STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155502	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Transcendent Healthcare of Owensville	7336 W State Road 165 Owensville, IN 47665

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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 - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48057 Based on observation and record review, the facility failed to ensure staff promoted dignity by allowing a resident to use the bathroom when requested for 1 of 1 dining observations. (Resident 18) Finding includes: On 5/4/25 at 12:16 P.M., Resident 18 was observed in the dining room. Resident 18 told Certified Nurse Aide (CNA) 9 she needed to go pee. CNA 9 told Resident 18 she could not go to the bathroom because she had to eat. On 5/6/25 at 8:44 A.M., Resident 18's clinical record was reviewed. Resident 18 was admitted on [DATE]. Diagnoses included, but were not limited to, type 2 diabetes. The most recent Quarterly Minimum Data Set (MDS) Assessment, dated 4/8/25, indicated Resident 18 was severely cognitively impaired, required supervision from staff while eating, and substantial assistance (staff does more than half of the work) for toileting, bathing, and transfers. Physician orders included, but were not limited to: Lasix oral tablet (a diuretic medication) - Give 20 mg (milligrams) by mouth one time a day for edema; start date 7/29/23. Medication administration record for May recorded the administration of Lasix was scheduled for every morning. Current care plans included, but were not limited to: I have a history of bladder incontinence related to activity intolerance, impaired mobility, nocturia, urgency of urination; start date 1/5/21. (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 - Few	On 5/8/25 at 10:12 A.M., the Regional Consultant provided an undated policy titled Dignity, that indicated: Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. Residents are treated with dignity and respect at all times. Residents may exercise their rights without interference, coercion, discrimination, or reprisal from any person or entity associated with this facility. When assisting with care, residents are supported in exercising their rights, for example, residents are: allowed to choose when to sleep, eat, and conduct activities of daily living. Demeaning practices and standards of care that compromise dignity are prohibited. Staff are expected to promote dignity and assist residents, for example: promptly responding to a resident's request for toileting assistance. 3.1-3(t)

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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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48057 Based on interview and record review, the facility failed to ensure care plan conferences were completed quarterly for 1 of 5 residents reviewed for unnecessary medications (Resident 27) and 1 of 3 residents reviewed for wound care (Resident 14). Findings include: 1. On 5/6/25 at 9:14 A.M., Resident 27's clinical record was reviewed. Resident 27 was admitted on [DATE]. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease. The most recent Quarterly Minimum Data Set (MDS) Assessment, dated 3/21/25, indicated Resident 27 was moderately cognitively impaired and required substantial assistance (staff does more than half of the work) for toileting, bathing, and transfers. On 5/6/25 at 9:14 A.M., the clinical record lacked a care plan conference held since 1/15/25. On 5/6/25 at 9:35 A.M., care plan conferences held in 2025 were requested. On 5/7/25 at 10:55 A.M., the Regional Consultant provided a Care Plan Conference Summary, with a completion date 5/6/25 at 12:20 P.M., that indicated a care plan conference was held on 4/15/25 and included Resident 27's POA (power of attorney). During an interview on 5/7/25 at 10:56 A.M., Resident 27's POA indicated she had not been invited to or included in a care plan conference since January 2025. 2. On 5/5/25 at 2:21 P.M., Resident 14's clinical record was reviewed. Resident 14 was admitted on [DATE]. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease. The most recent Quarterly Minimum Data Set (MDS) Assessment, dated 2/27/25, indicated Resident 14 was moderately cognitively impaired and required supervision from staff for eating, toileting, bathing, and transfers. On 5/5/25 at 2:21 P.M., the clinical record lacked a care plan conference held since 11/27/24. On 5/6/25 at 9:35 A.M., care plan conferences held in 2025 were requested. On 5/7/25 at 10:55 A.M., the Regional Consultant provided a Care Plan Conference Summary, with a completion date 5/6/25 at 12:25 P.M., that indicated a care plan conference was held on 2/27/25. During an interview on 5/7/25 at 11:14 A.M., the Social Services Director indicated care plan conferences should be held every three months, care plan conferences should be documented in the clinical record when completed, and that Resident 27 and Resident 14's care plan conferences had been backdated or documented late. (continued on next page)

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/8/25 at 10:12 A.M., the Regional Consultant provided an undated policy titled Care Plans Comprehensive Person-Centered, that indicated: The interdisciplinary team, in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. Each resident's comprehensive person-centered care plan is consistent with the resident's right to participate in the development and implementation of his or her plan of care, including the right to: participate in the planning process; participate in establishing the expected goals and outcomes of care; see the care plan and sign it after significant changes are made. The resident is informed of his or her right to participate in his or her treatment, and provide advance notice of care planning conferences. The interdisciplinary team reviews and updates the care plan at least quarterly, in conjunction with the required quarterly MDS assessment. 3.1-3(n)(3) 3.1-35(d)(2)(B)

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48147 Based on observation, interview, and record review, the facility failed to ensure residents that were self-administering medications were assessed for capability to self-administer medications for 1 of 1 residents observed with medications in their room. (Resident 203) Finding includes: On 5/4/25 at 10:51 A.M., Resident 203 was observed in his recliner with a bottle of Tums on his bedside table. On 5/5/25 at 10:14 A.M., Resident 203 was observed in his recliner with a bottle of Tums on his bedside table. On 5/6/25 at 10:18 A.M., Resident 203's clinical record was reviewed. Diagnoses included, but were not limited to, cellulitis, diabetes mellitus, and obesity. Resident 6 was admitted to the facility on [DATE]. The Admission Minimum Data Set (MDS) Assessment was still in progress and indicated the resident was cognitively intact. Sections regarding medication and functional abilities had not been completed. Physician orders lacked an order for Tums and a self-administration of medication order. The comprehensive care plan lacked a care plan for self-administration of medications. A Self-Administration of Medication Assessment, dated 4/28/25, indicated that the resident did not wish to self-administer his own medications. On 5/7/25 at 11:12 A.M., the Director of Nursing (DON) indicated that no one in facility self-administered their own medications. On 5/8/25 at 10:12 A.M., Registered Nurse (RN) 5 provided a current undated Self-Administration of Medication policy that indicated If it is deemed safe and appropriate for a resident to self-administer medications, this is documented in the medical record and the care plan . If the team determines that a resident cannot safety self-administer medications, the nursing staff administer the resident's medications . Any medications found at the bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party. 3.1-11(a)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48057 Based on observation, record review, and interview, the facility failed to ensure physician orders were followed for wound treatment, labs were obtained prior to antibiotic use, and antibiotics were administered for the duration ordered for 1 of 3 Residents reviewed for wound treatments. (Resident 14) Finding includes: On 5/4/25 at 11:02 A.M., Resident was observed with bilateral feet wrapped with brown bandages over white gauze, no shoes or socks on, and feet directly on the ground. On 5/5/25 at 2:21 P.M., Resident 14's clinical record was reviewed. Resident 14 was admitted on [DATE]. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease. The most recent Quarterly Minimum Data Set (MDS) Assessment, dated 2/27/25, indicated Resident 14 was moderately cognitively impaired and required supervision from staff for eating, toileting, bathing, and transfers. Physician orders included, but were not limited to: Cleanse bilateral lower extremities (BLE) with wound cleanser, pat dry, apply oil emulsion to top of foot, wrap with Kerlix (an absorbent gauze) from toes to below knees, secure with paper tape, initial and date, every day shift for wound care and as needed for soiled or dislodged dressing, start date 5/1/25. Cefdinir (an antibiotic medication) capsule 300 mg (milligrams) - Give one capsule by mouth two times a day for infection for seven days; start date 5/1/25 through 5/8/25 Enhanced barrier precautions related to wounds on bilateral lower extremities; start date 4/16/25 Current care plans included, but were not limited to: I have non-pressure wounds to my left foot and right foot. Treatment as ordered, medications as ordered, keep clean and dry; date initiated: 4/16/25 I am on an antibiotic related to bilateral lower extremities. Administer medication as ordered, monitor for adverse reactions, Notify physician of any concerns; date initiated: 5/1/25 A physician progress note signed by the physician on 5/8/25, indicated the physician assessed Resident 14 on 4/30/25 and ordered Omnicef (cefdinir) 300 mg twice a day for ten days. No additional documentation was in the record as to the changes in duration of the antibiotic with the above order from 10 days to seven days. A treatment order administration record indicated the following order was not administered on 4/30/25: (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Cleanse bilateral lower extremities with wound cleanser, pat dry, apply oil emulsion to top of foot, wrap with unna boot (a zinc oxide gauze wrap) from toes to below knees, secure with Coban (a compression bandage wrap), initial and date every day shift every Wednesday and Saturday for wound care, started on 4/19/25 and discontinued on 5/1/25. A progress note, dated 5/2/25 at 12:28 A.M., indicated the resident continued with unna boots bilateral legs and feet. A progress note, dated 5/2/25 at 3:13 P.M., indicated the resident continued with unna boots to bilateral legs and feet. A progress note, dated 5/3/25 at 12:51 A.M., indicated the resident continued unna boots to bilateral lower extremities. A progress note, dated 5/3/25 at 2:09 P.M., indicated the resident continued with unna boots to bilateral feet. During an interview on 5/8/25 at 8:57 A.M., the Infection Preventionist indicated the facility policy was typically to wait for cultures to come back prior to starting an antibiotic, but Resident 14 did not have a skin culture obtained prior to starting Cefdinir. On 5/8/25 at 10:12 A.M., the Regional Consultant provided a policy titled Medication Orders, dated 6/2008, that indicated: Medication orders will be accurate, timely, appropriate, and legible. 3.1-18(b) 3.1-48(a)(6)

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48147 Based on observation, interview, and record review, the facility failed to ensure residents received consistent implementation of interventions to prevent falls for 4 of 4 residents reviewed for accidents related to falls. Fall interventions were observed out of place. (Resident 6, Resident 28, Resident 46, and Resident 45) Findings include: 1. On 5/5/25 at 1:26 P.M., Resident 6's clinical record was reviewed. Diagnoses included, but were not limited to, fracture of the lower end of left radius. The most current Quarterly Minimum Data Set (MDS) Assessment, dated 3/13/25, indicated Resident 6 was cognitively intact, required partial to moderate assistance of staff (staff does less than half of the effort) for transferring and toileting, and had one fall with major injury since the prior assessment. A current risk for falls care plan, last revised on 3/5/25, included the following interventions: Anticipate and meet the resident's needs, dated 9/9/19 Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance, dated 9/9/19 Educate the resident/family/caregivers about safety reminders and what to do if a fall occurs, dated 9/9/19 Ensure that the resident is wearing appropriate footwear when ambulating or mobilizing in wheelchair, dated 9/9/19 Follow facility fall protocol, dated 9/9/19 Physical therapy (PT) evaluate and treat as ordered or as needed (PRN), dated 9/9/19 The resident needs a safe environment (even floors free from spills and/or clutter; adequate, glare-free light; a working and reachable call light, the bed in low position at night; Slide fails as ordered, handrails on walls, personal items within reach), dated 9/9/19 Assure resident is centered in bed. Bed enablers to assist with bed mobility, dated 8/24/21 Encourage to rise slowly and wear shoes or gripper socks when ambulating in room, dated 1/18/22 Discussed eye sight and vision with glasses as relates to falls. Will see eye Dr for new glasses, dated 3/2/22 (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Use of nonskid shoes, encourage to not wear crocs, dated 1/19/24 Room rearranged, dated 12/6/24 Nonskid strips at bedside, dated 3/5/25 A fall risk assessment was completed on 1/8/25 and the resident was determined to be at risk for falls. On 3/5/25 at 3:30 A.M., Resident 6 had an unwitnessed fall while attempting to self-toilet. An abrasion to the left elbow was noted along with pain with flexing and edema below the elbow. An x-ray of the left humerus (upper arm bone) was ordered. Results were negative for fracture. On 3/5/25 at 3:19 P.M., the physician ordered an x-ray of the left wrist. On 3/6/25 at 2:45 P.M., Resident 6 returned from a visit to an orthopedic urgent care with a cast on her left wrist and a diagnosis of a wrist fracture. A fall risk assessment was completed on 3/5/25 and the resident was determined to be at risk for falls. The IDT met on 3/5/25 and determined the new intervention to be Nonskid strips at bedside. A social service progress note, dated 4/28/25 at 4:15 P.M., indicated that a care conference was held with the Interdisciplinary Team (IDT), resident, and responsible party, and resident care plans were adequate to resident care with no changes made. On 5/7/25 at 11:10 A.M., Resident 6's room was observed. There were no nonskid strips next to her bed. On 5/7/25 at 2:17 P.M., the Regional Consultant confirmed that there were no nonskid strips next to Resident 6's bed and there should have been. 46758 2. On 5/6/25 at 8:27 A.M., Resident 28's clinical record was reviewed. Diagnoses included, but were not limited to, dementia and repeated falls. The current Quarterly Minimum Data Set (MDS) Assessment, dated 2/8/25, indicated Resident 28 was mildly cognitively impaired. The resident needed supervision for eating, dressing, and toileting. Physicians ordered included, but were not limited to: Up with one assist and wheelchair, dated 5/15/20. May participate in activities as tolerated, dated 5/15/20 A care plan conference was conducted on 4/28/25 with revisions to the care plan. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The current fall risk care plan, dated 4/28/25, indicated the resident was at risk for falls due to unsteady gait, previous falls, and unaware of safety needs. Interventions included but were not limited to: Place motion sensor night light in room, dated 4/28/25 Encourage resident to ask for assistance for transfers before rising when dizzy, dated 9/6/23 When out with family encouraged to rest and sit when tired, dated 7/10/23 The nursing alert notes, dated 4/26/25 at 2:57 A.M., indicated the resident had an unwitnessed fall when she missed her bed and fell on the floor. The fall risk assessment done at the same time indicated the resident was at a high fall risk. An Interdisciplinary Team (IDT) note, dated 4/28/25 at 9:27 A.M., indicated the intervention that would be in place was the facility would provide a motion sensor night light in the resident's room to provide adequate lighting during nighttime so the resident could see her surroundings. On 5/6/25 at 8:55 A.M., there was no motion sensor night light observed in Resident 28's room. During an interview on 5/6/25 at 8:58 A.M., Qualified Medicine Aide (QMA) 7 indicated there was no motion detector night light located in the room. 3. On 5/6/25 at 10:31 A.M., Resident 46's clinical record was reviewed. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease and idiopathic aseptic necrosis of the right toes. The current Quarterly Minimum Data Set (MDS) Assessment, dated 4/17/25, indicated Resident 46 was moderately cognitively impaired. Resident 46 needed supervision to eat, was dependent on staff for transferring, and needed partial assistance of staff (staff does less than half of the effort) for hygiene and toileting. Physician orders included but were not limited to: May use a mechanical lift as needed, dated 1/8/25. A care plan conference was conducted on 4/10/25 with revisions to the care plan. The current fall risk care plan, dated 4/10/25, indicated the resident was a fall risk related to decreased mobility, weakness, and history of falls. Interventions included, but were not limited to: Resident is not to be left in wheelchair unattended in room, dated 2/14/25 Re-educate resident on the use of call light, dated 9/17/24 An nursing alert note, dated 2/12/25 at 12:12 P.M., indicated Resident 46 had an unwitnessed fall. The resident was found sitting on his buttocks on the floor in his room while attempting to transfer himself and fell . The fall risk assessment indicated that the resident was a high fall risk. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/14/25 at 3:53 P.M., an Interdisciplinary Team (IDT) note indicated that an appropriate intervention for the resident was to not leave the resident in his wheelchair while in his room unattended and to remove his wheelchair from the room after assisting the resident to bed. On 5/6/25 at 12:08 P.M., Resident 46 was observed alone in his room sitting in his wheelchair waiting for a meal. On 5/7/25 at 9:00 A.M., Resident 46 was observed alone in his room sitting in his wheelchair after breakfast. During an interview on 5/7/25 at 9:46 A.M., Registered Nurse (RN) 5 indicated the resident should be in the dining room if up in the wheelchair and was not to be left in his room unattended. 48057 4. On 5/5/25 at 1:50 P.M., Resident 45's clinical record was reviewed. Resident 45 was admitted on [DATE]. Diagnoses included, but were not limited to, dementia. The most recent Quarterly Minimum Data Set (MDS) Assessment, dated 3/12/25, indicated Resident 45 was severely cognitively impaired, required partial assistance (staff does half of the effort) for toileting, bathing, and transfers, and two or more falls with injury occurred since the previous MDS assessment. Current care plans included, but were not limited to: I am at risk for falls related to impaired gait, balance, and weakness, dated 2/2/24. Interventions included, but were not limited to: Bed in lowest position while in bed, dated 2/12/24 Place call, don't fall sign in bathroom, dated 2/3/25 On 5/6/25 at 11:33 A.M., Resident 45 was resting in bed. The bed was not in the lowest position. The bathroom did not have a call don't fall sign. A progress note, dated 5/6/2025 at 1:05 P.M., indicated staff went into the resident's room and a call don't fall sign was not in place. On 5/7/25 at 11:21 A.M., Resident 45 was sitting on the side of the bed. The bed was not in the lowest position. At that time, Resident 45's wife indicated staff did not leave the bed in the lowest position because Resident 45 could not get out of bed when the bed was down that low. On 5/7/25 at 2:08 P.M., the Regional Consultant indicated that once IDT determined a new intervention, it went into place immediately. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/8/25 at 10:12 A.M., Registered Nurse (RN) 5 provided a current undated Falls - Clinical Protocol policy that indicated The staff and physician will identify pertinent interventions to try to prevent subsequent falls and to address the risks of clinically significant consequences of falling . The staff and physician will monitor and document the individual's response to interventions intended to reduce falling or the consequences of falling. On 5/8/25 at 10:12 A.M., RN 5 provided a current undated Care Plans, Comprehensive Person-Centered policy that indicated Each resident's comprehensive person-centered care plan is consistent with the resident's rights to participate in the development and implementation of his or her plan of care, including the right to .receive the services and/or items included in the plan of care . The comprehensive, person-centered care plan .describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. 3.1-45(a)

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 46758 Based on record review and interview, the facility failed to ensure the kitchen manager met required qualifications for 1 of 1 dietary manager qualifications reviewed. (Food Services Director) Finding includes: During an interview on 5/5/25 at 9:30 A.M., the Food Services Director (FSD) provided a document that indicated she had been enrolled in a food service manager class from [Program Title] since September 2024 and had not completed it. On 5/7/26 at 10:27 A.M., the employee record for the FSD was reviewed. It indicated she started her role as the FSD on 6/30/24. During an interview on 5/8/25 at 9:11 A.M., the FSD indicated she did not start the management course until September because she did not know which course to be enrolled in. On 5/8/25 at 10:49 A.M., the Regional Consultant Nurse provided a current, non-dated job description for the Director of Food Services that indicated the director was to provide leadership training that includes the administrative and supervisory principles essential of the Food Services Department .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155502	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Transcendent Healthcare of Owensville	7336 W State Road 165 Owensville, IN 47665

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 46758 Based on observation, interview, and record review, the facility failed to ensure food was stored, labeled, and dated properly in accordance with professional standards for food service for 1 of 2 kitchen observations. (Kitchen) Finding includes: On 5/4/25 at 9:23 A.M., an initial tour of the kitchen was conducted. The following items were observed: In the reach-in freezer: 1 container of butter oil with no open date 4 premade lunches with no preparation date or open date Spice Cabinet: 1 container of oil with no open date 1 container of pumpkin spice with no open date 1 container of ground mustard with no open date 1 container of white pepper with no open date 1 container of spray cooking oil with no open date 1 container of basil with no open date 1 container of garlic powder with no open date 2 containers of parsley flakes with no open date 1 container of thyme with no open date 1 container of mild chili powder with no open date 1 container of onion powder with no open date 1 container of dill weed with no open date 1 container of [NAME] with no open date (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1 container of rosemary with no open dated Dry Storage: 1 bin of flour with no open date 1 bin of sugar with no open date 1 bag of panko breadcrumbs with no open date Walk-in Freezer: 1 bag of waffles open to air, not dated During an interview on 5/4/25 at 9:40 A.M., the [NAME] indicated that spices should be dated when opened. On 5/8/25 at 10:12 A.M., Registered Nurse (RN) 5 provided a current policy Food Receiving and Storage that was revised December 2008. The policy indicated .food shall be stored in a manner that complies with safe food handling practices .dry foods that are stored in bins will be removed from original packages, labeled and dated .all foods stored in the refrigerator or freezer will be covered, labeled, and dated . 3.1-21(i)(2) 3.1-21(i)(3)

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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** 48057 Based on observation, record review, and interview, the facility failed to ensure infection control practices were followed during wound treatment for 1 of 3 Residents reviewed for wound treatments. (Resident 14) Finding includes: On 5/4/25 at 11:02 A.M., Resident was observed with bilateral feet wrapped with brown bandages over white gauze, no shoes or socks on, and feet directly on the ground. On 5/5/25 at 2:21 P.M., Resident 14's clinical record was reviewed. Resident 14 was admitted on [DATE]. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease. The most recent Quarterly Minimum Data Set (MDS) Assessment, dated 2/27/25, indicated Resident 14 was moderately cognitively impaired and required supervision from staff for eating, toileting, bathing, and transfers. Physician orders included, but were not limited to: Cleanse bilateral lower extremities (BLE) with wound cleanser, pat dry, apply oil emulsion to top of foot, wrap with Kerlix (an absorbent gauze) from toes to below knees, secure with paper tape, initial and date, every day shift for wound care and as needed for soiled or dislodged dressing, start date 5/1/25. Enhanced barrier precautions related to wounds on bilateral lower extremities; start date 4/16/25 Current care plans included, but were not limited to: I have non-pressure wounds to my left foot and right foot. Treatment as ordered, medications as ordered, keep clean and dry; date initiated: 4/16/25 During a wound care observation on 5/7/25 at 11:39 A.M., the wound nurse removed Resident 14's dressings from the left and right feet that consisted of gauze wrapped in Coban. The wound nurse performed wound care on the right foot, removed the dressings from the left foot, and cleansed the left foot. While the wound nurse was performing hand hygiene, Resident 14 rested his left foot with no dressings directly on the floor. The wound nurse applied the dressings to Resident 14's left foot without cleansing the foot after it had made contact with the floor. During an interview on 5/8/25 at 8:57 A.M., the Infection Preventionist indicated that Resident 14's feet, only covered with absorbent dressings, directly on the floor was an infection control concern. On 5/8/25 at 10:12 A.M., the Regional Consultant provided an undated policy titled Wound Care that indicated: Position resident. Place disposable cloth next to resident (under the wound) to serve as a barrier . Wear sterile gloves when physically touching the wound . (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-18(b)

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F 0912 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48147 Based on interview and record review, the facility failed to provide at least 80 square feet (sq ft) per resident in multiple resident occupancy rooms in 1 of 34 rooms reviewed. (room [ROOM NUMBER]) Finding includes: During the entrance conference interview on 5/4/25 at 9:50 A.M., the Administrator in Training (AIT) indicated that room [ROOM NUMBER] required a room variance waiver to have three residents in the room. A waiver had been applied for and not granted. On 5/5/25 at 2:10 P.M., Registered Nurse (RN) 5 provided a document that indicated Rooms that require a variance: room [ROOM NUMBER] measures 70.29 square feet per resident. On 5/8/25 at 9:47 A.M., the Regional Consultant indicated that the facility did not have a room variance policy and followed the federal regulations. 3.1-19(l)(2)(A)