Nursing/DON) stated that staff must follow physician order when administering medications. Give medications according to the time it's supposed to be given. Follow right patient, route, time, dose, and medication. Staff must follow the medication recommendation including not to crushed extended-release medications. Facility's Medication administration Policy and Procedure dated June 1, 2023, shows: Policy: To provide documentation on the process of administering medications within the healthcare community. Medication Administration: Medications are administered in accordance with written orders of the prescriber. Medication Crushing Guidelines with revised date of January 2018 shows: Time Release Tablets are designed to release medications over sustained period, usually 8 to 24 hours. These formulations are utilized to reduce stomach irritation in some cases and to achieve prolonged medication actions in other cases. In either case these tablets should not be crushed.</p>

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>Based on observation, interview and record review, the facility failed to provide fortified foods for residents that had a recommendation for the same. This applies to 6 of 6 residents (R18, R35, R45, R64, R78, R95) reviewed for fortified foods in the sample of 19. The findings include: On August 19, 2025, starting at 11:44 AM, the meal service was observed in the 2nd floor dining room with V7 (Server) at the steam table. R18 and R95's meal tickets showed 'fortified pudding', and they did not receive the same. R78's meal ticket showed 'magic cup', and she did not receive the same. On August 19, 2025, starting at 12:21 PM, the meal service was observed in the 3rd floor dining room with V8 (Server) at the steam table. R35, R45 and R64's meal ticket showed 'fortified pudding', and they did not receive the same. On August 20, 2025, at 11:31 AM, V17 (Registered Dietitian) stated that she when she makes a recommendation for fortified foods, she uses the kitchen platform for the facility meal tickets to enter her recommendations. V17 stated that the fortified foods will not appear on the diet order on the Physician Order Sheet but will show up on the meal tickets. V17 stated that she made above recommendations for R45 and R78 as they have had a past history of significant weight loss, but weights have stabilized in the recent months. V17 stated that R18, R35, R64 and R95's weights are stable and that she recommended fortified pudding or magic cup as they all had inconsistent intake. V17 added that if the meal tickets show a fortified food item, the resident should receive it. On August 20, 2025, at 3:22 PM, V6 (Assistant Dining Service Director) stated that the facility does not have magic cup as it has been discontinued and the residents are to receive fortified pudding instead. V6 added that the facility makes the fortified pudding and that the servers are supposed to plate them in bowls and put it on the tray along with the rest of the meal for each resident. R18's care plan (revised June 11, 2025) showed that R18 is at increased nutritional risk related to advanced age, impaired cognition and variable intake. Interventions included to provide fortified foods. R35's care plan (revised August 21, 2024) included that R35 has history of inadequate nutrient intake related to impaired cognition as evidenced by recent history of weight loss. Interventions included to provide fortified foods. R45's care plan (revised September 21, 2024) included that R45 has a history of inadequate nutrient intake related to decrease intake as evidenced by weight loss. Interventions included to provide fortified foods. R64's care plan (revised September 21, 2024) showed that R64 has a history of inadequate intake related to decrease appetite as evidenced by significant weight loss. Interventions included to provide fortified foods. R78's care plan (revised June 10, 2025) showed that R78 had inadequate intake related to early satiety as evidenced by weight loss over time and observed 50% meal consumed. Interventions included to provide fortified foods. R95's care plan (revised June 5, 2025) showed that R95 is at risk or unintentional weight loss related to variable intake, impaired cognition as evidenced by observed meals 50% or less consumed. Interventions included to provide fortified foods.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, interview and record review, the facility failed to follow menu spreadsheets to serve portions for main entree for residents receiving mechanical soft diets. This applies to 4 of 4 residents (R73, R96, R117 and R119) reviewed for dining in the sample of 19. The findings include: Diet menu spread sheet for Tuesday (week 2) included 4 oz (ounce) portion of Bacon Wrapped Beef. The same menu spreadsheet showed to use #8 scoop of ground chopped beef steak with gravy for dental soft (mechanical soft) diets. Facility color coded scoop size equivalents showed that #8 (gray scoop) =4 oz and #12 (green scoop) =3 oz. On August 19, 2025, at 11:34 AM, the meal service was observed in the facility kitchen with V16 (Server) at the steam table. V16 used a #12 green colored scoop to serve the ground chopped beef steak and R73, R96, R117 and R119 received the same. On August 20, at 12:03 PM, V17 (Registered Dietitian) stated that V16 should have used the scoop as shown on the menu as the scoop is utilized to serve the correct portions to meet the appropriate calories and nutrition needs for the resident from the planned menu. Facility Diet Roster printed on August 18, 2025, showed that R73, R96, R117 and R119 were on Dental Soft (Mechanical Soft) diet.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>Based on observation, interview and record review, the facility failed to follow diet guidance for mechanical soft diets. This applies to 6 of 6 residents (R20, R23, R47, R52 and R84) reviewed for mechanical soft diets in the sample of 19. The findings include: On August 19, 2025, at 10:00 AM, the meal service was observed in the 2nd floor dining room with V7 (Server) at the steam table. R23, R47, R52 and R84 received a serving of corn. These residents diet orders on meal tickets showed Dental Soft (Mechanical Soft) and they had circled soft and chopped green beans as a vegetable option. R20 also received a cup (4 oz/portion) of chopped fruit that included chunks of raw pineapple. On August 20, 2025, at 11:50 AM, V17 (Dietitian) stated that residents on mechanical soft diets are allowed chopped canned fruits only and soft, cooked vegetables. On August 19, 2025, at 11:59 AM and 12:32 PM, V6 (Assistant Director of Dining Services) stated that if the green beans were circled, these residents should have received the same. V6 added that pineapple chunks are not served on mechanical soft diet. Facility policy titled Mechanical Altered Diets and Thicken Liquids included as follows: Purpose: Mechanically altered diet is prepared and served at each ministry as prescribed by the Physician. Procedure: 2. The menu that has been approved and signed off by the consulting RD (Registered Dietitian) contains diet spreadsheets and recipes that reflect the modifications needed for Mechanical Soft and puree diets. General Principles and Guidelines: 6. Vegetables are cooked soft, moist and fork tender with no large chunks or pieces. 9. Soft, peeled fresh fruits such as peaches, nectarines, melon without seeds and sliced banana are allowed.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interview and record review, the facility failed to prepare food, clean dishes and store pots and pans in sanitary conditions. This applies to all 97 residents that receive food prepared in the facility kitchen. The findings include: Facility's CMS Application Form for Medicare/Medicaid dated August 18, 2025, showed that the facility census was 97 residents. Facility provided information that there are no residents on NPO (nothing by mouth) status. On August 18, 2025, at 9:25 AM, during the initial tour of the kitchen the following observations were made: The food processor had orange colored debris on the inside of the lid. V10 (Cook) stated that the food processor is used to prepare mechanically soft foods. The shelving under the prep area that stored silver foil and clear wrap, pan liners, sandwich bags and other miscellaneous items had food particles and dust and grime. The deep fryer was noted with oil that had blackened substance and food remnants in deep frying area with food debris and spills on sides of the oven near fryer. Under the stoves there was extensive food spills and debris. V10 stated that the deep fryer was last used on Friday (August 15, 2025) and that the utility person cleans it out twice weekly. V10 added that he is due to clean it out on Tuesday (August 19, 2025). In the dish room, two of the shelving's on a free-standing rack that had pots and pans inverted on it was noted to have brownish colored substance on it that had the appearance of rust. In the walk in Cooler there were two cases each of orange and apple juice's stored on the floor of cooler under the shelving. V9 (Executive Chef) stated that these cases of juices were frozen and were temporarily placed in the cooler due to issue with the fan motor in the walk in Freezer. On August 18, 2025, at 11:27 AM, V11 (Cook) was seen preparing mechanical soft chicken in the same food processor seen earlier with the lid of the food processor with orange colored substance on it. When asked what the orange substance was, V11 removed the rubber lining and stated that it looks like remnants of pureed carrots. V11 added that the lid is old and needs to be replaced. The ceiling tiles above the pureed meal prep area and other meal prep counters had extensive blackish substance and dust bunnies. On August 18, 2025, at 9:44 AM, and at 11:33 AM, V5 (Director of Dining Services) stated that she had just done an inspection and saw rust on the shelving and that the facility needs to get a new rack. V5 stated that the food processor should have been cleaned and sanitized prior to use in preparing the mechanical soft chicken. On August 20, 2025, at 3:10 PM, the kitchen was visited again and noted that the deep fryer its surrounding areas were still with food debris and spills. The ceiling tiles seen earlier had extensive blackish substance and dust bunnies above food prep areas. V6 was notified of the same. On August 20, 2025, at 3:12 PM, V9 (Executive Chef) stated that the dishes for the first floor are washed by the servers in the Assisted Living side dish room, as the facility dish room on the first floor is under construction for the past month. This dish room was noted located across the hallway from the facility kitchen. On request, V9 started the dish machine, and after running it for a few minutes, the Wash gauge showed 140 degrees Fahrenheit, and Rinse gauge showed 160 degrees Fahrenheit. V9 stated that it is a high temperature machine and normally the Rinse should be at 180 degrees Fahrenheit. When asked if they have test strips to verify for sanitation, V9 was seen looking for the same and unable to locate the same. V9 pointed to an area in the wall and stated that they use a digital monitor and its normally placed on the wall. V27 (Dishwasher) from Assisted Living came into the area and stated that the digital monitor has not been available for the last two months. V27 stated that he only does the dishes for dinner at the Assisted Living side and fills the logs and for the dinner meal and that no one else fills logs for other meals. The Dish Machine Temperature Log posted on the wall showed a range of 155-175 degrees Fahrenheit for the Rinse for most of the recordings in</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>the month of July and August 2025 logged only for one meal. On August 20, 2025, at 12:09 PM, V19 (Registered Dietitian) stated that the fryer grease spills should be cleaned immediately after use as it's a fire hazard. Facility policy and procedure titled Cleaning and Sanitizing (effective October 25, 2022) included, Purpose: The [facility] dietary department should follow the cleaning and sanitizing guidance to ensure food contact surfaces are cleaned and sanitized correctly. The policy's procedure included, 1.) Food contact services must be cleaned and sanitized after every use and in between each task. If items are in contact use, they must be cleaned and sanitized every four hours. Facility policy and procedure titled Food Storage (effective October 25, 2022) included, Purpose: The [facility] dietary department should ensure all perishable, non-perishable, and chemicals are stored safely and accordance to the local and state requirements. The policy's procedure included, 4.) All foods should be stored away from the walls and at least six inches off the floor. Facility policy and procedure titled Dish Machine Monitoring (effective October 25, 2022) included, Procedure: 1.) Dish machine temperatures logs should be easily visible and posted near all ware washing equipment. This would include but not limited to the main kitchen, satellite kitchen, bistro, cafe, memory care pantry, etc. 2.) Dish machine temperatures should be checked and documented at the start of breakfast, lunch, and dinner each day. 3.) High temperature dish machines required the wash temperature and final rinse temperature to be observed and documented. Wash temperatures should be reading a minimum of 160 F and final rinse should be reading a minimum of 180F.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to follow standard infection control practices related to hand hygiene and gloving during provisions of activities of daily living (ADL) care. This applies to 3 of 4 residents (R36, R43, R52), reviewed for infection control in the sample of 19. The findings include: 1. On August 19, 2025, at 12:59 PM, V19 (Certified Nursing Assistant/CNA) assisted R52 in the bathroom for toileting. After R52 finished voiding, V19 assisted R52 to stand up and proceeded to provide peri care. V19 cleaned R43 from front to back of the perineum, applied new incontinence brief, and pulled R52's pants back on while wearing same soiled gloves. 2. On August 19, 2025, at 1:31 PM, V21 (CNA) provided incontinence care to R43 who had a bowel movement. R21 removed pants and soiled incontinence brief, cleaned R43 from front to back, applied barrier cream, and applied new incontinence brief, while wearing same gloves all throughout the care. Then V21 removed his gloves and without hand hygiene continued to straighten R43's beddings and adjusted the bed. 3. On August 20, 2025, at 11:22 AM, V23 (CNA) assisted R36 to put her clothes on. V23 touched the catheter bag while sliding R26's left thigh through the pants with the catheter bag, assisted R36 to put on her sweater, and placed the shoes on to R36, while R36's feet were still in bed. This pair of shoes were used by R36 while propelling her wheelchair. The sole of the shoes was dirty. V23 touched different surfaces during this ADL care, from dirty to clean to dirty to clean tasks without changing her gloves. On August 20, 2025, at 3:44 PM, V2 (Director of Nursing/DON) stated staff must perform hand hygiene and change gloves from dirty to clean tasks during provisions of ADL care for infection control. Infection Control policy regarding Standard Precautions dated June 1, 2023, stated, Policy: It is Franciscan Ministries' policy to assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services and therefore the community applies the Standard Precautions infection control practices outlined below: . 2.) Perform Hand Hygiene: . B.) After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings. C.) After contact with a resident's intact skin (e.g., when taking a pulse or blood pressure, or lifting a resident). D.) If hands will be moving from a contaminated-body site to a clean-body site during resident care. E.) After contact with inanimate objects (including medical equipment) in the immediate vicinity of the resident. 5.) Using Gloves: . G.) Changes gloves during resident care if the hands will move from a contaminated body-site (e.g., perineal area) to a clean body-site (e.g., face).</p>