STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146161	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southview Manor	3311 S. Michigan Ave. Chicago, IL 60616

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 43351 Based on observations, interviews, and records reviewed, the facility failed to treat residents with dignity during mealtime at the 6th floor common dining area. This failure affected 9 (R7, R65, R82, R87, R94, R97, R131, R135, and R145) residents reviewed for dignity in the total sample of 62 residents. Findings include: On 06/02/24 at 12:21pm, there were tables on the 6th floor dining room with 3-4 residents seated on each table. On 06/02/24 at 12:22pm, Food cart was brought inside the 6th floor dining room. On 06/02/2024 at 12:23pm, V12 (Rehab Aide/CNA) picked up a tray on the top shelf of the food cart, called out name of resident and served the tray to the resident being called out. V12 set up the tray for the resident. On 06/02/2024 at 12:24pm, V12 picked another food tray from the cart, called out R75's name and set up R75's food tray. R75 was seated with R82, R97, and R87. On 06/02/24 at 12:25pm, this surveyor requested V11 (Assistant Director Of Nursing) to observe how V12 was serving the food trays to the residents. On 06/02/24 at 12:28pm, R94 was seated with R84 and R127. R84 and R127 were already eating. There was no food tray in front of R94. On 06/02/24 at 12:29pm, R75 was still eating; there was no food tray in front of R82, R97, and R87. This observation was pointed out to V11. V11 stated she (V12) was serving the food tray from the top shelf of the food cart down. She (V12) should be serving the food trays by the table. Whoever on the table should all be served and then staff go to the next table to serve. On 06/02/2024 at 12:30pm, R54 was already served food and eating while R65 and R135 were waiting. On 06/02/24 at 12:31pm, R88 was eating; R131 was seated with R88. R131 still did not have his (R131) food tray and stated it is not new; staff has been serving food tray this way. (continued on next page)

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/02/24 at 12:35pm, R87 was served his (R87) food tray. R82 and R97 were seated with R87 and were still waiting for their food trays. On 06/02/24 at 12:36pm, R95's plate was already empty. R7 and R145 were seated with R95. No food tray in front of R7 and R145. R145 stated I (R145) am still waiting for my food. R7 stated my (R7) food is not here yet. On 06/02/2024 at 12:43pm, R131 stated I (R131) still have not gotten my food. On 06/04/2024 at 9:53am, V2 (Director of Nursing) stated the expectation is if staff served a resident on the table and there are other residents on that table, staff should finish serving that table before going to the next table. It is not expected that one resident is already eating, and the next person is still waiting, because with the kind of population we have, we want to minimize behavior, meaning somebody may put their hands on somebody else's plate. And for dignity, too, because I (V2) don't want the resident to feel not important because the other resident was already served food and they were not served yet, and the staff was serving another table. We have to be mindful of resident's behavior. R7's (6/3/2024) Order Review Report documented, in part Diagnoses: (include but not limited to) schizoaffective disorder, schizophrenia, and psychosis. R7's (03/20/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 12. Indicating R7's mental status as moderately impaired. R54's (Active Orders As Of: 6/4/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) non pressure chronic ulcer of unspecified part of right lower leg and encounter for change or removal of nonsurgical wound dressing. R54's (05/15/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 15. Indicating R54's mental status as cognitively intact. R65's (Active Orders As Of: 6/4/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) hyperlipidemia, manic episodes, and schizophrenia. R65's (5/20/24) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS Summary Score: 15. Indicating R65's mental status cognitively intact. R75's (6/3/2024) Order Review Report documented, in part Diagnoses: (include but not limited to) psychosis, schizoaffective disorder, and bipolar disorder. R75's (05/07/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 13. Indicating R75's mental status as cognitively intact. R82's (6/3/2024) Order Review Report documented, in part Diagnoses: (include but not limited to) schizophrenia and behavioral disturbance. R82's (03/06/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 8. Indicating R82's mental status as moderately impaired. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R84's (6/3/2024) Order Review Report documented, in part Diagnoses: (include but not limited to) schizoaffective disorder and auditory hallucinations. R84's (03/19/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 15. Indicating R84's mental status as cognitively intact. R87's (Active Orders As Of: 6/4/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) hypertensive heart disease, hemiplegia (complete paralysis on one side of the body) and hemiparesis (partial weakness on one side of the body), and schizophrenia. R87's (03/19/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 15. Indicating R85's mental status as cognitively intact. R88's (6/3/2024 Oder Review Report documented, in part Diagnoses: (include but not limited to) irritability and anger, schizoaffective disorder, and schizophrenia. R88's (03/04/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 15. Indicating R88's mental status as cognitively intact. R94's (Active Orders As Of: 6/3/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) psychosis, personality disorder, schizophrenia, and schizoaffective disorder. R94's (05/08/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 13. Indicating R94's mental status as cognitively intact. R95's (6/3/2024) Order Review Report documented, in part Diagnoses: (include but not limited to) schizoaffective disorder, bipolar disorder, and violent behavior. R95's (03/08/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 15. Indicating R95's mental status as cognitively intact. R97's (6/3/2024) Order Review Report documented, in part Diagnoses: (include but not limited to) schizophrenia, schizoaffective disorder and conduct disorder. R97's (03/25/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 15. Indicating R97's mental status as cognitively intact. R127's (6/3/2024) Order Review Report documented, in part Diagnoses: (include but not limited to) schizophrenia, psychosis and hypertensive heart disease. R127's (03/22/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 11. Indicating R127's mental status as moderately impaired. R131's (6/3/2024) Order Review Report documented, in part Diagnoses: (include but not limited to)v schizophrenia, psychosis, and auditory hallucinations. R131's (03/20/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 15. Indicating R131's mental status as cognitively intact. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R135's (Active Orders As Of: 6/4/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) is schizoaffective disorder, bipolar type; psychosis; hallucinations; and restlessness and agitation. R135's (03/08/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 15. Indicating R135's mental status as cognitively intact. R145's (Active Orders As Of: 6/4/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) schizophrenia, delusional disorder, and schizoaffective disorder. The (undated) Accommodation of Needs and Preferences and Homelike Environment Policy documented, in part POLICY: It is the policy of the facility to identify and provide reasonable accommodation of resident needs and preferences except when to do so would endanger the health and safety of the resident or other residents. OBJECTIVE: The objective of the accommodation of resident needs and preference is to create an individualized, home like environment to maintain and/or achieve independent functioning, dignity, and wellbeing to the extent possible in accordance with the resident's own needs and preference. The (11/18) Residents' Rights for People in Long-Term Care Facilities documented, in part As a long-term care resident in the State, you are guaranteed certain rights, protections and privileges according to state and federal laws. Your rights to dignity and respect. Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life.

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45346 Based on observation and interview the facility failed to ensure that the call light was within reach for 5 residents (R99, R13, R21, R28, and R124) out of 62 residents reviewed for call lights. Findings include: R99's diagnosis includes, but are not limited to, schizoaffective disorder, unspecified, dysphagia, oropharyngeal phase, muscle weakness (generalized), dependence on wheelchair, hypertensive heart disease without heart failure, atherosclerosis of coronary artery bypass graft(s) without angina pectoris, shortness of breath, aortic aneurysm of unspecified site, without rupture, unspecified, acquired hemolytic anemia, unspecified, carotid artery syndrome (hemispheric), atherosclerotic heart disease of native coronary artery with unstable angina pectoris, encounter for attention to gastrostomy, other developmental disorders of speech and language, unspecified cirrhosis of liver, hyperlipidemia, unspecified, cataract in diseases classified elsewhere, bipolar ii disorder, and chronic hepatitis, unspecified. R99 has a Brief Interview for Mental Status (BIMS) dated 04/25/2024 which documents that R99 has a BIMS score of 00, indicating R99 has severe cognitive impairments. On 06/03/2024 at 9:55am surveyor observed R99's white call light cord on the floor underneath a white table next to R99's bed. On 6/4/2024 at 10:28am observed R99's white call light cord hanging from the head of R99's bed; not easily accessible to R99. On 06/03/2024 at 10:00am V19(LPN/Licensed Practical Nurse) was summons to R99's room by the surveyor. Surveyor questioned V19 regarding the location of R99's call light cord. V19 stated R99's call light is located on the floor. V19 stated R99 can use the call light. V19 stated the purpose of the call light is for the resident to use to call for staff assistance when needed. On 06/03/2024 at 10:05am V19(LPN/Licensed Practical Nurse) observed picking the call light cord up from the floor and placing the cord on R99's top bed sheet. On 06/4/2024 at 10:31am V26(CNA/Certified Nursing Assistant) stated the resident's call light should be located on the resident's bed and the resident should be able to reach the call light if the resident needs to call for staff assistance. V26 stated the purpose of the call light is for the resident to be able to call for staff assistance if the resident needs something. On 06/04/2024 at 1:15pm V2(DON/Director of Nursing) stated the resident's call light should be located at the bedside of the resident. V2 stated the purpose of the call light is for the resident to contact the staff for help. V2 stated it is my expectation that the certified nursing assistants and the nurses keep the call light within reach of the resident. (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/4/2024 reviewed the facility's 3/2021 policy titled Call Lights which does not document a reasonably accessible location for the residents' call light. The Call Lights policy does document in part, 3. The call light should be plugged in the wall. 49572 Findings include: On 6/2/24 at 10:49am, this surveyor observed no cord attached to the call light in R13, R21, R28 and R124's bathroom to pull in order to turn the call light on. On 6/2/24 at 10:50am, R124, said, I (R124) looked for the call light in the bathroom because there was no toilet paper. That explains why I (R124) couldn't find it. There's no cord. R124's diagnosis includes but are not limited to chronic obstructive pulmonary disease, schizoaffective disorder, and gout. R124's Brief Interview of Mental Status (BIMS) score, dated 3/13/24, documents, in part, a BIMS score of 8 which indicates R124's cognition is cognitively impaired. R124's Care plan, revision date 12/29/22, documents, in part, (R124) has limited mobility r/t: Weakness. R124's Care Plan, revision date 3/14/24, documents, in part, (R124) is at risk for falls r/t: medication use. On 6/2/24 at 10:51am, R28 said, Yes, I (R28) need help in the bathroom. Don't you see that I (R28) use a wheelchair. I (R28) can't do a lot of things by myself. R28's diagnosis includes but are not limited to muscle weakness, difficulty walking, and schizoaffective disorder. R28's Brief Interview of Mental Status (BIMS) score, dated 3/04/24, documents, in part, a BIMS score of 7 which indicates R28's cognition is severely impaired. R28's Care plan, revision date 3/07/24, documents, in part, (R28) has is at risk for falls r/t: Gait/balance problems. R28's Care Plan, revision date 3/07/24, documents, in part, (R28) is noted to have a limitation in range of motion. On 6/2/24 at 10:54am, V8 (Certified Nursing Assistant/CNA) said, There is definitely not a string attached to this call light (pointing to R13, R21, R28 and R124's bathroom call light). Some call lights in the bathrooms have strings attached to the call light to pull and some don't. I (V8) know enough to say there should be a string attached to all the call lights in the bathrooms because it's hard to turn the light on without the string. On 6/2/24 at 11:31am, R21 said, I'm glad I don't really have to use the call light, but other residents here definitely need them. R21's diagnosis includes but are not limited to schizoaffective disorder and chronic obstructive pulmonary disease. R21's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 9 which indicates that R21's cognition is moderately impaired. (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R13's diagnosis includes but are not limited to syncope and collapse and cataracts. R13's Brief Interview of Mental Status (BIMS) score, dated 3/07/24, documents, in part, a BIMS score of 15 which indicates R13 is cognitively intact. R13's Care plan, revision date 9/16/23, documents, in part, (R13) has is at risk for falls r/t: cataract, hx epilepsy, syncope & collapse. On 6/4/24 at 10:22am, V2 (Director of Nursing/DON) said, If it's not there, it's not there. The place is rundown. There should be a string attached to the call light for the resident to pull if they need help. It's hard to turn the call light on without the string attached. Facility policy titled, Call Lights, dated 3/2021, documents, in part, Report all defective call lights to the nurse supervisor and/or maintenance director; remove the guest from the room if the call light cannot be repaired. Facility policy titled, Resident Rights: Accommodation of Needs and Preferences and Homelike Environment Policy, documents, in part, It is the policy of the facility to identify and provide reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. Residents have the right to retain and use personal possessions to promote a homelike environment and to support each resident in maintaining their independence. The facility will provide a safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. The objective of the accommodation of resident needs and preferences is to create an individualized, home-like environment to maintain and/or achieve independent functioning, dignity, and well-being to the extent possible in accordance with the resident's own needs and preference Call light in reach for room and bathroom . The resident's environment will be maintained in a homelike manner. Facility job description titled, Director of Nursing, undated, documents, in part, Monitor the medical and nursing care for opportunities for improvement and education.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 45196 Based on observation, interview and record review, the facility failed to ensure a homelike environment for seventeen residents (R3, R15, R17, R18, R35, R40, R41, R49, R66, R88, R92, R108, R109, R127, R133, R144, R595) in the sample of 62 residents. Findings include: On 06/02/24 at 10:39 am, the wall above the sink in R3 and R17's room was observed with bubbled paint, covered with a black substance that had multiple insects flying on and around the wall. On 06/02/24 at 10:46 am, R15 and R41's room was observed without a privacy curtain track or privacy curtain. On 06/02/24 at 12:27 pm, these observations were brought to V9 (Maintenance Director) and V9 stated, We focus on the importance stuff. I (V9) have been working alone. V23 (Maintenance Director Assistance) started working here only a few weeks ago. When V9 was asked regarding the importance of the residents having privacy curtains V9 stated, It's for the residents dignity. I (V9) have to put the track in the ceiling. When V9 was asked regarding the bubbled paint, that had a black substance above the sink in R3 and R17's room, V9 stated, I (V9) don't know what that is. On 06/04/24 at 10:20 am, V25 (Housekeeping Director) was interviewed regarding the residents missing privacy curtains and V25 stated, It is the housekeeping department responsibility to make sure residents have a privacy curtain. If V9 does not put a track in the room (referring to on the residents ceiling), We cannot hang a privacy curtain. When V25 was asked the importance of residents having a privacy curtain. V25 stated, The importance is so that the residents have privacy and their (referring to the residents) own space. R3 has a Brief interview for mental status, BIMS score of 15, dated 5/13/2024 which indicates that R3's cognition is intact. R3 has diagnosis's which includes but are not limited to chronic obstructive pulmonary disease, acute respiratory failure with hypoxia, schizophrenia, hypertensive heart disease without heart failure. R15 has a brief interview for mental status, BIMS score of 5, dated 4/10/2024, which indicates that R15 has severe cognitive impairment. R15 has diagnosis's which includes but are not limited to Encephalopathy, hypertensive heart disease without heart failure, malignant neoplasm of prostate, schizoaffective disorder. R17 has a Brief Interview for Mental Status BIMS score of 12 dated 4/16/2024 which indicates that R17's cognition is intact. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R17 has diagnosis's which includes but are not limited to Schizophrenia, Chronic Obstructive Pulmonary Disease, Glaucoma, Chronic Hepatitis. R41 has a brief interview for mental status, BIMS score of 5, dated 3/6/2024, which indicates that R41 has severe cognitive impairment. R41 has diagnosis's which includes but are not limited to Chronic obstructive pulmonary disease, muscle weakness (generalized), hypertensive heart disease without heart failure, cerebral infarction unspecified. The facility's undated document titled Job Description, Director of Maintenance documents, in part: The primary purpose of the job position is to plan, organize, develop, and direct the overall operation of the Maintenance Department in accordance with current federal, state, and local standards, guidelines, and regulations. Make frequent facility rounds to evaluate the ongoing function of the facility: correct any issues immediately and discuss findings with the Administrator. Coordinate the preventative maintenance and needed maintenance with other departments. The facility's undated document titled Job Description, Maintenance Associate -Environmental Services Associate documents, in part: The primary purpose of the job position is to perform general maintenance and repairs, for assigned equipment and facilities including plumbing, electrical, basic carpentry, heating and cooling, and other building systems and respond to safety concerns. Cleans and assist with upkeep of the facilities. The facility's undated document titled Job Description, Director of Housekeeping/Guest Services Director documents, in part: The primary purpose of the job is to supervise and manage housekeeping and laundry personnel so that a clean, orderly, and home-like environment is maintained in accordance with current federal, state, and local regulations. Make frequent rounds of the facility to monitor the cleanliness and orderliness, correct any issues immediately and discuss issues with the administrator. The facility's document dated 3/2021 titled Resident Rights, documents in part: 1. The resident will be assured of the following rights; Right to Privacy. 43351 Findings include: On 06/02/24 at 10:57 AM, there was a metal hanging out of R66 chair. This observation was pointed out to V8 (Certified Nursing Assistant), V8 checked R66's chair and stated the metal spring is hanging out from the chair. On 06/02/24 at 11:15 AM inside R66's room, V9 (Maintenance Director) stated the spring on the chair is loose (referring to R66's chair). (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 06/02/24 at 11:01 AM, the ceiling tiles in R127's and R133's restroom was off the ceiling tile railing. Surveyor requested V8 (Certified Nursing Assistant) to check R127's and R133's restroom. V8 stated the ceiling tile is coming down. It is absolutely a hazard. Simple, the ceiling tile may come all the way down and hit somebody on the head or when the tile comes down, the resident may eat it. On 06/02/24 at 11:12AM inside R127 and R133's restroom, V9 (Maintenance Director) stated the ceiling tile inside R127 and R133's restroom is loose. On 06/02/24 at 11:17 AM V9 stated I (V9) am doing my best. Providing a home like environment to our residents is an ongoing process. R66's (6/3/2024) Order Review Report documented, in part Diagnoses: (include but not limited to) schizoaffective disorder. R66's (05/29/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 9. Indicating R66's mental status as moderately impaired. R127's (6/3/2024) Order Review Report documented, in part Diagnoses: (include but not limited to) schizophrenia, psychosis and hypertensive heart disease. R127's (03/22/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 11. Indicating R127's mental status as moderately impaired. R133's (6/3/2024) Order Review Report documented, in part Diagnoses: (include but not limited to) schizophrenia and schizoaffective disorder. R133's (05/02/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 11. Indicating R133's mental status as moderately impaired. The (undated) Accommodation of Needs and Preferences and Homelike Environment Policy documented, in part POLICY: It is the policy of the facility to identify and provide reasonable accommodation of resident needs and preferences except when to do so would endanger the health and safety of the resident or other residents. The facility will provide a safe, clean, comfortable, and homelike environment. OBJECTIVE: The objective of the accommodation of resident needs and preference is to create an individualized, home like environment to maintain and/or achieve independent functioning, dignity, and wellbeing to the extent possible in accordance with the resident's own needs and preference. PROCEDURE: 7. The resident's environment will be maintained in a homelike manner. The (11/18) Residents' Rights for People in Long-Term Care Facilities documented, in part As a long-term care resident in the State, you are guaranteed certain rights, protections and privileges according to state and federal laws. Your rights to dignity and respect. Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must be safe, clean, comfortable and homelike. 45346 Findings include: (continued on next page)

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Southview Manor	3311 S. Michigan Ave. Chicago, IL 60616

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 06/03/2024 at 10:07am surveyor observed R108's room bathroom, R108's bathroom with large hole in white ceiling panel located above the toilet, noted on this white ceiling panel were stains of a black substance. There was a hole in the white ceiling panel above the bathtub. On 06/03/2024 at 10:35am observed missing curtains to the window in the room of R92 and R109; observed a hole in the right-side lower wall behind R92's bed. On 06/03/2024 at 10:36am R92 stated when the staff came to spray the room for bed bugs, the staff took the curtains down this was back in early April 2024. R92 stated the staff never came back to put the curtains up again. R109 stated I would rather have curtains up to the window. On 6/4/2024 at 10:26am V25 (Housekeeping Director) stated the housekeeping staff is trying to put up new vertical blinds to the window in every resident's room now. V25 stated that is why there are no curtains on the window in R109 and R92's room. On 6/4/2024 at 10:58am V9(Maintenance Director) observed the hole in the ceiling panel above R108's room toilet and the hole in the ceiling panel above R108's bathtub in the bathroom. V9 stated there was a flood which damaged the ceiling panels. V9 stated I will be able to fix the ceiling panels. V9 stated this does not represent a homelike environment for the resident. On 6/4/2024 at 10:58am V9(Maintenance Director) stated I have the maintenance staff working on patching and painting the walls. On 6/4/2024 at 11:00am V24(Housekeeping Aide) stated the hole in the ceiling panels above R108's room toilet and R108's room bathtub have been this way for about a week or two. R92's 5/22/2024 MDS (Minimum Data Set) documents a BIMS Summary Score of 15, which indicates R92's cognition is intact. R109's 5/16/2024 MDS (Minimum Data Set) documents a BIMS Summary Score of 14, which indicates R109's cognition is intact. R108's 4/18/2024 MDS (Minimum Data Set) documents a BIMS Summary Score of 07, which indicates R108's cognition is severely impaired. 49572 Findings include: On 6/2/24 at 11:50am, this surveyor observed a hole behind the toilet in R18 and R49's bedroom. On 6/2/24 at 11:51am, R18 said, That hole has been there awhile. Mice and bugs come through there. I need to get out of here. R18's diagnosis includes but are not limited to schizoaffective disorder and hypothyroidism. R18's Brief Interview of Mental Status (BIMS) score, dated 5/09/24, documents, in part, a BIMS score of 13 which indicates R18 is cognitively intact. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 6/2/24 at 11:55am, R49 said, Yeah, this is place needs a lot of work. It definitely does not feel like home here. R49's diagnosis includes but are not limited to schizoaffective disorder and chronic obstructive pulmonary disease. R49's Brief Interview of Mental Status (BIMS) score, dated 3/08/24, documents, in part, a BIMS score of 11 which indicates R49's cognition is moderately impaired. 50728 32.On 6/2/24 at 10:44 AM Surveyor observed a urinal covered in a brown substance with straw-colored urine inside on R35's nightstand. Surveyor inquired to R35 if facility staff change the urinals and R35 shook head no. On 6/2/24 at 11:48 AM Surveyor observed the following items in disrepair in the room of R595, R35, and R40: the sink near the bathroom was leaking into a bucket that was placed under the exposed piping, the sink's hot water handle was missing, no closet door for R595's closet, exposed holes around the air conditioner near R595's bed allowing view of the outside, damaged screen on R595's window creating a hole in the screen, several holes on the door of the communal bathroom. R595 stated that all the items in disrepair had been reported to the staff several weeks prior and that facility staff do not repair anything. R595 confirmed that R35, R595, and R40 have not had access to hot water in their room because the sink has been broken. On 6/3/24 at 10:11 AM Surveyor observed R595's, R35's, and R40's with V18 (Certified Nursing Assistant). V18 stated that urinals are changed as needed and confirmed that R35's was dirty and needed to be changed. V18 also affirmed that the hot water on the room's sink does not work and R595's closet door was missing. V18 could not state why these items were in disrepair but confirmed that the facility staff was aware of their condition. On 6/2/24 at 12:04 PM, Surveyor observed the following items in disrepair in the room of R101, R9, R39 and R12: no lid on multi-use hand soap dispenser near room's sink, rusted metal on paper towel dispenser near room's sink, bulging ceiling/wall near entrance of room with dripping water (wet floor sign observed below). R101 confirmed that R101 had reported these items to the facility staff and that staff hasn't fixed them. R101 stated that R101's room not being fixed makes R101 upset. On 6/2/24 at 11:01 AM, Surveyor observed the following items in disrepair in the room of R114, R88, and R125: paint peeling on walls, no drapes or privacy curtains, several holes in the bathroom door. R114 stated that the drapes and curtains were taken out months ago and never replaced. This causes R114 to have to change naked in front of R88 and R125 which makes R114 uncomfortable. R114 stated that the peeling paint and the bathroom door in disrepair had been present for months and was reported to facility staff multiple times. R114 became visibly upset stating that nothing is ever done to try to fix the facility.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50728 Based on observation, interview, and record review, the facility failed to accurately assess the resident's functional limitation in range of motion by not accurately identifying the impairment on both sides of the resident's upper extremity (arm) as coded on the resident's Minimum Data Set (MDS) assessment. This applies to 1 (R35) resident reviewed for accuracy of assessments in the sample of 62. Findings include: On 6/2/24 at 10:44 AM, R35 was observed lying in bed. Surveyor inquired if R35 was able to move R35's right arm and R35 shook head no. R35 used R35's left arm to lift R35's right arm and surveyor observed flaccidity to R35's right arm. R35's admission record documents in part a diagnosis of flaccid hemiplegia to R35's right side. R35's restorative observation and planning assessment dated [DATE], indicates that the resident has impairment on R35's right side, stating Right Side Paralysis. R35's Minimum Data Set (MDS) dated [DATE], states in section GG that resident has no impairment on R35's upper extremity (shoulder, elbow, wrist, hand). R35's Care Plan dated 11/29/22 documents in part that R35 has limitations in range of motion to upper/lower extremities related to cerebrovascular accident/paralysis. On 6/3/24 at 12:57, V32 (Licensed Practical Nurse, Restorative Nurse) confirmed that R35 has paralysis to R35's right side. V32 affirmed that R35's MDS should state that he has impairment on R35's upper extremity on one side of R35's body. CMS's RAI (Resident Assessment Instrument) Version 3.0 Manual (October 2023) Chapter 3: MDS Items [GG] Coding Instructions for GG0115A, Upper Extremity (Shoulder, Elbow, Wrist, Hand); GG0115B, affirms Code 1, impairment on one side: if resident has an upper- and/or lower-extremity impairment on one side that interferes with daily functioning or places the resident at risk of injury.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572 Based on interview and record review, the facility failed to ensure preadmission screening assessments were completed as needed for residents identified to have a mental illness diagnosis. This failure affects 2 residents (R21 and R53) reviewed for pre-admission screening in the sample list of 62 residents. Findings include: 1. R21's Admission Record documents R21's diagnoses include Schizoaffective Disorder (onset date: 04/14/2011). R21's Minimum Data Set (MDS), dated [DATE], documents, a Brief Interview of Mental Status (BIMS) score of 9 which indicates that R21's cognition is moderately impaired. R21's Care Plan, revision date 11/10/22, documents, is part, (R21) uses psychotropic medications r/t (realted to) Schizoaffective D/O (disorder)). R21's (Active Order as of: 06/03/24) Order Summary report documents, Order summary: fluOHENAZine (Antipsychotic) HCL (Hydrochloride) Oral tablet 5mg Give 1 tablet by mouth every 12 hours for psychotic episode. Order Date: 02/22/24. Start Date: 02/22/2024. R21's (09/03/96) Interagency Certification of Results - Determination Of Imminent Risk, documented, in part there is a reasonable basis for suspecting DD (development disability) or MI (mental Illness) Check mark on Yes. Severe Mental Illness Check mark on Yes. Review of R21's health records do not show that a Level II Pre-Admission Screening and Resident Review (PASARR) was completed for R21. 2. R53's Admission Record documents R53's diagnoses include Schizoaffective Disorder (onset date: 07/18/2010). R53's Minimum Data Set (MDS), dated [DATE], documents, a Brief Interview of Mental Status (BIMS) score of 12 which indicates that R53's cognition is moderately impaired. R53's Care Plan, revision date 10/19/23, documents, (R53) uses psychotropic medications r/t Behavior management. He has a diagnosis of Schizoaffective Disorder. R53's (Active Order as of: 06/03/24) Order Summary report documents, Order summary: risperidone (Antipsychotic) Oral Tablet 1 mg Give 1 tablet by mouth two times a day for schizoaffective. Order Date: 10/18/23. Start Date: 10/18/23. R53's (06/10/12) OBRA-I Initial Screen, documents, in part, Based upon all the information and data available to me for this person there is a reasonable basis for suspecting DD or MI Check mark on No. Review of R53's health records do not show that a Level II Pre-Admission Screening and Resident Review (PASARR) was completed for R53. (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/4/24 at 10:22am, V2 (Director of Nursing/DON) stated, (V28) is the Admissions Director and responsible for the PASARRs. On 6/4/24 at 10:41am, V28 (Admissions Director) said, PASARR II's are done for people with mental illness. The social worker at the hospital refers residents for PASARR screenings prior to coming to the facility. No one at this facility is responsible in ensuring that PASARRs are done on the residents. They are done prior to coming here. Both these residents (referring to R21 and R53) have diagnoses that they should have had a level II PASARR done. On 6/4/24 at 1:28pm, V31 (Social Services Director) said, No, I (V31) don't have anything to with OBRAs or PASARRs. I (V31) really don't know who is. Facility policy titled, OBRA's, dated 4/2020, documents, in part, The Liaisons will notify the hospital to ask if the OBRA has been completed. Once the resident is admitted , the Business Office will check the medical record to see if the OBRA was sent. If the OBRA was not sent with the resident the Business Office will send a request to the agency that completed the OBRA. Facility policy titled, Residents' Rights for People in Long-term Care Facilities, revision date 3/17, documents, in part, safety and good care Your facility must provide services to keep your physical and mental health, and sense of satisfaction. Your facility must make reasonable arrangements to meet your needs and choices. Facility policy titled, Resident Rights: Accommodation of Needs and Preferences and Homelike Environment Policy, documents, in part, It is the policy of the facility to identify and provide reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. Facility job description, titled, Hospital Transitions Director Department Hospital Transitions (Admissions), undated, documents, in part, Collects OBRA Screens and uploads to (computer system); Must order screen if not available at the hospital.

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50728 Based on observation, interview, and record review the facility failed to provide range of motion restorative programming to 1 resident (R35) reviewed for range of motion in the sample of 62. Findings include: On 6/2/24 at 10:44 AM, R35 was observed lying in bed. Surveyor inquired if R35 was able to move R35's right arm and R35 shook head no. R35 used R35's left arm to lift R35's right arm and surveyor observed flaccidity to R35's right arm. Surveyor inquired if staff was ever exercising or providing range of motion to R35's right arm and R35 shook head no. R35's Minimum Data Set (MDS) dated [DATE], states in section C BIMS (Brief Interview for Mental Status) summary score of 5, indicating severe cognitive impairment. R35's admission record documents in part a diagnosis of flaccid hemiplegia to R35's right side. R35's restorative observation and planning assessment dated [DATE], indicates that the R35 has impairment on right side, stating Right Side Paralysis, is currently enrolled in an active range of motion program for R35's right shoulder, elbow, wrist, and hand, and is enrolled in three programs total. R35's Care Plan dated 11/29/22 documents in part that R35 has limitations in range of motion to upper/lower extremities related to cerebrovascular accident/paralysis and requires PROM/AROM to the affected site daily. On 6/3/24 at 12:57, V32 (Licensed Practical Nurse, Restorative Nurse) confirmed that R35 has paralysis to R35's right side. V32 could not produce any documentation that range of motion was being completed by nursing assistants or other staff. V32 stated that R35 currently has programs for transfers and dressing. Surveyor inquired why resident was not in a range of motion program per the care plan and restorative assessment, V32 stated that it wasn't as important and that we (the facility) prioritize 2 restorative programs at a time. V32 confirmed that R35 should be receiving restorative range of motion as indicated in R35's care plan and restorative assessment. Facility policy titled Restorative Nursing documents in part that The Restorative Nurse will initiate a care plan and The Certified Nursing Assistant will carry out the Restorative Services.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 49572 Based on observation, interview, and record review the facility failed to ensure that the controlled substance count was accurate for 1 resident (R35) and failed to ensure two licensed personnel conducted a physical inventory of controlled substances on the 4th floor at each change of shift. This failure has the potential to affect all 34 residents on the 4th floor. Findings include: On 6/03/2024 at 10:22am, with V14 (Registered Nurse/RN), during observation of medication cart on the 4th floor, the following was observed: R35's Controlled Drug Receipt/Record/Disposition Form for Phenobarb (Phenobarbitol, anticonvulsant/hypnotic) 64.8mg (milligrams) tab (tablet) showed a count of 4 tabs however there was only 2 tabs remaining in the blister packet. When this surveyor inquired about the discrepancy in R35's controlled substance count, V14 replied, I (V14) gave one this morning and I (V14) dropped one and had to dispose of it so that's why there is only 2 left. I (V14) haven't charted it on the sheet yet. When asked when the nurse should chart when the medication was given or disposed of on the Controlled Drug Receipt/Record/Disposition Form, V14 replied, It should be charted right away. R35's diagnosis includes but are not limited to absence epileptic syndrome, not intractable, without status epilepticus. R35's (6/3/2024) physician order documents in part, Phenobarbital tablet 64.8mg, give 1 tablet by mouth four times a day related to absence epileptic syndrome, not intractable, without status epilepticus. Reviewed the 4th Floor, dated 5/2024, Shift Change Accountability Record For Controlled Substances, the following documentation was observed where there should be 2 sets of licensed personnel initials: The 5/1/24 1st shift had 0 licensed personnel's initials The 5/1/24 2nd shift had 1 licensed personnel's initials The 5/4/24 3rd shift had 1 licensed personnel's initials 5/7/24 3rd shift had 1 licensed personnel's initials 5/8/24 1st shift had 0 licensed personnel's initials 5/8/24 2nd shift had 1 licensed personnel's initials 5/9/24 1st shift had 1 licensed personnel's initials (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5/9/24 2nd shift had 1 licensed personnel's initials 5/17/24 3rd shift had 1 licensed personnel's initials 5/18/24 1st shift had 1 licensed personnel's initials 5/19/24 3rd shift had 1 licensed personnel's initials 5/20/24 1st shift had 1 licensed personnel's initials 5/20/24 3rd shift had 1 licensed personnel's initials 5/21/24 1st shift had 1 licensed personnel's initials 5/21/24 3rd shift had 1 licensed personnel's initials 5/22/24 1st shift had 1 licensed personnel's initials 5/22/24 3rd shift had 1 licensed personnel's initials 5/23/24 1st shift had 1 licensed personnel's initials 5/25/24 1st shift had 1 licensed personnel's initials 5/25/24 2nd shift had 1licensed personnel's initials 5/26/24 2nd shift had 1 licensed personnel's initials 5/26/24 3rd shift had 1 licensed personnel's initials 5/27/24 3rd shift had 1 licensed personnel's initials 5/28/24 1st shift had 1 licensed personnel's initials 5/29/24 1st shift had 1 licensed personnel's initials 5/29/24 2nd shift had 0 licensed personnel's initials 5/29/24 3rd shift had 0 licensed personnel's initials 5/30/24 1st shift had 1 licensed personnel's initials 5/30/24 3rd shift had 1 licensed personnel's initials 5/30/24 1st shift had 0 licensed personnel's initials 5/31/24 2nd shift had 1 licensed personnel's initials (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reviewed the 4th Floor, dated April 2024, Shift Change Accountability Record For Controlled Substances, the following was observed where there should be 2 sets of licensed personnel initials: 4/2/24 1st shift had 1 licensed personnel's initials 4/4/24 1st shift had 1 licensed personnel's initials 4/5/24 2nd shift had 1 licensed personnel's initials 4/5/24 3rd shift had 1 licensed personnel's initials 4/22/24 1st shift had 1 licensed personnel's initials 4/22/24 3rd shift had 1 licensed personnel's initials 4/29/24 1st shift had 1 licensed personnel's initials 4/29/24 2nd shift had 1 licensed personnel's initials 4/29/24 3rd shift had 1 licensed personnel's initials 4/30/24 1st shift had 1 licensed personnel's initials 4/30/24 2nd shift had 0 licensed personnel's initials 4/30/24 3rd shift had 0 licensed personnel's initials Reviewed the 4th Floor, dated March 2024, Shift Change Accountability Record For Controlled Substances, the following was observed where there should be 2 sets of licensed personnel initials: 3/26/24 3rd shift had 1 licensed personnel's initials 3/27/24 1st shift had 1 licensed personnel's initials 3/29/24 1st shift had 1 licensed personnel's initials 3/29/24 3rd shift had 1 licensed personnel's initials When this surveyor inquired about the missing initials on the Shift Change Accountability Record For Controlled Substances, V14 replied, I (V14) don't know why the nurses didn't sign their initials. I (V14) work on all the floors. It should be signed right after the count is done. V2 (Director of Nursing/DON) said, All controlled substances, once pulled out, it must be documented on the sheet when given. The incoming and outcoming nurse every shift must document the narcotic count and ensure it is accurate and they witness it together. Facility presented document titled, (Facility) Resident List by Number, undated, that shows that there are 34 residents residing on the 4th floor. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Facility policy titled, Narcotics-Refrigerated, dated 3/2021, documents, in part, Nurses will sign out the narcotic per protocol and document when given in the EMR (Electronic Medical Record). Nurses will count . narcotics every shift. Discrepancies shall be reported to the Director of Nursing. Facility job description titled, Registered Nurse, undated, documents, in part, The primary purpose of the job is to provide licensed nursing care to residents on assigned unit in accordance with current federal, state and local standards, guidelines and regulations. Facility job description titled, Director of Nursing, undated, documents, in part, Monitor the medical and nursing care for opportunities for improvement and education.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50728 Based on interview and record review the facility failed to ensure resident with a diagnosis of dementia, received antipsychotic medication only when medically necessary to treat clinically significant signs and symptoms associated with a diagnosed condition. This applies to 1 resident (R35) out the sample of 62. Findings include: Review of R35's admission record documents in part the following diagnosis: unspecified dementia with other behavioral disturbance (principal diagnosis), major depressive disorder, and apraxia following nontraumatic intracerebral hemorrhage. The document did not include past or current diagnoses of schizophrenia, schizoaffective disorder, Huntington's chorea, Tourette's syndrome, or other psychiatric diagnoses. Review of R35's physician orders indicate that R35 is prescribed RisperDAL (antipsychotic medication) 2 mg (milligrams) tablet once daily at night for behavioral disturbance. Review of R35's order for RisperDAL 2mg tablet indicates a black box warning for use. Black box warning details document in part .patients with dementia-related psychosis treated with antipsychotic drugs are at increased risk of death. Risperidone (generic RisperDAL) is not approved for the treatment of patients with dementia related psychosis. Review of R35's signed consent for psychotropic medication use dated 12/20/23 indicates R35 is to receive Risperdal 2 mg tablet by mouth nightly. Clinical indication of use for R35 is not specifically stated on consent form. Noted prescribing physician's name is left blank on form. Review of R35's Minimum Data Set (MDS) dated [DATE], states in section C BIMS (Brief Interview for Mental Status) summary score of 5, indicating severe cognitive impairment. No behavioral symptoms (Physical behavioral symptoms directed towards others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually), Verbal behavioral symptoms directed towards others (e.g., threatening others, screaming at others, cursing at others), Other behavioral symptoms not directed towards others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds) were noted during the lookback period in section E. Review of Psychiatry follow up note dated 4/10/22, documents that R35's psychiatric diagnosis is major depressive disorder. Slow speech was noted by provider, but no further psychotic or violent behaviors noted. Review of prior Psychiatry follow up note dated 3/27/22 documents speech as normal, staff reported intermittent mood swings and anxiety and no violent or psychotic symptoms. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the research article titled, American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults (Journal of the American Geriatrics Society. 2015 Nov; 63(11):2227-46. Retrieved online 6/5/2024 at: https://www.ncbi.nlm.nih.gov/pubmed/26446832), provided the following information related to the use of antipsychotic medications in the older adult with dementia: Avoid antipsychotics for behavioral problems of dementia or delirium unless nonpharmacological options (e.g., behavioral interventions) have failed or are not possible and the older adult is threatening substantial harm to self or others. Antipsychotics are associated with greater risk of cerebrovascular accident (stroke) and mortality in persons with dementia. On 6/2/2024 at 11:02 AM, surveyor inquired what diagnosis or targeted behavior R35 that was associated with R35's order of RisperDAL. V11 (Assistant Director of Nursing) replied that it was being used for behavioral disturbances. V11 confirmed that the diagnosis that warranted the order was R35's diagnosis of dementia with other behavioral disturbance and that this diagnosis was not specifically indicated for R35 on R35's consent form. V11 stated that R35 had a history of mood swings and aggression. When surveyor inquired if V11 knew of any black box warning associated with antipsychotic medication use for dementia, V11 replied no. On 6/2/2024 at 11:25 AM, surveyor inquired what diagnosis or targeted behavior R35 that was associated with R35's order of RisperDAL. V2 (Director of Nursing) affirmed the order was for R35's diagnosis of dementia with behavioral disturbance. V2 stated that R35 has a history of being aggressive at times but that R35 is usually calm. V2 denied having any knowledge or further documentation of R35 having any diagnosis or behaviors that would warrant antipsychotic medication use. V2 stated that there is a black box warning for antipsychotic medication use that can cause severe adverse reactions with patients diagnosed with dementia. Facility policy dated 3/2021, titled Psychotropic Medication Use, documents in part, Psychotropic medications shall be used in appropriate doses for an appropriate duration, with adequate monitoring and indications for use, and be reduced or discontinued when clinically indicated.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 50728 Based on observation, interview, and record review, the facility failed to administer medications per physician order for 3 residents (R17, R44 and R106) reviewed for medication administration. The facility had 7 medication errors out of 28 opportunities, resulting in a 25% medication error rate. Findings include: 1.) Review of R106's Physician Order Sheet (POS) indicates the following orders for medications: Benztropine (anticholenergic) Mesylate Oral Tablet 1 MG (milligram) (Benztropine Mesylate) for side effects, Lisinopril (Antihypertensive) Oral Tablet 10 MG once in the morning for hypertension, Magnesium Oxide (supplement) Oral Tablet 400 MG (Magnesium Oxide) once in the morning for mineral, Sennosides (stool softner) Tablet 8.6 MG 2 tablets 2 times daily for constipation, and Oxybutynin Chloride ER (antispasmodic) Tablet Extended Release 24 Hour 10 MG once daily for incontinence. On 06/03/24 at 09:00 AM, surveyor observed V14 (Registered Nurse) call R106's name to come the medication cart. R110 wheeled closer to the medication cart and V14 called R110 by R106's name. V14 withdrew the following medications from R106's medication cards and placed them in a medication cup: Benztropine Mesylate Oral Tablet 1 MG tablet, Lisinopril Oral Tablet 10 MG tablet, Magnesium Oxide Oral Tablet 400 MG tablet, Sennosides Tablet 8.6 MG 2 tablets, and Oxybutynin Chloride ER Tablet Extended Release 24 Hour 10 MG tablet. V14 confirmed the medications and doses to surveyor. V14 proceeded to hand the cup to R110 and surveyor intervened to prevent R110 from taking R106's medications. Surveyor inquired to V14 what is R110's name and V14 stated R106's name. Surveyor reviewed MAR and R106's photo with V14, who confirmed that R110 was not R106. V14 confirmed that R110 would have been given R106's medication if the surveyor did not intervene. V14 affirmed he did not know R110's name and should have confirmed the identity of the resident prior to administering the medications. 2.) Review of R17's POS (Physician Order Sheet) indicates an order for AmLODIPine (antihypertensive) 2.5 mg, give one tablet by mouth every morning for treatment of hypertension. On 6/3/24 at 8:34 AM, surveyor observed V19 (Licensed Practical Nurse) withdraw an empty card of AmLODIPine 2.5mg tablets from the medication cart. V11 affirmed the card was empty and there were no other AmLODIPine 2.5 mg tablets in the medication cart for R17. This resulted in R17 not receiving a dose of AmLODIPine 2.5 mg as ordered. 3.) Review of R44 POS indicates an order for Vitamin D3 Tablet (supplement) 50 MCG (micrograms), give 1 tablet by mouth four times a day for supplement. On 06/03/24 11:54 AM, surveyor observed V20 (Registered Nurse) read the order for Vitamin D3 50 MCG tablet, withdraw Vitamin D3 25 MCG tablet from the medication cart and place it in the medication cup. V20 confirmed one tablet of Vitamin D3 was in the medication cup and administered it to R44. This resulted in R44 receiving half of the dose of Vitamin D3 that was ordered. On 6/4/2024 at 11:25 V2 (Director of Nursing) affirmed that all nurses should be administering medications using the 5 rights of medication, which includes identifying the correct resident, medications, and doses. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility policy dated 3/2021 titled, Medication Administration documents in part . administration of medications is performed in a safe manner to prevent medication errors.4. Medication preparation/Administration a. Five Rights: - Right Medication -Right Dose -Right Time - 60 minutes before or after the scheduled time unless otherwise specified - Right Route - Right Resident/patient/guest (2 means of identification photo, verbal affirmation, or birth date.) .4. Administration: - Resident is identified

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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. 49572 Based on observation, interview, and record review the facility failed to label opened multi-dose medication vials. This failure has the potential to affect 5 residents (R5, R8, R74, R96 & R113) reviewed for medications in the sample of 62 residents. Findings include: On 6/02/24 at 11:38am, with V10 (Registered Nurse/RN), during observation of medication cart on the 5th floor, the following was observed: R8's Fluticasone inhaler opened with no label of when it was opened. R5's Ventolin Inhaler opened with no label of when it was opened. R96's Symbicort inhaler opened with no label of when it was opened. When this survey inquired about the missing open dates, V10 (RN) replied, The open date should be put on these medications to see how long the med is good for. Some meds expire sooner after you open them. You can't use it after the opened expiration date because it's no good. R8's diagnosis includes but are not limited to chronic obstructive pulmonary disease, unspecified and allergic rhinitis. R8's (6/3/24) physician order documents in part, Fluticasone (corticosteroid) 2 puff, inhale orally at bedtime related to chronic obstructive pulmonary disease, unspecified. R5's diagnosis includes but are not limited to chronic obstructive pulmonary disease. R5's (6/3/24) physician order documents in part, Ventolin (bronchodilator) aerosol solution 2 puff inhale orally every 4 hours as needed for shortness of breath. R96's diagnosis includes but are not limited to chronic obstructive pulmonary disease with (acute) lower respiratory infection, acute bronchitis, acute respiratory distress, and shortness of breath. R96's (6/3/24) physician order documents in part, Budesonide-Formoterol Fumarate (corticosteroid) Inhalation Aerosol, 2 puff inhale orally two times a day for COPD (chronic obstructive pulmonary disease). On 6/03/2024 at 10:22am, with V14 (Registered Nurse/RN), during observation of medication cart on the 4th floor, the following was observed: R113's Azelastine (anithistamine) eye drops opened with no label of when it was opened. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R74's Azelastine eye drops opened with no label of when it was opened. When this survey inquired about the missing open dates, V14 replied, I (V14) don't know why the nurses did not put an open date on these medications. I (V14) work all the floors. I (V14) did not open any of these. There should be open dates because these kinds of medications expire so many days after they are opened. R113's diagnosis includes but are not limited to urinary tract infection and insomnia. R113's (6/3/24) physician order documents in part, azelastine drop 0.5% Solution 00.5 %, instill 1 drop in both eyes two times a day for Teary Eyes. R74's diagnosis includes but are not limited to dry eye syndrome of bilateral lacrimal glands. R74's (6/3/24) physician order documents in part, Azelastine HCl Ophthalmic Solution 0.05 %, instill 1 drop in both eyes in the morning for Prophylaxis. V2 (Director of Nursing/DON) stated, There's no specific policy on multi-dose medications but it is addressed in the Medication Administration policy. All multi-dose meds need to be labeled with an open date and you must stick with the open date for expiration. Most of the time the meds expire 30 days after the open date, but I'll have to check with pharmacy. It's assumed that the intensity of the medication is not as good after the open date expiration, and it could be harmful to the resident. Facility policy title Medication Administration, dated 3/2021, documents, in part, Multi-dose solutions/vials labeled with date opened. Facility policy title Medication Storage, dated 3/2021, documents, in part, Medications that have a different route oral are kept separated and .labeled and dated Facility job description titled, Registered Nurse, undated, documents, The primary purpose of the job is to provide licensed nursing care to residents on assigned unit in accordance with current federal, state and local standards, guidelines and regulations. Facility job description titled, Director of Nursing, undated, documents, Monitor the medical and nursing care for opportunities for improvement and education.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45196 Based on observation, interview, and record review the facility failed to ensure that residents' food items in the facility kitchen are dated when received and when opened, failed to discard expired food items; failed to follow proper food storage practices and labeling food to prevent food-borne illnesses; failed to clean the ice machine; failed to ensure safety is maintained in the walk-in freezer; and failed to ensure that staff store their food out of the facility kitchen used for residents. These failures have the potential to affect all 142 residents receiving an oral diet in the facility. Findings include: [DATE] at 9:14 am, Surveyor entered the facility's kitchen area. Surveyor observed V3 (Dietary Cook) at the cook station. At 9:15 am, Surveyor and V3 toured the facility's kitchen with the following observations: In the walk-in cooler Surveyor and V3 observed: On the middle shelf to the left in the walk-in cooler with a plate inside of a plastic bag that V3 stated, That is the staff bag (referring to a bag with a plate of food inside of a plastic bag). I (V3) don't know what food is inside. It's the staff's. I (V3) don't know how long that bag has been in here. A block and a half block of yellow cheese, not in its original packaging, not dated, and not labeled when open, received or an expiration date. When V3 was asked the importance of staff not leaving personal food items in the cooler V3 stated, Nothing goes in the cooler that is not labeled. Staff personal food items can contaminate other items in the cooler. When V3 was asked regarding food items being stored in its original packaging or stored in a container and food items being labeled with an open date and expiration date in the cooler V3 stated So we (referring to staff) know how long its (referring to food) has been open. Food items should be dated so we know when they spoil. If we don't know when the food items spoil or what the food item is it that can cause a big problem. On the middle shelf a pan of sliced apples dated [DATE]. V3 stated, Those should have been discarded on [DATE]. Everything is good for three days. Next to the pan of sliced apples on the middle shelf, a pan of apple sauce dated [DATE]. V3 stated, That should have been thrown out after 3 days. On the top shelf to the left in the walk-in cooler two brown resident lunch bags dated [DATE] and three brown resident lunch bags undated. When V3 was asked regarding the importance of the residents brown bag lunches labeled with an expiration date V3 stated, So the residents don't get sick. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On the top shelf next to the residents brown bag lunches, yellow shredded cheese wrap in plastic wrap, not in its original container, dated [DATE]. On [DATE] at 9:36 am, the walk-in freezer was observed with the door plate on the floor of the walk-in freezer frozen solid with ice. V3 was asked regarding the frozen door plate on the floor of the walk-in freezer and V3 stated, It (referring to the walk-in freezer) is self-defrosting every day. I (V3) don't know why that is frozen. You (referring to the surveyor) will have to ask my manager (referring to V5 (Dietary Manager). On [DATE] at 9:40 am, Surveyor observed a jar of a pasty seasoning at the cook station that was labeled refrigerate after opening. Surveyor asked V3 regarding the jar of seasoning and V3 stated, That is not for residents. That was used for the employees at week ago. On [DATE] at 9:42 am, Surveyor and V3 inspected the ice machine in the kitchen with a black substance visible across the ice machine front plate. When V3 was asked regarding the black substance V3 stated, That is dirt. We clean the ice machine every day. It (referring to the ice machine) does not look like it has been cleaned in a while. V3 explained that there is no cleaning schedule or logs kept regarding the cleaning of the ice machine in the kitchen. On [DATE] at 10:55 am surveyor and V5 (Dietary Manager) observed the walk-in freezer with the door plate frozen with ice buildup. V5 stated, When the walk-in freezer defrost itself, the water drips down the door flaps and onto the floor and the ice freezes on the floor. When V5 was asked regarding the safety of the ice buildup on the door plate in the walk- in freezer, V5 stated, Someone can fall. The facility's document presented on [DATE] by V5 (Dietary Manager), shows that there is a total of 142 resident receiving an oral diet in the facility. On [DATE] at 11:30 am, Surveyor requested a copy of the facility's manufactures guidelines regarding the facility's walk-in freezer and ice machine and V5 stated, We do not have one. I (V5) will try and call to get it. The facility's document date 2014 and titled Food and Supplies documents, in part: Policy: Food and supply storage areas shall be maintained in a clean, safe, and sanitary manner. Procedure: 4. Prepared foods stored in the refrigerator until service will be covered, labeled, and dated with an expiration date. TCS (Time/Temperature/Control for Safety) foods prepared on site must be labeled with the name of the food, the date it should be sold, consumed, or discarded. 6. All food will be covered, labeled, and dated. Items should be stored in original packaging. If removed from its original packaging, wrap in clean moisture-proof material, or place it in a clean sanitized container with a tight-fitting lid. All packaging and container should be labeled with the name of the food and expiration date. The facility's document dated 2014 titled Safe Food Preparation and Handling documents, in part: Policy: Food will be prepared to conserve maximum nutritive value in a safe and sanitary environment. The facility's document dated 2014 titled Ice Machine Use documents in part: Policy: Ice will be handled in a manner to ensure safety. Clean and sanitize parts of ice machine considered food contact surfaces according to manufacturer's guidelines and the department cleaning schedule. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's undated document titled Job Description, Director of Cuisine/Dietary documents, in part: General Job Description: The primary purpose of the job position is to plan, organize, develop, and direct the overall operation of the Dietary Department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility. Maintain kitchen sanitation and safety documents.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 45196 Based on observation, interview and record review, the facility failed to ensure that the dumpster was closed. These failures have the potential to affect all 144 residents residing at the facility. Findings include: On 6/02/24, V2 (Director of Nursing , DON) stated that the resident census was 144 residents at the facility. On 6/02/2024 at 12:37 pm, Surveyor and V9 (Maintenance Director) inspected the facility dumpster area and observed three dumpster lids open at the facility's outside dumpster. When V9 was asked regarding the outside dumpster lids open. V9 stated, Everyone who uses the dumpster should be making sure they close it (referring to the dumpster). The garbage guy comes every day except Sunday and leaves the dumpster lids open. They garbage company did not come today. I (V9) don't know how long they (referring to the three dumpster lids) have been open When V9 was asked the importance regarding keeping the dumpster lids closed V9 stated, To keep mice and rodents out of the facility. It's for Pest control. On 06/04/24 at 11:00 am, Surveyor requested a policy of the facility's outside dumpster and V2 (Director of Nursing DON) stated, We do not have a policy for the dumpster. The facility's undated document titled Job Description, Director of Maintenance, documents in part: The primary purpose of the job position is to plan, organize, develop, and direct the overall operation of the Maintenance Department in accordance with current federal, state, and local standards, guidelines, and regulations. Make frequent facility rounds to evaluate the ongoing function of the facility: Correct any issues immediately and discuss findings with the Administrator. Coordinate the preventative maintenance and needed maintenance with other departments. The facility's undated document titled Job Description, Director of Housekeeping/Guest Services Director, documents in part: The primary purpose of the job is to supervise and manage housekeeping and laundry personnel so that a clean, orderly, and home-like environment is maintained in accordance with current federal, state, and local regulations. Make frequent rounds of the facility to monitor the cleanliness and orderliness, correct any issues immediately and discuss issues with the administrator.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43351 Based on observation, interview, and record review, the facility failed to ensure residents requiring enhanced barrier precautions (EBP) were provided (EBP) signs for posting and to ensure gowns were availale in the residents personal protective equipment bin. These failures affected 2 (R54 and R126) residents reviewed for EBP. Findings include: The (undated) 6th floor on EBP (Enhanced Barrier Precautions) documented R54 and R126 were on the list. On 06/02/2024 at 2:48pm outside of R126's room with V11 (Assistant Director of Nursing), there was no Enhanced Barrier Precaution sign posted outside of R126's room or door. There was a rectangular bin on the floor outside of R126's room. Inside the bin were gloves, mask and roll of red bags. This surveyor inquired if there were gowns available. V11 stated there's no gown inside the bin. This surveyor inquired if R126 was on Enhanced Barrier Precautions. V11 stated I (V11) don't know if he (R126) is on enhanced barrier precaution; there is no sign posted on his (R126) door. On 06/02/2024 at 2:56pm outside of R54's room with V11, there was no enhance barrier precaution sign posted outside of R54's room or door. V11 stated there is no enhanced barrier sign posted on his (R54) door. On 06/02/2024 at 3:00pm, V2 (Director of Nursing) stated we don't have the Enhanced Barrier Precautions signs. I (V2) ordered them (signs) last month and were still not delivered to us (facility). On 06/04/2024 at 11:57am, V27 (Infection Preventionist) stated enhanced barrier precautions is used for residents on indwelling cath, g-tubes, wounds, tracheostomy tubes. The purpose of placing the residents on enhanced barrier precaution is to keep the residents safe. To prevent any spread of infectious microorganism. To protect them from giving infection and to prevent them from getting any form of infection from staff members. The purpose of wearing the PPE is to prevent any splash of fluid including blood, discharges, or drainage to get into the uniform. On 06/04/2024 at 12:04pm, V27 stated he (R126) is on EBP (enhanced barrier precaution) because he (R126) has a wound on his (R126) left ankle and he (R126) has poor circulation. The purpose of placing him (R126) on EBP is to prevent splashing of fluid/drainage on the uniform when staff is doing treatment. On 06/04/2024 at 12:08pm, V27 stated he (R54) also has a wound on his (R54) right leg. The purpose for placing him (R54) on EBP is to prevent splashing of fluid or drainage while doing treatment. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/04/2024 at 12:09pm, V27 stated we (facility) do have to provide PPE bin outside the resident's room. PPE bins should have mask, gloves, gowns, and red bags. We (facility) also post a sign 'Enhance Barrier Precaution to let the staff know that the resident is on EBP and whenever they (staff) go inside for treatment, they (staff) have to don mask, gown, and gloves. PPE is provided because staff members, who are working in the unit, may have something on their uniform; and wearing PPEs prevent splash on their uniform which also prevent from bringing the drainage to other residents. Also, whatever is in their uniform, the resident will not get it. It is expected the PPE bins to have mask, gloves, and gown and red bags. R54's (Active Orders As Of: 6/4/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) non pressure chronic ulcer of unspecified part of right lower leg and encounter for change or removal of nonsurgical wound dressing. Order Summary. Wet to dry dressing to Rt (right) lower leg. One time a day for wound(.) Active 03/04/2024. Start Date: 03/05/2024. ENHANCED BARRIER PRECAUTIONS, GOWN AND GLOVE DUE TO wound. Active 04/18/2024. R54's (05/15/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 15. Indicating R54's mental status as cognitively intact. Section M - skin conditions. M1200. Skin and Ulcer/Injury treatments. G. Application of nonsurgical dressings. R54's (12/16/2023) care plan documented, in part Focus: has an actual impairment to skin integrity of the RLE (Right Lower Extremity) r/t (related to) debridement of infected wound. Goal: wound will have no complications. Interventions: Administer wound care as ordered. R54's (04/21/2024) Care plan documented, in part Focus: requires Enhanced barrier precautions. Goal: will remain free from infection. Interventions: use gown and gloves for high contact activities. Use PPE (personal protective equipment) as appropriate. Use UNIVERSAL PRECAUTIONS to prevent infection. R126's (Active Orders As Of: 6/4/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) peripheral vascular disease; embolism (blockage of a blood vessel by an embolus -blood clot, air bubble, piece of fatty deposit, or other object) and thrombosis (blood clot) of deep vein of lower extremity, bilateral; varicose veins of left lower extremity with ulcer part of lower leg; and encounter for change or removal of nonsurgical wound dressing. Order Summary. ENHANCED BARRIER PRECAUTIONS, GOWN AND GLOVE DUE TO wound. Active: 04/17/2024. Silvadene external cream 1%. Apply to right ankle topically in the morning for wound. Cleanse with normal saline solutions before application, pat dry, wrap with kerlix, secure with tape. Active: 03/04/2024. Start Date: 03/05/2024. R126's (03/20/2024) Minimum Data Set documented, in part Section M- Skin Conditions. M1200. Skin and ulcer/injury treatments: G. Application of nonsurgical wound dressings. R126's (12/21/2023) care plan documented, in part Focus: has Peripheral Vascular disease r/t diabetes & (+) occlusion/blockage in circulation of LLE (left lower extremity) which worsen wound healing. Goals: will be free from pain. R126's (04/21/2024) care plan documented, in part requires Enhanced Barrier Precautions. Goal: will remain free from infection. Interventions: use gown and gloves with high contact resident activity. Use PPE appropriate([NAME]). Use UNIVERSAL PRECATUTIONS to prevent infection. (continued on next page)

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	146161	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southview Manor	3311 S. Michigan Ave. Chicago, IL 60616

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The (undated) Enhanced Barrier Precautions sign from the US Department of Health and Human Services Center for Disease Control and Prevention documented, in part: STOP ENHANCED BARRIER PRECAUTIONS EVERYONE MUST: Clean their hands, including before entering and when leaving the room. PROVIDERS AND STAFF MUST ALSO: Wear gloves and a gown for the following High Contact Resident Care Activities. Wound Care: any skin opening requiring dressing. The (12/2019) Enhanced Barrier Precautions documented, in part Policy: 1. Enhanced Barrier Precautions are a new approach for preventing the spread of infections in facilities. 4. Enhanced Barrier Precautions will be in place for residents with wounds. Standard: Enhanced Barrier expands the use of PPE beyond standard precautions and in situations when contact precautions do not apply. Procedure: 1. Gloves and gowns should be used when providing high contact activities: H. Wound Care: Any skin opening requiring dressing. A sign will be placed on the door for Enhanced Barrier Precautions which indicates high contact resident care activities. 5. PPE including gloves and gowns are available outside the resident room.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 40067 Based on observation, interview and record review, the facility failed to ensure that resident room and bathroom walls have no holes and lights are not broken. The facility also failed to ensure the laundry dryer's lint was removed from the lint compartment; and that the 6th floor common bathroom vent was covered with no missing baseboard tiles, the ceiling tiles above the toilet bowl have no water staining and are not bulging, and the ceiling tile railing above the toilet bowl was not broken. These failures have the potential to affect all 144 residents residing in the facility. Findings include: 1. On 6/4/24 at 12:37 pm, this surveyor and V29 (Laundry Aide) performed a tour of the facility's laundry rooms on the first floor. V29 showed this surveyor 3 laundry dryers, from right to left, indicated as #1, #2, and #3. When asked to view the lint trap compartment for dryer #3, V29 opens the cover to the lint compartment door of dryer #3, and this surveyor observed the lint trap screen on the inside top of the compartment which was full of white, thick lint debris with additional white, thick lint debris observed accumulated on the floor of this lint trap compartment. V29 stated that V29 has not cleaned the lint trap from this dryer lint compartment for dryer #3 during V29's shift today which is from 6:00 am to 2:00 pm. When asked V29 how many loads of laundry have been dried in this dryer #3 by V29 during V29's shift today, V29 stated, 7 loads. When asked to show what documentation V29 is performing with the removal of lint from the lint trap compartments of dryers, V29 showed this surveyor the completed log papers that were in the two folders hanging on the laundry room wall. V29 stated that the one folder holds the log for the lint trap removal for the laundry aides, and the other folder holds the log when maintenance staff cleans the dryers completely with a deep clean. When asked the purpose of removing the lint from the lint trap compartments of the laundry dryers, V29 stated, Because it will start a fire. Facility document, titled Lint Trap Cleaning & Disposal Log which V29 presented to this surveyor on 6/4/24 from the folder for the laundry aides, documents, in part, Directions: Complete date and time of the removal of lint from line trap, for each dryer, after each use, to prevent damage and fires. This Lint Trap Cleaning & Disposal Log documents dates from 5/4/24 to 6/2/24. No entry is noted from 6/3/24 or 6/4/24. Facility document, titled Lint Trap Cleaning & Disposal Log which V29 presented to this surveyor from the folder for maintenance deep dryer cleaning, documents, in part, Directions: Complete date and time of the removal of lint from line trap, for each dryer, after each use, to prevent damage and fires. This Lint Trap Cleaning & Disposal Log documents dates from 1/19/24 to 5/10/24. On 6/6/24 at 10:09 am, V25 (Housekeeping Director) stated that V25 is responsible for the managing the laundry aides in the facility. V25 stated that V25 expects that the laundry aides to follow the instructions from the Lint Trap Cleaning & Disposal Log. Facility job (undated) description titled Housekeeping and Laundry/Guest Services Associate documents, in part, . Duties & (and) Responsibilities: . Clean the dryer vents regularly per scheduled and as needed. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 6/2/24, V1 (Administrator) and V2 (Director of Nursing, DON) confirmed that 144 active residents were residing in the facility. 45196 2. On 06/02/24 at 10:30 am, Surveyor conducted a tour of the third-floor unit and observed the following: One room - multiple large holes on the right and left walls. Bathroom with multiple holes in the walls. Bathroom with broken light above the toilet. R38's room - broken room light without a light cord above R38's bed. Wall outlet with missing cover/plate above R38's bed. Two additional rooms with broken lights in the bathroom. On 06/02/24 at 12:27 pm, these observations were brought to V9 (Maintenance Director) and V9 stated, We focus on the importance stuff. I (V9) have been working alone. V23 (Maintenance Director Assistance) started working here only a few weeks ago. When V9 was asked regarding the importance of broken lights and holes in the residents walls being repaired V9 stated, To keep the building safe, in good repair and so that the residents can see. The facility's undated document titled Job Description, Director of Maintenance, documents in part: The primary purpose of the job position is to plan, organize, develop, and direct the overall operation of the Maintenance Department in accordance with current federal, state, and local standards, guidelines, and regulations. Make frequent facility rounds to evaluate the ongoing function of the facility: correct any issues immediately and discuss findings with the Administrator. Coordinate the preventative maintenance and needed maintenance with other departments. The facility's undated document titled Job Description, Maintenance Associate - Environmental Services Associate, documents in part: The primary purpose of the job position is to perform general maintenance and repairs, for assigned equipment and facilities including plumbing, electrical, basic carpentry, heating and cooling, and other building systems and respond to safety concerns. Cleans and assist with upkeep of the facilities. The facility's undated document titled Job Description, Director of Housekeeping/Guest Services Director, documents in part: The primary purpose of the job is to supervise and manage housekeeping and laundry personnel so that a clean, orderly, and home-like environment is maintained in accordance with current federal, state, and local regulations. Make frequent rounds of the facility to monitor the cleanliness and orderliness, correct any issues immediately and discuss issues with the administrator. 49572 43351 (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	3. On 06/02/24 at 11:04 AM, observations were done with V8 (Certified Nursing Assistant) inside the common restroom located on the 5th floor. V8 (Certified Nursing Assistant) stated tiles are missing on the baseboard, 3 ceiling tiles above the toilet are bulging, the vent is missing a cover. On 06/02/24 at 11:16 AM inside the common restroom on the 5th floor, V9 (Maintenance Director) stated the wall needs to be painted, there are water staining on the ceiling tiles and need to be replaced and the ceiling tile railing is not connected. On 06/02/24 at 11:17 AM V9 stated I (V9) am doing my best. The tiles on the baseboard and the ceiling tiles need to be replaced, and the ceiling tile railing should be connected. These issues were mentioned to me (V9) last week, Monday. The (undated) Maintenance Associate - environmental services Associate documented, in part The primary purpose of the job position is to perform general maintenance and repairs for assigned equipment and facilities including plumbing, electrical, basic carpentry, heating and cooling, and other building systems and respond to safety concerns. Duties and responsibilities: fire farms routine maintenance on building systems. Cleans and assists with upkeep of the facilities.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 49572 Based on observation, interview and record review the facility failed to ensure the facility is free of insect pests in 1 resident (R96) bathroom. This failure affects 1 resident (R96) reviewed for effective pest control program in a sample of 62 residents. Findings include: On 6/03/24 at 10:14am, R96 approached this surveyor crying (this surveyor observed tears in R96's eyes and running down both sides of her (R96) cheek) and said, Please come here. I (R96) cannot take this anymore. Come see this! This surveyor follows R96 to her bathroom. R96 opens the bathroom door and a swarm of gnats come flying out of the bathroom. R96 states, It's like this all the time. I (R96) want out of here! This place is gross. There's gnats, mice and bed bugs everywhere. As this surveyor is actively swatting away numerous amounts of gnats and coughing due to the gnats flying in this surveyor's mouth, V15 (housekeeper) enters into the room. V15 is observed swatting the gnats away from herself (V15) and V15 states, (R96), you know I (V15) clean. Yes, there are gnats but that's not because of me not cleaning. This surveyor observed missing tiles a holes in R96's bathroom. R96's diagnosis includes but are not limited to chronic obstructive pulmonary disease with (acute) lower respiratory infection, acute bronchitis, acute respiratory distress, and shortness of breath. R96's Brief Interview of Mental Status (BIMS) score, dated 2/21/24, documents, in part, a BIMS score of 15 which indicates R96 is cognitively intact. On 6/4/24 at 10:20am, V25 (Housekeeping) stated, Maintenance and housekeeping do pest control together. R96 probably has a hole in her bathroom somewhere where the gnats are coming in. I (V25) wouldn't like it, I'm (V25) sure R96 doesn't like it. On 6/4/24 at 10:22am: V2 (Director of Nursing/DON) said, The place is rundown. Housekeeping is responsible for . pest control. Facility policy titled, Pest Control, dated, 4/2020, documents, in part, The facility shall maintain an effective pest control program. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents. Facility document titled, (Company) Pest Solutions, dated 5/29/24, documents, in part, .Also recommend no eating in rooms due to possible rodent activity in rooms . East alarmed exit door gap/damage noted that allows pest access. Please repair to prevent pest entry. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility job description titled, Director of Housekeeping/Guest Services Director, undated, documents, in part, The primary purpose of the job is to Supervise and manage housekeeping and laundry personnel so that a clean, orderly and home-like environment is maintained in accordance with current federal, state and local regulations Make frequent rounds of the facility to monitor the cleanliness and orderliness, correct any issues immediately and discuss with the Administrator Maintain the Pest Control Program.