

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175413	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/14/2026
NAME OF PROVIDER OR SUPPLIER Medicalodges Paola		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Assembly Lane Paola, KS 66071	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to store and prepare food in the kitchen under sanitary conditions to prevent foodborne illnesses. Findings included:- Observation of the kitchen and food storage areas on 07/12/2026 at 08:01 AM, revealed the following areas of concern:Dry Storage Area:Large storage bin under the counter labeled sugar no date. Walk-in refrigerator:Several small bowls of green pudding like mixture noted no date no label.Three-bay Refrigerator:One lunch meat sandwich no label no date. On 07/12/2026 at 08:20 AM, Dietary Staff DD reported that all food items should be labeled and dated. On 07/13/26 at 10:00 AM, observation revealed a white cutting board with several deep scratches on both sides and five silicone food scrapers that had cracks and gouges noted on the sides. The dishes in the storage table were face up and were not covered, the delivery man walked past the uncovered dishes several times as he delivered the food.On 07/13/2026 at 11:50 AM, observation revealed Dietary Staff CC used the dishwasher; the wash temperature reached 112 degrees Fahrenheit (F), and the rinse temperature reached 116 degrees F. The Dishwasher Temperature Log located on the clipboard on the wall revealed no temperatures for July 2026 had reached 120 degrees F for wash or rinse. The temperatures documented for the wash cycle ranged from 100 degrees F to 118 degrees F. The rinse cycle documented temperature range was 106 degrees F to 118 degrees F. The dishwasher had a manufacturer metal plate that documented minimum 120 degrees F for rinse and wash. On 07/13/2026 at 11:52 AM, Dietary Staff CC reported that the dishwasher temperatures were documented three times a day. Dietary Staff CC reported that she usually wrote the degrees between 105 F to 110 F as that was the average temperature. Dietary Staff CC reported could not recall ever documenting 120 degrees F on the logs. Dietary Staff CC confirmed the temperatures of 112 degrees F and 116 degrees F today. On 07/13/2026 at 01:14 PM, Dietary Staff BB (Certified Dietary Manager) reported that the chemical person they use at the facility told her that the dishwasher temperature only had to be 100 degrees F as they use a Sani low temperature dishwasher. Dietary Staff BB reviewed the manufacturer's metal label on the dishwasher that documented a minimum of 120 degrees F for wash and rinse. Dietary Staff BB reported that she would locate the documentation for the 100 degrees F temperature that she was told. Dietary Staff BB reported she expected all dry, cold, and frozen foods to be labeled and dated. She reported that she would replace the cutting board, food scrapers, and the dishes should be covered. On 07/13/2026 at 01:24 PM, Administrative Staff A expected the food to be labeled and dated; he expected the dishwasher to run at the correct temperature. Administrative Staff A stated he expected the dishes to be stored properly and the cooking equipment to be without scratches and cracked. The facility's policy Dishwashing Machine Operator dated 2020, documented all dishwashing machines should be operated according to manufacturer recommendations. Tableware, utensils, pot and pans should be cleaned and sanitized in either high-temperature dishwashing machine that uses hot water, or (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
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	chemical sanitizing dishwashing machine that uses chemical sanitizing solution. Attached to the policy was a Low Temperature Dish Machine Temperature Log dated 02/2026 that documented low temperature machines equal 120 degrees F to 150 degrees F wash/rinse. The facility's policy Food Storage (Dry, Refrigerated, and Frozen) dated 2020, documented all food items would be labeled, including the name of the food and dated. The facility's policy Storing Utensils, Tableware, and Equipment dated 2016, documented clean and sanitized equipment and utensils should be handled in a way that protects them from contamination.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on record review, observations, and interviews, the facility failed to implement adequate infection control practices when staff failed to store Resident (R)2's nebulizer (a device that changes liquid medication into a mist easily inhaled into the lungs) and nasal oxygen mask in a sanitary manner when not in use. The facility failed to store R27's continuous positive airway pressure (CPAP-ventilation device that blows a gentle stream of air into the nose to keep the airway open during sleep) in a sanitary container when not in use. The facility failed to ensure the dryer vents were cleaned, and clean laundry was transported in a covered cart to prevent contamination. The facility failed to ensure staff were provided with Personal Protective Equipment (PPE) for sorting soiled laundry. The facility failed to ensure dirty laundry was transported properly to prevent cross contamination. The facility failed to ensure trash bags were not placed on the floor. Findings included:- On 07/12/2026 at 07:50 AM, a white trash bag laid on the floor, next to the laundry door. Housekeeping Staff W carried a dirty blanket, and sheets next to her body touching her clothing, down the hall to place in a grey clothing tub. On 07/12/2026 at 9:10 AM, R27's nasal cannula lay on the floor of his room, his nebulizer mask laid directly on the dresser. R27 did not have containers for his oxygen nasal cannula and his nebulizer mask to store when not in use. On 07/12/2026 at 9:47 AM, R2's CPAP mask laid on his dresser. The CPAP mask was not contained in a sanitary container. On 07/13/2026 at 7:52 AM, R2's CPAP mask laid on his bed. R2 stated he had no bag to put his CPAP in when he took the CPAP mask off. On 07/13/2026 at 01:22 PM, Laundry Staff V pushed clean laundry down the hall; the laundry cart was not covered on one side of the cart. On 07/13/2026 at 01:25 PM, a white trash bag was left on the floor outside a resident room across from the nurse's desk. On 07/14/2026 at 08:01 AM, a tour of the laundry department revealed no PPE for sorting soiled linen, and the dryer had two dust pans scoops of lint in the bottom of the dryer. On 07/13/2026 at 01:59 PM, Certified Medication Aide (CMA) R stated trash should not be left on the floors, she stated trash bags should not be left on the floors. CMA R stated some of the residents put their clothes in a trash bag and lay the bag outside of the laundry door. CMA R stated staff should never carry dirty laundry down the hall; she stated staff should move the bins to the resident's room. On 07/13/2026 at 8:40 AM, Administrative Nurse D stated that nebulizer mask should be rinsed out and air dried and should be changed out weekly. On 07/14/2026 at 9:32 AM, Certified Nurses Aid (CNA) M stated the nasal cannulas should be in a bag when not in use. She stated CPAP masks should be locked up in the cabinet when not in use. On 07/14/2026 at 9:26 AM, Licensed Nurse (LN) G stated the facility placed the CPAP mask in the resident's closet when not in use, and the masks were cleaned a few times a week. She stated that nebulizer (a device that changes liquid medication into a mist easily inhaled into the lungs) masks should be rinsed, air dried, and placed in a bag for storage. Oxygen nasal cannulas should be placed inside a bag when not in use. On 07/14/2026 at 9:43 AM, Administrative Nurse E stated the CPAP mask and oxygen nasal cannula should be placed in a bag when not in use. On 07/14/2026 at 08:30 AM, Maintenance Supervisor U stated the lint traps should be cleaned every day. He stated the laundry department used to have a sign sheet when the traps were cleaned, but they do not at this time. Maintenance Supervisor U stated staff does not use PPE to sort laundry, he stated they just use gloves unless there was an outbreak of any disease. He stated if the facility needed PPE the facility would get it for them. Maintenance Supervisor U stated laundry should be transported with a covered cart, and housekeeping staff should not carry dirty laundry down the hall. The facility's Fire Safety Laundry policy dated 03/2018 documented the laundry area was to be kept free from accumulations of lint. The dryers were to be cleaned of lint at least once per day, (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	especially around the burner chamber heating element. The lint traps were to be cleaned at least once per shift and when necessary. The facility's Care of Linen policy dated 06/04/2014 documented clean and dirty sections must be carefully maintained. Gloves and aprons or gowns must be worn during the handling of all soiled linen. The facility did not provide storage of CPAP, oxygen nasal tubing, or nebulizer mask policy as requested on 07/14/2026.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observation, interviews, and record review, the facility failed to maintain a clean, homelike environment. Findings included:- On 07/12/2026 at 08:00 AM, the facility floors were dirty brown. There were coffee stains on the floor in several spots, and the dining room had gobs of stuck on food and mud tracks from bare feet and shoe prints. Observation revealed several dirty hallway floors with mud tracks and black scuff mark areas of dirt. The carpeted walls were blue and green in color but had dirty brown stains in several areas of the facility. On 07/12/2026 at 08:50 AM, the exit out of the dining room to the designated smoking area, the windows and door glass were dirty with smudge marks, and dirt on them. In the designated smoking area, there was a garbage can with a broken lid and food on the ground, including a half-eaten apple, bread with bite marks out of it and banana peels. Several cigarette butts laid on the ground in the smoking area, the picnic table was dirty with spilled liquids and food and a lot of flies. Another large garbage can with no bag and no lid had food and garbage noted in the garbage cans also with flies. There are two wooden benches with worn off red paint down to the wood. Observed one chained cigarette tree where butts were to be placed in the smoking area. Noted cigarette butts on the ground towards the back parking lot and in the parking lot. On 07/12/2026 at 09:07 AM, Resident (R) 24 and R14 were not in their room. The walls behind their beds had gouges out of the wall down to the plaster and R14's footboard was loose. On 07/12/2026 at 09:20 AM, R7 refused the interview. His bathroom around the base of the toilet had black, brown grime surrounding the entire base. On 07/12/2026 at 09:27 AM, R47 reported that four men shared the bathroom, the floor was dirty and baseboard had a brown colored substance on it. The toilet bowl was discolored yellow and cracked. On 07/12/2026 at 12:40 PM, observed dirty handrails in the hallways that had some dried black colored areas and a lot of dust on the wood that was attached to the wall that secured the handrails. The green/and blue carpeted walls that is halfway up the wall from the floor to handrail noted to have several dirty areas of brown smears is several areas throughout the hallways. Floors continued to be dirty with mud and dried gobs of food noted throughout the facility and in the dining room. On 07/13/2026 at 07:44 AM, the designated smoking area had several cigarette butts on the ground and the garbage cans remained the same as previous observation. On 07/13/2026 at 08:38 AM, the floor by the nurse station where the water coolers were located remained dirty underneath them with black scuff marks and footprints. The green/blue carpets on the walls remained with dirty discolored brown areas. On 07/13/26 at 10:00 AM, Housekeeping Staff V reported that the residents' rooms and bathrooms were cleaned daily and the floors were mopped as needed and daily. Housekeeping Staff V reported that the facility reported maintenance concerns using a computer system. On 07/14/2026 at 10:36 AM, during an environmental tour with Maintenance/Housekeeping Supervisor U, he reported that the floor cleaner broke last week and the facility was trying to rent one. Maintenance/Housekeeping Supervisor U reported that the blue and green carpet on the walls was cleaned last year it was planned to be removed but was unsure when. He reported the staff can input all their maintenance request on the computer using TELS. R4's doorway trim was loose and missing the tops. Maintenance/Housekeeping Supervisor U reported he would fix the doorway trim was unsure if he could locate the correct part to replace the top of the trim. Maintenance/Housekeeping Supervisor U reported that the handrails were cleaned weekly and reported that the handrails were dirty at this time. Maintenance/Housekeeping Supervisor U reported that the smoking tree was chained down so the residents could not tip it over to take the cigarette butts out. Maintenance/Housekeeping Supervisor U reported that the activity department was (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	responsible of cleaning up the smoking area every morning. Maintenance/Housekeeping Supervisor U reported that the residents must have brought out the garbage cans to the smoking area and revealed that they should have lids and bags placed in them, as he looked in the garbage cans and saw the garbage and flies in the can. Maintenance/Housekeeping Supervisor U reported that the cigarette butts should not be all over the ground, but the facility give the residents an incentive if they pick them up, they can get a soda. Maintenance/Housekeeping Supervisor U reported that the rug that was outside in the smoking area generally laid on the floor in front of that door on the inside of the facility over the area and reported he did not know the floor looked like that. Maintenance/Housekeeping Supervisor U reported that the windows should be cleaned once a week and reported that the windows were quite dirty with smears and dirt and on the bottom windows were dirty from when the smoking area was power washed last week. Maintenance/Housekeeping Supervisor U reported that R14 liked to beat things up as he looked at the walls behind the beds in R14's room, they were gouged to the plaster and the baseboard was dirty, and the footboard was loose. The bathroom between R7 and R27's rooms that four residents share the black, brown grime was noted around the toilet that smelled of urine. Maintenance/Housekeeping Supervisor U reported that this bathroom was a new floor and the grime should not be there he reported that the rooms and bathrooms are cleaned daily. R47's toilet was discolored and cracked in the bowl. Maintenance/Housekeeping Supervisor U reported that R47's bathroom was not on his list for remodel, and he did not know that the toilet bowl was cracked. On 07/14/26 at 11:22 AM, Administrative Staff A reported he expected the facility to be homelike. The facility did not provide a policy for a homelike environment.		

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on interviews and record review, the facility failed to inform Resident (R) 27 and/or their representatives regarding the risks related to psychotropic (alters mood or thoughts) medications to promote informed consent to the medication. Findings included:- R27's Electronic Medical Record (EMR) revealed diagnoses of insomnia (inability to sleep).R27's 11/24/2025 admission Minimum Data Set (MDS) documented a Brief Interview for Mental Status (BIMS) score 12, indicating moderately impaired cognition. R27's MDS revealed he was administered a hypnotic (a class of medications used to induce sleep).R27's 12/05/2025 Psychotropic Drug Use Care Area Assessment (CAA) documented R27 was receiving prescribed high risk medications, which included zolpidem (a hypnotic). Staff to monitor for adverse effects to determine need for medication adjustment. R27's 05/22/2026 Quarterly MDS documented a BIMS score of 15, indicating intact cognition. R27's MDS documented he was administered a hypnotic. R27's Care Plan dated 11/18/2025, revealed staff instructed to administer medications as ordered and to monitor and document side effects and effectiveness. R27's Care Plan dated 11/20/2025, revealed R27 received zolpidem staff instructed to monitor for abnormal dreams, altered mental status, change in sleep pattern, dizziness and rash. R27's EMR noted an order for zolpidem 5 milligrams (mg) daily by mouth at bedtime for insomnia, dated 11/18/2025. R27's EMR lacked evidence R27, or his representative, received education and/or informed consent with regard to the zolpidem. On 07/12/2026 at 09:10 AM, R27 was lying in his bed, he reported he felt lousy, and had a sad look on his face. R27 revealed he had lung cancer. On 07/14/2026 at 09:26 AM, Licensed Nurse (LN) G reported that Administrative Nurse D or Administrative Nurse E would complete the informed consents for the use of psychotropic medications.On 07/14/2026 at 09:43 AM, Administrative Nurse E reviewed R27's EMR and revealed she could not locate and informed consent for R27's zolpidem. Administrative Nurse E reported she expected all psychotropic medications to have informed consent. The facility's policy Behavior Management and Psychotropic Medications dated 04/2025 documented psychotropic medications are not to be initiated without prior communication and documentation of an informed consent, including the physician, resident or responsible party, and the facility interdisciplinary team.		

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F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to manage his or her financial affairs. Based on observation, record review, and interviews, the facility failed to ensure resident trust accounts were accessible within the same day as required to accommodate Resident (R) 5's request for thirty dollars on a weekend. Findings included:- Review of R5's Electronic Medical Record (EMR) under the Progress Notes tab documented a Social Service Progress Note on 07/11/2026 at 10:57 AM, R5 had requested thirty dollars during money pass. R5 was reminded that the facility only provided two dollars on the weekend related to the limited amount of money in the cash box. Staff offered to assist R5 with filling out the money request form to receive her money on Monday morning. Review of the list of the resident's personal funds and trust accounts provided by the facility revealed a balance of one thousand six hundred and forty-eight dollars and fifty-seven cents on 07/13/2026 in R5's trust account. On 07/14/2026 at 11:26 AM, Administrative Staff B stated the residents can receive two dollars every day during money pass. She stated she goes to every resident's room during money pass at 02:00 PM. Administrative Staff B stated the residents needed to fill out Treatment Team Request Form and staff would assist the residents in filling out the form if needed. She stated the form was placed in basket outside her door and she would review the form. Administrative Staff B stated the residents could request money more than two dollars if needed. She stated the facility had a cash box at the nurse's station for after-hours resident requests for money. She stated the staff should never deny a resident's request for money if they had the funds. On 07/14/2026 at 11:45 AM, Administrative Staff A stated Administrative Staff B would go to each of the residents' room at 02:00 PM for money pass during the week. He stated the activity department, and the social service department worked every other weekend to provide money pass on the weekends. Administrative Staff A stated they encouraged the residents to take only two dollars during the money pass to help the residents to not spend their money too fast and have money for the whole month. He stated the facility would allow the residents to withdraw more than two dollars if they had the funds. The facility's undated Resident Fund and Trust Account policy documented the Resident Trust Account was set up for the purpose of providing residents with a cash source for items such as facility monthly services, haircuts, pop money, personal care items, and other items which are properly approved.		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to identify and implement resident-centered fall interventions for Resident (R) 2. Additionally, the facility failed to provide foot pedals when staff propelled R2 in his wheelchair. Findings included:- R2's Electronic Medical Record (EMR) revealed diagnoses of foot drop (inability or difficulty in moving the ankle and toes upward), and narcolepsy (is a condition that makes people very sleepy during the day and can cause them to fall asleep suddenly).R2's 03/27/2026 Annual Change Minimum Data Set (MDS) documented R2 had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. R2's MDS revealed he was independent in all activities of daily living (ADLs). R2's MDS documented he had two or more non-injury falls.R2's 03/30/2026 Falls Care Area Assessment (CAA) documented R2 had poor judgment and was provided guidance, reminders, and encouragement. R2 was independent with ADL's and used a wheelchair for mobility. R2 had a history of falls with multiple falls in the past quarter.R2's Care Plan dated 05/01/2026 documented R2 had a non-injury fall; the root cause was R2's feet were under the wheelchair when a peer was pushing him. R2 was educated that staff can assist him with wheelchair ambulation and peers should not push his wheelchair. R2's Care Plan dated 06/09/2026 documented R2 was instructed to use the call light to have staff assist him when in the shower. R2's Progress Note dated 04/03/2026 at 01:01 PM documented R2 reported he had fallen twice in shower room that morning, then left the facility for an appointment. When R2 returned, he revealed a small scrape on his left lower calf. R2's Progress Note dated 04/03/2026 at 01:08 PM documented staff reported scrape on R2's calf happened while transferring R2 into the van. R2's Risk Progress Note dated 05/05/2026 at 01:57 PM R2 had a non-injury fall. Root cause R2's feet were under the wheelchair when a peer was pushing his wheelchair. R2's Fall Progress Note dated 06/09/2026 at 02:19 PM documented staff heard R2 call from the men's shower room. R2 was fully clothed, lying on his left side against the wall with his head propped up on his left arm. R2 was assisted to his wheelchair with standby assistance. R2 then showered and was found on the floor on his hands and knees with no clothes on at approximately 02:00 PM. He laid on his left side against the wall again. Staff assisted him off the floor and into his wheelchair. Resident description of fall lacked documentation. Description of environment lacked documentation. No injuries and no pain were documented. R2's Risk Progress Note dated 06/09/2026 at 04:26 PM documented R2 had a non-injury fall. Root cause resident lost balance and fell. Intervention resident educated when showering, if resident is feeling weak, to use call light to have staff assist.Review of the facility's falls reports from 04/02/2026 through 07/12/2026 documented R2 had 19 falls that were investigated and care planned. The falls reports lacked a thorough investigation for the two falls he had on 04/03/2026. On 07/13/2026 at 08:17 AM, R2 was pushed down the hallway by Consultant Staff GG (Physical Therapy Assistant/Director of Rehab) with no foot pedals on R2's wheelchair. Consultant Staff GG told R2 he was taking him to his discharge meeting.On 07/13/2026 at 08:52 AM, Consultant Staff GG reported that he did push R2 in his wheelchair to his discharge meeting. Consultant Staff GG reported R2 generally could walk with his walker or propel himself and he reported he should have not pushed R2's wheelchair without foot pedals. On 07/14/2026 at 09:26 AM, Licensed Nurse (LN) G reported that the nurse should complete a risk management for any falls reported and the nurse should update the resident's care plan with a new intervention after the fall. On 07/14/2026 at 09:32 AM, Certified Nurse Aide (CNA) M reported when a resident had a fall, the staff should make sure the resident is ok and have them stay put and get the nurse. CNA M reported after a fall the staff would have a meeting (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	about the new intervention. CNA M reported R2 had a lot of falls. CNA M reported that none of the residents have foot pedals, and we have to push them sometimes to get things done. On 07/14/2026 at 09:44 AM, Administrative Nurse D reported that there should have been an incident report and an intervention for the falls R2 in the shower that was documented in EMR on 04/03/2026 and did not know why it was not completed. Staff would do the transfers for R2 sometimes when he asked and reported that R2 did have narcolepsy. Administrative Nurse D and Administrative Nurse E would not comment if a resident that was being propelled by the staff if the wheelchair should have foot pedals. Administrative Nurse D reported staff should encourage the resident to propel themselves and some of the residents refuse foot pedals. Administrative Nurse E reported she was not sure if any of the residents had foot pedals. The facility's policy Falls Management dated 12/2022, documented the facility strives to minimize the risk for resident falls. The facility interdisciplinary team would review residents with falls weekly. After a fall occurs, an LN would initiate the risk management event reporting process to include a physical assessment, vital signs, pain, neurological checks, root cause, and a new intervention implemented. The residents plan of care is to be reviewed and revised with each fall occurrence and a new intervention implemented.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175413	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/14/2026
NAME OF PROVIDER OR SUPPLIER Medicalodges Paola		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Assembly Lane Paola, KS 66071	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, record review, and interviews, the facility failed to ensure Resident (R) 64's continuous positive airway pressure (CPAP- ventilation device that blows a gentle stream of air into the nose to keep airway open during sleep) mask, oxygen tubing, and nebulizer (a device that changes liquid medication into a mist easily inhaled into the lungs) was stored in a sanitary manner to decrease exposure and contamination for R64 who has a history of pneumonia (an infection in the lungs). Findings included:- R64's Electronic Medical Record (EMR) from the Diagnosis tab documented diagnoses of chronic obstructive pulmonary disease (COPD- a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), pneumonia, acute chronic respiratory failure with hypoxia (inadequate supply of oxygen) and obstructive sleep apnea.The Quarterly Minimum Data Set (MDS) dated 04/10/2026 documented a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. R64's Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA), dated 08/06/2025 documented she required supervision with some of her activities of daily living.R64's Care Plan, documented the following interventions: 03/22/2019 - Close observation and mouth check after medication administration, to ensure compliance.The care plan lack direction for care and administration of oxygenR64's EMR under the Orders tab revealed the following physician orders: CPAP at 16 centimeters (cm)/water (H2O) applied at night and taken off during the day. Keep humidifier filled with distilled water. Apply at bedtime, related to obstructive sleep apnea dated 03/20/2025.Two Liters oxygen to maintain oxygen level at 90 percent or greater via nasal cannula, every one hour as needed for shortness of breath, low oxygenation related to COPD dated 03/13/2026.Clean mask, filter, and machine. Rinse and refill humidifier daily related to obstructive sleep apnea dated 03/20/2026.On 07/12/2026 at 12:07 PM, R64 sat in her room as she listened to her music. R64's nasal cannula laid directly on the floor and her CPAP mask laid across the oxygen concentrator, not in a container. On 07/14/2026 at 09:34 AM, R64 sat on the side of her bed, her CPAP mask laid on her bed and her nebulizer chamber sat in a container with the mouthpiece resting against the wall. R64 had a productive with thick greenish white phlegm that she expelled into that trash can next to the bed.On 07/13/2026 at 8:40 AM, Administrative Nurse D stated that nebulizer mask should be rinsed out and air dried and should be changed out weekly.On 07/14/2026 at 9:32 AM, Certified Nurses Aid (CNA) M stated the nasal cannulas should be in a bag when not in use. She stated CPAP masks should be locked up in the cabinet when not in use.On 07/14/2026 at 9:26 AM, Licensed Nurse (LN) G stated the facility placed the CPAP mask in the resident's when not in use, and the masks were cleaned a few times a week. She stated that nebulizer (a device that changes liquid medication into a mist easily inhaled into the lungs) masks should be rinsed, air dried, and placed in a bag for storage. Oxygen nasal cannulas should be placed inside a bag when not in use.On 07/14/2026 at 9:43 AM, Administrative Nurse E stated the CPAP mask and oxygen nasal cannula should be placed in a bag when not in use. The facility was unable to provide policy related storage of respiratory equipment as requested on 07/14/2026.		

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on record reviews and interviews, the facility failed to administer the Pneumococcal Conjugate Vaccine (PCV20- vaccination for bacterial pneumonia infections) for Resident (R)27 after obtaining consent for the vaccine. Findings Included:- Review of R27's clinical record revealed R27 received the Pneumovax 23 on 11/03/2020 and had consented for PCV20 on 11/18/2025. R27's clinical record lacked documentation the PCV20 was administered to R27. On 07/14/2026 at 09:43 AM, Administrative Nurse E stated immunization consents or declinations were obtained from the resident or the guardian on admission. She stated the medical records nurse tracked all immunizations when she was with the facility. Administrative Nurse E stated if a resident consented for a vaccine, the vaccine was ordered and given. She stated she was the nurse following up on immunizations. Administrative Nurse E stated if a resident consented for a vaccine, the vaccine should be given. The facility's Residents Immunizations dated 11/2023 documented all residents were to be offered the influenza vaccine annually during the influenza season. Pneumococcal vaccines were to be offered to all eligible residents per CDC guidelines. All other adults' immunizations would be administered in accordance with the current CDC recommendations for adult immunization upon request of the resident, responsible party, or resident's physician. Residents and responsible parties were to be provided with education regarding benefits, potential risks, and side effects of immunizations utilizing the current CDC Vaccine Information Statements (VIS). Residents and responsible parties have the right to refuse.		

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on record reviews and interviews, the facility failed to administer the Pneumococcal Conjugate Vaccine (PCV20- vaccination for bacterial pneumonia infections) for Resident (R)27 after obtaining consent for the vaccine. Findings included:- Review of R27's clinical record revealed R27 received the Pneumovax 23 on 11/03/2020 and had consented for PCV20 on 11/18/2025. R27's clinical record lacked documentation the PCV20 was administered to R27. On 07/14/2026 at 09:43 AM, Administrative Nurse E stated immunization consents or declinations were obtained from the resident or the guardian on admission. She stated the medical records nurse tracked all immunizations when she was with the facility. Administrative Nurse E stated if a resident consented for a vaccine, the vaccine was ordered and given. She stated she was the nurse following up on immunizations. Administrative Nurse E stated if a resident consented for a vaccine, the vaccine should be given. The facility's Residents Immunizations dated 11/2023 documented all residents were to be offered the influenza vaccine annually during the influenza season. Pneumococcal vaccines were to be offered to all eligible residents per CDC guidelines. All other adults' immunizations would be administered in accordance with the current CDC recommendations for adult immunization upon request of the resident, responsible party, or resident's physician. Residents and responsible parties were to be provided with education regarding benefits, potential risks, and side effects of immunizations utilizing the current CDC Vaccine Information Statements (VIS). Residents and responsible parties have the right to refuse.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0851 Level of Harm - Potential for minimal harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview and record review the facility failed to submit complete and accurate staffing information to the federal regulatory agency through Payroll Based Journaling (PBJ). Findings included:- The PBJ report provided by the Centers for Medicare & Medicaid Services (CMS) for Fiscal Year 2026 and Quarter 1 (10/01/2025 to 12/31/2025) and Quarter 2 (01/01/2026 to 03/31/2026) indicated the facility triggered for excessively low weekend staffing. On 07/14/2026 at 011:45 AM, Administrative Staff A stated he was responsible for sending the staffing information to the corporate office. He stated the corporate office would then submit the information to CMS. Administrative Staff A stated there was some difference in weekend staffing related to the number of administrative staff that was in the facility. He stated he was not able to say whether the information provided to CMS was incorrect. The facility was unable to provide a policy related to PBJ. Administrative Staff A stated the facility followed the CMS guidelines related to PBJ reporting.		