STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165156	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fort Dodge Health and Rehabilitation	728 14th Avenue North Fort Dodge, IA 50501

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 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** 44972 Based on observation, record review, staff interview, and policy review, the facility failed to provide services that met professional standards regarding medication administration and following physician orders for 1 of 1 resident reviewed (Resident #213). The facility administered medications outside of the scheduled time frame per facility policy. The facility reported a census of 56 residents. Findings include: Resident #213's Minimum Data Set (MDS) assessment dated [DATE], identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Resident #213 required moderate assistance with toileting and extensive assistance with transfers. The MDS listed Resident #213 as occasionally incontinent of bowel and bladder. The MDS included diagnoses of a hip replacement, diabetes, and depression. Resident #213's Medication Administration Record (MAR) and Treatment Administration Record (TAR) for the time frame of 11/27/24 through 12/1/24 reflected the following medications given out of the time frame, per the facility policy, of 1 hour before to 1 hour after the scheduled times: a. 11/27/24: 1) Blood Sugar Checks AC (before Meals) and HS (at bedtime) and PRN (as needed) - three times a day - Scheduled for 7:00 AM, signed as given at 9:02 AM 2) Coenzyme Q10 Vitamin E - 1 po (by mouth) QD (every day) - Scheduled for 7:00 AM, signed as given at 12:07 PM 3) Omeprazole 40 mg (milligrams) po Q (every) AM (morning) - Scheduled for 7:00 AM, signed as given at 12:07 PM 4) Cranberry 425 mg po QD - Scheduled for 7:00 AM, signed as given at 12:07 PM 5) Oxybutynin ER 10 mg po Q AM - Scheduled for 7:00 AM, signed as given at 12:07 PM 6) Carbidopa-Levodopa 10-100 mg po Q AM - Scheduled for 7:00 AM, signed as given at 12:07 PM (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	7) Furosemide 20 mg po QD - Scheduled for 7:00 AM, signed as given at 12:07 PM 8) Losartan 25 mg po QD - Scheduled for 7:00 AM, signed as given at 12:07 PM 9) Omega-3 Fatty Acids Capsule 1000 mg 2 capsules po QD - Scheduled for 7:00 PM, signed as given at 12:07 PM 10) Polyethylene Glycol Powder 17 grams po QD - Scheduled for 7:00 AM, Signed as given at 12:07 PM 11) Lutein 20 mg po Q AM - Scheduled for 7:00 AM, signed as given at 12:07 PM 12) Janumet 50-500 mg po Q AM - Scheduled for 7:00 AM, signed as given at 12:07 PM 13) Vitamin C 500 mg QD - Scheduled for 7:00 AM, signed as given at 12:07 PM 14) Citalopram Hydrobromide 10 mg po Q AM - Scheduled for 7:00 AM, signed as given at 12:07 PM 15) Gabapentin 100 mg po Q AM - Scheduled for 7:00 AM, signed as given at 12:07 PM 16) Multivitamin 1 tablet po Q AM - Scheduled for 7:00 AM, signed as given at 12:07 PM 17) Cyanocobalamin 1000 mcg (micrograms) po QD - Scheduled for 7:00 AM, signed as given at 12:07 PM 18) Eliquis 5 mg po two times a day - Scheduled for 8:00 AM, signed as given at 12:07 PM 19) Azelastine Nasal Solution 0.1% 2 sprays in both nostrils two times a day - Scheduled for 8:00 AM, signed as given at 12:07 PM 20) Memantine 5 mg po two times a day - Scheduled for 8:00 AM, signed as given at 12:07 PM 21) Potassium Chloride 20 mEq (milliequivalent)/15ml (milliliter)- Give 15 ml po two times a day - Scheduled for 8:00 AM, signed as given at 12:22 PM 22) Famotidine 20 mg po two times a day - Scheduled for 8:00 AM, signed as given at 12:07 PM b. 11/28/24: 1) Blood Sugar Checks AC and HS and PRN - three times a day - Scheduled for 7:00 AM, signed as given at 8:12 AM 2) Coenzyme Q10 Vitamin E - 1 PO QD - Scheduled for 7:00 AM, signed as given at 10:27 AM 3) Omeprazole 40 mg po Q AM - Scheduled for 7:00 AM, signed as given at 10:27 AM 4) Cranberry 425 mg po QD - Scheduled for 7:00 AM, signed as given at 10:25 AM 5) Oxybutynin ER 10 mg po Q AM - Scheduled for 7:00 AM, signed as given at 10:27 AM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	6) Carbidopa-Levodopa 10-100 mg po Q AM - Scheduled for 7:00 AM, signed as given at 10:27 AM 7) Furosemide 20 mg po QD - Scheduled for 7:00 AM, signed as given at 10:27 AM 8) Losartan 25 mg po QD - Scheduled for 7:00 AM, signed as given at 10:27 AM 9) Omega-3 Fatty Acids Capsule 1000 mg 2 capsules po QD - Scheduled for 7:00 PM, signed as given at 10:27 AM 10) Polyethylene Glycol Powder 17 grams po QD - Scheduled for 7:00 AM, Signed as given at 10:27 AM 11) Lutein 20 mg po Q AM - Scheduled for 7:00 AM, signed as given at 10:27 AM 12) Janumet 50-500 mg po Q AM - Scheduled for 7:00 AM, signed as given at 10:27 AM 13) Vitamin C 500 mg QD - Scheduled for 7:00 AM, signed as given at 10:27 AM 14) Citalopram Hydrobromide 10 mg po Q AM - Scheduled for 7:00 AM, signed as given at 10:27 AM 15) Gabapentin 100 mg po Q AM - Scheduled for 7:00 AM, signed as given at 10:27 AM 16) Multivitamin 1 tablet po Q AM - Scheduled for 7:00 AM, signed as given at 10:27 AM 17) Cyanocobalamin 1000 mcg po QD - Scheduled for 7:00 AM, signed as given at 10:27 AM 18) Eliquis 5 mg po two times a day - Scheduled for 8:00 AM, signed as given at 10:27 AM 19) Azelastine Nasal Solution 0.1% 2 sprays in both nostrils two times a day - Scheduled for 8:00 AM, signed as given at 10:27 AM 20) Memantine 5 mg po two times a day - Scheduled for 8:00 AM, signed as given at 10:27 AM 21) Potassium Chloride 20 mEq /15ml - Give 15 ml po two times a day - Scheduled for 8:00 AM, signed as given at 10:27 AM 22) Famotidine 20 mg po two times a day - Scheduled for 8:00 AM, signed as given at 10:27 AM 11/29/24: 1) Carbidopa-Levodopa 10-100 mg po Q HS - Scheduled for 8:00 PM, signed as given at 9:24 PM 2) Gabapentin 100 mg two capsules po at HS - Scheduled for 8:00 PM, signed as given at 9:25 PM 3) Donepezil 10 mg po at HS - Scheduled for 8:00 PM, signed as given at 9:25 PM c. 11/30/24: 1) Coenzyme Q10 Vitamin E - 1 PO QD - Scheduled for 7:00 AM, signed as given at 9:53 AM (continued on next page)

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2) Omeprazole 40 mg po Q AM - Scheduled for 7:00 AM, signed as given at 9:53 AM 3) Cranberry 425 mg po QD - Scheduled for 7:00 AM, signed as given at 9:53 AM 4) Oxybutynin ER 10 mg po Q AM - Scheduled for 7:00 AM, signed as given at 9:53 AM 5) Carbidopa-Levodopa 10-100 mg po Q AM - Scheduled for 7:00 AM, signed as given at 9:53 AM 6) Furosemide 20 mg po QD - Scheduled for 7:00 AM, signed as given at 9:53 AM 7) Losartan 25 mg po QD - Scheduled for 7:00 AM, signed as given at 9:53 AM 8) Omega-3 Fatty Acids Capsule 1000 mg 2 capsules po QD - Scheduled for 7:00 PM, signed as given at 9:53 AM 9) Polyethylene Glycol Powder 17 grams po QD - Scheduled for 7:00 AM, Signed as given at 9:53 AM 10) Lutein 20 mg po Q AM - Scheduled for 7:00 AM, signed as given at 9:53 AM 11) Janumet 50-500 mg po Q AM - Scheduled for 7:00 AM, signed as given at 9:53 AM 12) Vitamin C 500 mg QD - Scheduled for 7:00 AM, signed as given at 9:53 AM 13) Citalopram Hydrobromide 10 mg po Q AM - Scheduled for 7:00 AM, signed as given at 9:53 AM 14) Gabapentin 100 mg po Q AM - Scheduled for 7:00 AM, signed as given at 9:53 AM 15) Multivitamin 1 tablet po Q AM - Scheduled for 7:00 AM, signed as given at 9:53 AM 16) Cyanocobalamin 1000 mcg po QD - Scheduled for 7:00 AM, signed as given at 9:53 AM 17) Eliquis 5 mg po two times a day - Scheduled for 8:00 AM, signed as given at 9:53 AM 18) Azelastine Nasal Solution 0.1% 2 sprays in both nostrils two times a day - Scheduled for 8:00 AM, signed as given at 9:53 AM 19) Memantine 5 mg po two times a day - Scheduled for 8:00 AM, signed as given at 9:53 AM 20) Potassium Chloride 20 mEq /15ml - Give 15 ml po two times a day - Scheduled for 8:00 AM, signed as given at 9:53 AM 21) Famotidine 20 mg po two times a day - Scheduled for 8:00 AM, signed as given at 9:53 AM d. 12/1/24: 1) Blood Sugar Checks AC and HS and PRN - three times a day - Scheduled for 7:00 AM, signed as given at 11:13 AM (continued on next page)

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2) Coenzyme Q10 Vitamin E - 1 PO QD - Scheduled for 7:00 AM, signed as given at 9:56 AM 3) Omeprazole 40 mg po Q AM - Scheduled for 7:00 AM, signed as given at 9:57 AM 4) Cranberry 425 mg po QD - Scheduled for 7:00 AM, signed as given at 9:56 AM 5) Oxybutynin ER 10 mg po Q AM - Scheduled for 7:00 AM, signed as given at 9:57 AM 6) Carbidopa-Levodopa 10-100 mg po Q AM - Scheduled for 7:00 AM, signed as given at 9:56 AM 7) Furosemide 20 mg po QD - Scheduled for 7:00 AM, signed as given at 9:56 AM 8) Losartan 25 mg po QD - Scheduled for 7:00 AM, signed as given at 9:57 AM 9) Omega-3 Fatty Acids Capsule 1000 mg 2 capsules po QD - Scheduled for 7:00 PM, signed as given at 9:57 AM 10) Polyethylene Glycol Powder 17 grams po QD - Scheduled for 7:00 AM, Signed as given at 9:57 AM 11) Lutein 20 mg po Q AM - Scheduled for 7:00 AM, signed as given at 9:57 12) Janumet 50-500 mg po Q AM - Scheduled for 7:00 AM, signed as given at 9:57 AM 13) Vitamin C 500 mg QD - Scheduled for 7:00 AM, signed as given at 9:57 14) Citalopram Hydrobromide 10 mg po Q AM - Scheduled for 7:00 AM, signed as given at 9:56 AM 15) Gabapentin 100 mg po Q AM - Scheduled for 7:00 AM, signed as given at 9:56 AM 16) Multivitamin 1 tablet po Q AM - Scheduled for 7:00 AM, signed as given at 9:57 17) Cyanocobalamin 1000 mcg po QD - Scheduled for 7:00 AM, signed as given at 9:56 AM 18) Eliquis 5 mg po two times a day - Scheduled for 8:00 AM, signed as given at 9:58 AM 19) Azelastine Nasal Solution 0.1% 2 sprays in both nostrils two times a day - Scheduled for 8:00 AM, signed as given at 9:58 AM 20) Memantine 5 mg po two times a day - Scheduled for 8:00 AM, signed as given at 9:57 AM 21) Potassium Chloride 20 mEq /15ml - Give 15 ml po two times a day - Scheduled for 8:00 AM, signed as given at 9:58 AM 22) Famotidine 20 mg po two times a day - Scheduled for 8:00 AM, signed as given at 9:58 AM In an interview on 1/15/25 at 10:18 AM, the Director of Nursing (DON) stated she expected the medication staff pass medications within the time frame of 1 hour before and 1 hour after and if it is block scheduled they stay within that black time frame. (continued on next page)

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A facility provided policy titled Medication Administration relating to Administration of Drugs last revised October 2024 instructed medications may not be set up in advance and scheduled medications must be administered within 1 hour before or after their prescribed time. Note: Before and/or after meal orders must be administered as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Fort Dodge Health and Rehabilitation	728 14th Avenue North Fort Dodge, IA 50501

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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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44972 Based on observation, record review, resident and staff interview and policy review the facility failed to ensure call lights were answered within 15 minutes for 3 of 3 residents reviewed (Resident #43 and #213). The facility reported a census of 56 residents. Findings include: 1. Resident #213's Minimum Data Set (MDS) assessment dated [DATE], identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Resident #213 required moderate assistance with toileting and extensive assistance with transfers. The MDS listed Resident #213 as occasionally incontinent of bowel and bladder. The MDS included diagnoses of a hip replacement, diabetes, and depression. The Care Plan initiated 11/21/24 indicated Resident #213 had an actual impairment to their skin integrity due to their right hip surgical wound. The Interventions included to use caution during transfers and bed mobility. The Device Activity Report (Call light log) for the time period of 11/20/24 through 11/27/24 related to Resident #213 who lived in room [ROOM NUMBER] -1 during that time reflected the following call light times greater than 15 minutes: 1) 11/21/24 from 10:56:44 AM to 11:15:43 AM - 18 minutes (m) 59 seconds (s) 2) 11/21/24 from 1:15:51 PM to 1:33:21 PM - 17m 30s 3) 11/21/24 from 6:32:48 PM to 6:49:11 PM - 16m 23s 4) 11/22/24 from 4:56:14 AM to 5:22:11 AM - 25m 57s 5) 11/22/24 from 3:41:24 PM to 4:05:38 PM - 24m 14s 6) 11/22/24 from 5:55:53 PM to 6:12:18 PM - 16m 25s 7) 11/23/24 from 4:27:26 AM to 4:43:53 AM - 16m 27s 8) 11/23/24 from 8:42:37 PM to 8:59:04 PM - 16m 27s 9) 11/24/24 from 7:22:00 AM to 7:54:46 AM - 32m 46s 10) 11/24/24 from 9:58:02 AM to 10:58:02 AM - 60m 11) 11/24/24 from 12:43:02 PM to 1:13:39 PM - 30m 36s 12 11/24/24 from 6:17:40 PM to 6:47:59 PM - 30m 19s (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	13) 11/25/24 from 7:58:42 AM to 8:27:14 AM - 28m 32s 14) 11/25/24 from 11:43:01 AM to 12:13:53 PM - 30m 52s 15) 11/25/24 from 1:02:02 PM to 1:22:27 PM - 20m 25s 16) 11/25/24 from 3:18:16 PM to 3:36:28 PM - 18m 12s 17) 11/26/24 from 12:12:29 AM to 12:30:31 AM - 18m 2s 18) 11/26/24 from 6:49:54 AM to 7:20:03 AM - 30m 9s 19) 11/26/24 from 8:46:22 AM to 9:06:11 AM - 19m 49s 20) 11/26/24 from 12:41:37 PM to 1:01:28 PM - 19m 51s 21) 11/26/24 from 6:49:01 PM to 7:52:45 PM - 63m 44s 22) 11/26/24 from 8:17:59 PM to 8:50:52 PM - 32m 53s The Device Activity Report (Call light log) for the time period of 11/27/24 through 11/28/24 related to Resident #213 who lived in room [ROOM NUMBER]-1 during that time reflected the following call light times greater than 15 minutes: 1) 11/27/24 from 9:50:04 AM to 10:09:14 AM - 19m 10s 2) 11/27/24 from 10:49:02 AM to 11:44:39 AM - 55m 37s 3) 11/28/24 from 7:17:48 AM to 7:35:55 AM - 18m 7s 4) 11/28/24 from 8:50:14 AM to 9:07:56 AM - 17m 42s 5) 11/28/24 from 9:22:01 AM to 9:37:41 AM - 15m 40s The Device Activity Report (Call light log) for the time period of 11/20/24 through 11/27/24 related to room [ROOM NUMBER]-2 during that time reflected the following call light times greater than 15 minutes 1) 11/20/24 from 4:25:42 AM to 4:51:29 AM - 25m 47s 2) 11/20/24 from 1:59:01 PM to 2:22:48 PM - 23m 47s 3) 11/21/24 from 9:30:02 AM to 9:52:40 AM - 22m 38s 4) 11/21/24 from 3:15:22 PM to 3:35:35 PM - 20m 13s 5) 11/21/24 from 6:18:22 PM to 7:00:39 PM - 42m 17s (continued on next page)

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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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	6) 11/21/24 from 9:49:23 PM to 10:06:38 PM - 17m 15s 7) 11/21/24 from 11:36:11 PM to 11:53:12 PM - 17m 1s 8) 11/25/24 from 9:07:06 AM to 9:24:43 AM - 17m 37s 9) 11/25/24 from 6:17:02 PM to 7:04:24 PM - 47m 22s In an interview on 1/15/25 at 10:15 AM, the Director of Nursing (DON) stated she knew of the call light issues after reviewing they provided the call light logs. They put a plan in place to run a report every morning and address any concerns in the team meetings. She stated she preferred call lights answered within 15 minutes. The staff were to call for assistance to get the call light or stop in and tell the resident they would return to assist them when their current task was completed. The DON stated she instructed staff to leave the call light on until they addressed the resident's issue. The facility's policy titled Call Light/Bell revised May 2007 directed the staff to answer the light/bell within a reasonable time (15 minutes or less). 26527 2. Resident #43's Minimum Data Set (MDS) assessment dated [DATE] identified a BIMS score of 15, indicating no cognitive impairment. Resident #43 depended on staff for toileting and transfers. The MDS listed Resident #43 as always incontinent of bladder and frequently incontinent of bowel. The MDS included diagnoses of atrial fibrillation (abnormal heart rate), heart failure and diabetes. The Care Plan Focus dated 8/19/22 identified Resident #43 had an activity of daily living (ADL) self-care performance deficit related to limited mobility and impaired balance. The Interventions directed to encourage them to use the bell to call for assistance. On 1/12/25 at 2:04 PM Resident #43 stated it could take up to 30 minutes for someone to answer their call light. She said she used the clock on her wall to time it. The Device Activity Report from 1/1/25 to 1/14/25 during that time reflected the following call light times greater than 15 minutes: 1. 1/4/25 from 6:52 PM to 7:10 PM 18 minutes. 2. 1/4/25 from 9:47 PM to 10:07 PM 19 minutes. 3. 1/9/25 from 1:35 PM to 2:01 PM 25 minutes. 4. 1/10/25 from 6:22 PM to 6:49 PM 27 minutes.

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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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44972 Based on record review, staff interview and policy review, the facility failed to assure a resident received a physical and occupational therapy evaluation timely upon admission for 1 of 1 resident reviewed (Resident #213). The facility reported a census of 56 residents. Findings include: Resident #213's Minimum Data Set (MDS) assessment dated [DATE], identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Resident #213 required moderate assistance with toileting and extensive assistance with transfers. The MDS listed Resident #213 as occasionally incontinent of bowel and bladder. The MDS included diagnoses of a hip replacement, diabetes, and depression. The Discharge Summary dated 11/20/24, indicated Resident #213 admitted to the hospital on 11/19/24 for a right total hip arthroplasty due to a diagnosis of osteoarthritis (a condition that causes the breakdown of cartilage in the joints, leading to pain and stiffness) of the right hip. The Summary indicated Resident #213 needed to see Physical Therapy (PT) and Occupational Therapy (OT) prior to discharge, as they required quite a bit of assistance. The Discharge Plans directed to discharge to intermediate care facility for rehabilitation and PT for strengthening range of motion (ROM) safety. The Hospital Discharge Orders dated 11/20/24 reflected Resident #213 discharged to a skilled nursing facility (SNF) with a diagnosis of right hip primary osteoarthritis with a right total hip arthroplasty. The orders instructed for Resident #213 to have PT and OT evaluate and treat, activity as tolerated, utilize assistive devices, perform exercised 2 times a day, ambulate 4 times a day and wear TED hose (compression socks) on in the mornings and off at bed time for 4 weeks. . The facility faxed form for admission orders dated 11/20/24 to the facility physician upon Resident #213's admission requesting an order to evaluate and treat with PT/OT. The physician signed and faxed back the form to the facility on [DATE] approving the orders. The OT Evaluation and Plan of Treatment listed Resident #213's Certification Period start date as 11/26/24, 6 days after admission. The PT Evaluation and Plan of Treatment listed Resident #213's Certification Period start date as 11/26/24, 6 days after admission. The Care Plan initiated 11/21/24 reflected Resident #213 had an actual impairment to their skin integrity related to a surgical wound to the right hip. The Interventions instructed OT/PT evaluation and treatment per physician orders. (continued on next page)

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 1/14/25 at 10:00 AM the Director of Nursing (DON) reported the facility recently changed the procedure for admission orders for residents coming in with orders for therapy. Prior to the change the facility filled out an internal form admission check list that had admission orders to be checked if applicable which included PT and OT evaluate and treat orders with the date. The facility sent the form to the facility physician for signature and then returned to the facility to be noted and put in place. The new process allowed for the hospital discharge orders to be used as active orders. They had about a 24-hour turn around to initiate therapy. The DON indicated therapy would come in on the weekends if needed. In an interview on 1/15/25 at 10:19 AM, the DON stated they expectation the admission orders be placed in the resident's electronic health records and activate therapy to begin evaluating and treating the resident within 72-hours of admission but they usually did it sooner than that. Orders from the hospital were to be active and no longer sent out for signature of the facility physician. A facility policy titled Rehabilitation Orders dated 11/21/24 instructed the clinician would obtain and verify the presence of a physician order to evaluate prior to completing an Evaluation and Plan of Care for each new resident.