| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 185171 | A. Building<br>B. Wing | 04/02/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Parkview Nursing & Rehabilitation Center | 544 Lone Oak Road<br>Paducah, KY 42003 |

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| F 0644<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of the facility policy, it was determined that the facility failed to refer residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II Pre-admission Screening and Resident Review (PASARR). Resident (R) 11 admitted to the facility on [DATE]. On 10/08/2023, a new diagnosis of schizophrenia was added, however, the facility did not initiate a new level I PASARR. This affected one (1) of one (1) resident reviewed for PASARR. The findings include: Review of facility policy titled Pre-admission Screening and Resident Review, reviewed on 09/26/2025, revealed that the facility would ensure that potential admissions would be screened for possible serious mental disorders or intellectual disabilities and related conditions. The initial pre-screening was referred to as PASARR level I and is completed prior to admission to a nursing facility. A negative level I screen permits admission to proceed and ends the PASARR process unless a possible serious mental disorder or intellectual disability arises later.Review of the admission Record revealed the facility admitted Resident (R) 11 to the facility on [DATE] with diagnoses of bipolar disorder, delusional disorder, and chronic kidney disease. Review of a handwritten physician letter dated 03/27/2025 revealed the patient was admitted with a diagnosis of schizophrenia. Family had confirmed she was diagnosed with schizophrenia in her 30's. Patient had experienced hallucinations and delusions with gradual dose reductions of anti-psychotic medication. Re-evaluation of resident symptoms had been completed, and all other diagnoses had been ruled out. Continue with the diagnosis of schizophrenia. Psych notes reviewed and agreed with the assessment.During an interview with the admission Director (AD) on 04/01/2026 at 10:14 AM, she stated R11 had a PASARR level I completed on admission, but she did not have a PASARR completed in October 2023 when the diagnosis of schizophrenia was added to the chart. The AD stated that a new mental health diagnosis would indicate a new PASARR would need to be completed. The AD stated she was unaware that a PASARR was not completed.During an interview with the Executive Director (ED) on 04/02/2026 at 3:58 PM; he stated that he and the two (2) social services staff were not at the facility in 2023. He stated he was unaware until now that R11 did not have a PASARR completed in 2023, and it would be taken care of. |

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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and facility policy review, it was determined the facility failed to develop and implement a comprehensive person-centered care plan for each resident that included measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs that are identified in the comprehensive assessment for three out of three residents, Resident (R) R5, R6 and R7.<br><br>The findings include:<br><br>Observation of (R) 5 on 03/30/2026 at 4:48 PM revealed a catheter bag anchored to the bedside, and the end of the catheter tubing was in the trash can.<br><br>Observation on 03/31/2026 at 10:25 AM and 3:48 PM revealed that the catheter tubing remained in the trash can.<br><br>Review of the admission Record revealed the facility admitted Resident (R) 5 to the facility on [DATE] with diagnoses of paraplegia, complete, type 2 diabetes mellitus, and neuromuscular dysfunction of the bladder, unspecified.<br><br>Review of the Quarterly Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 01/22/2026, revealed a Brief Interview for Mental Status (BIMS) score of 15 of 15, indicating R5 was cognitively intact.<br><br>During an interview with R5 on 03/30/2026 at 4:49 PM, she stated she emptied her own urostomy by attaching the tubing of the catheter bag to the pouch. R5 stated she then placed the tubing over the trash can in case it leaked. R5 stated she did not wash her hands before or after draining her bag. She stated the facility had not provided her with alcohol-based hand rub or sanitizing wipes to cleanse her hands or the catheter tubing. She stated staff changed her wafer a few times a week.<br><br>Review of the Comprehensive Care Plan (CCP) for R5 dated 09/29/2022 revealed a focus problem that stated, the resident has a urostomy catheter with total bowel incontinence related to complete paraplegia, interventions included; change urostomy bag and urostomy catheter as ordered for obstruction or when the closed system was compromised, check skin around urostomy wafer for signs and symptoms of rubbing or breakdown as ordered, explain to the resident or family regarding indwelling catheter, observe for and document pain due to catheter, observe for and report to physician any signs and symptoms of UTI, pain, burning, blood tinged urine, observe for signs and symptoms of discomfort on urination and frequency, obtain labs or diagnostics as ordered and fax results to the urologist, provide incontinent care using soap and water, then thoroughly dry the skin after each incontinent episode, urostomy care as ordered, keep catheter bag placed below the level of the bladder.<br><br>On 03/31/2026 the CCP of R5 was revised to include resident often emptied urostomy bag per self and preferred to place the drainage bag over the trash can for concern of potential for leaking.<br><br>Review of CCP for R5 dated 06/07/2023 revealed a focus problem indicating R5 had a history of urinary tract infection (UTI) and was at risk for recurrence. Interventions included encourage<br>(continued on next page) |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | adequate fluid intake, antibiotic therapy as ordered and give antipyretics analgesics and antispasmodics as ordered, labs/diagnostics as ordered, observe and report to the physician any signs and symptoms of UTI, frequency, urgency, malaise, foul smelling urine, vital signs as ordered, notify physician of significant abnormalities.<br><br>Review of CCP dated 10/23/2026 revealed R5 refused care at times, preferred to have bed in high position, had a history of canceling appointments. On 03/31/2026, the CCP was revised, R5 hyper focused on urostomy bag changing it several times a day and insisted on placing drainage bag over in trash can for fear of leaking. Interventions included, explain all procedures to the resident before starting and allow the resident to adjust to change, notify the physician for new orders as needed, praise and indication that resident progressed with improvement and behavior. Continued review revealed no new interventions were added with the revision on 03/31/2026.<br><br>Continued review of the comprehensive care plan for R5 revealed no interventions were related to the resident's self-care of the urostomy, including hand hygiene.<br><br>During an interview with Licensed Practical Nurse (LPN 2) on 03/31/2026 at 3:48 PM, he stated he provided care for R5's urostomy. He stated that he changed out the wafer about every three days or as needed. He stated the resident emptied her own urostomy bag into a catheter bag and that the staff emptied the catheter bag. The surveyor asked LPN 2 to enter R5's room for observation. Upon observing the catheter tubing hanging in the trash can, he stated, that it was not good, and he would get a bag for the resident to put it in. LPN 2 stated R5 had the potential of getting a urinary tract infection (UTI) with the tubing hanging in the trash can.<br><br>During an interview with Infection Preventionist on 04/02/2026 at 2:20 PM, she stated she was not aware that R5 kept her catheter tubing in the trash can and that it was a concern. She stated the tubing in the trash can would lead to infection. The IP stated she had spoken to R5 in the past about hand hygiene and provided her with sanitizing wipes. She stated R5 had only had 1 UTI in the last 6 months.<br><br>During an interview with the Director of Nursing (DON) on 04/02/2026 at 2:26 PM, she stated that R5's catheter tubing being in the trash can was a concern and a potential for infection (UTI). She stated she had spoken to R5 this week after LPN 2 made her aware of the concern. She stated she was not 100% sure but thought R5 had hand sanitizer in her room for providing hand hygiene. The DON stated she expected resident care plan interventions be followed.<br><br>During an interview with the Executive Director (ED) on 04/02/2026 at 3:45 PM, he stated he expected resident care plans to be reviewed and revised as needed to reflect the care a resident needed. He stated he expected staff to follow resident care plans and the interventions that were in place.<br><br>Review of Resident #6's medical record revealed the resident had a physician order and was care planned for hand splints for a left-hand contracture to be worn six hours per day.<br><br>Review of the facility's policy for Comprehensive Care Plan, dated 08/29/2025, revealed the facility would ensure the timeliness of each resident's person-centered, comprehensive care plan, and ensure that the comprehensive care plan was reviewed and revised by an interdisciplinary team composed of individuals who had knowledge of the resident and his/her needs, and that each resident and resident representative, if applicable, was involved in developing the care plan and making decisions about<br>(continued on next page) |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | his/her care. The policy further revealed the resident should be monitored to help identify changes in the resident condition that may warrant an update to the person-centered plan of care.<br><br>Review of Resident #6's admission Record revealed the facility admitted the resident on 12/01/2025 with diagnoses which included: Chronic Obstructive Pulmonary Disease, Hemiplegia and Hemiparesis following Cerebral Infarction affecting left non dominant side, and Muscle Weakness.<br><br>Record review revealed there was no documentation in the progress notes for Resident #6 in relation to staff documenting implementation of his care plan regarding his hand splint.<br><br>Observation on 03/30/2026 at 1:15 PM Resident not wearing splint, splint was sitting by the TV.<br><br>Observation on 03/30/2026 at 3:42 PM Resident not wearing splint, splint was sitting by the TV.<br><br>Observation on 03/31/2026 at 9:56 AM Resident not wearing splint, splint was sitting by the TV.<br><br>Observation on 03/31/2026 at 9:41 AM Resident not wearing splint, splint was sitting by the TV.<br><br>Observation on 03/31/2026 at 12:00 PM Resident not wearing splint, splint was sitting by the TV.<br><br>Observation on 04/01/2026 at 9:41 AM Resident not wearing splint, splint was sitting by the TV.<br><br>During an interview with Minimum Data Status (MDS) 2 on 04/01/2026 at 2:21 PM, she stated care plans were initiated upon the resident's admission. She stated after the Restorative Aide assists with care; they are to mark complete. They are to relay any important information relating to the care provided so the nurse could document in progress notes.<br><br>During an interview with LPN 7 on 04/01/2026 at 09:35 AM, she stated Restorative Aides applied splints on for the residents that required it. However, if they were working on the floor we nurses applied the splint on. She stated there would be a negative outcome if the resident did not wear a splint. His left hand would get tighter; and the splint would prevent his fingers from drawing up to a fist. No documentation was found where the splint was placed but starting today it will be she stated.<br><br>During observation on 04/01/2026 at 10:28 AM of the R6 wearing the splint, placed on by LPN 7, she put a timer on her phone for the 4 hours as a reminder for his splint to be on.<br><br>During an interview with the Director of Nursing (DON) on 04/01/2026 at 11:44 AM, she stated she expected staff to follow resident care plans. She stated residents are at risk when care plans are not implemented. She expected staff to follow physician orders, apply splints, and monitor for skin integrity and circulation. She stated there was potential for a negative outcome when the resident did not wear hand splints that are care planned for.<br><br>During an interview with CNA 4 on 04/01/2026 at 9:49 AM, she stated she printed the physician orders at the start of her shift. She stated the care plan was part of the residents healing and it is important to follow. She stated she was trained to apply splints and if the resident would not wear it, that it would be considered neglect. She stated she used the drop-down boxes on PCC electronic record signaling completion of resident ADLs. Nurses are responsible for detailed information regarding care that will be under progress notes.<br>(continued on next page) |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview with Occupational Therapist on 04/01/2026 at 11:59 AM, she stated R6's order was updated from a 6-hour to 4-hour splint wear due to insurance exhaustion. She stated he only was able to tolerate it for four hours as well. She stated restorative aides and nurses are trained to apply the splint. She stated quarterly screens are performed to measure functional improvement or decline from hand splints. She stated R6 would be at risk of increased contracture, skin breakdown, and pain stiffness due to the care planned not being followed.<br><br>During an interview with CNA / RA 5 on 04/01/2026 at 2:47 PM, he stated he first checked for injuries or cuts before applying splints on the resident. He stated he followed the Kardex from PCC, which was the residents care plan. He stated there was a negative outcome if the residents care plan was not implemented. Failing to implement the care plan would result in a decrease in mobility. He stated he would apply hand splints if he was not working the floor. He stated the nurses were in charge of applying splints if they are working the floor and responsible for documentation.<br><br>During an interview with Restorative with CNA / RA 13 on 04/02/2026 at 9:10 AM, she stated she retrieved residents care plan from PCC. She checked if there are updates from therapy. She stated therapy trained her on applying splints. R6's hand would not improve if the resident care plan was not implemented.<br><br>During an interview with Administrator on 04/02/2026 at 03:39 PM, he stated he expected staff to follow the orders and care plans to be able to implement interventions for the residents.<br><br>Review of facility policy labeled, Restorative Nursing Regulatory Considerations, reviewed 12/18/2025, revealed the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. The policy additionally stated, a registered nurse or a licensed practical nurse must supervise the activities in a restorative nursing program.<br><br>Review of facility policy, labeled, Comprehensive Care Plans and Revisions, reviewed 08/29/2025, revealed the facility would ensure the timeliness of each resident's person-centered, comprehensive care plan, and would ensure that the care plan was reviewed and revised by and interdisciplinary team composed of individuals who have knowledge of the resident and his/her needs.<br><br>Record review of the admission Record revealed Resident (R)7 was admitted to the facility on [DATE] with diagnoses including but not limited to hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side, seizures, and obesity. Review of the physician orders revealed an order for a right resting hand splint to be applied in the morning and removed in the evening. Additionally, there was an order for an arm protector to be applied to R7's left hand, on in the morning and off in the evening. Both orders were started 08/05/2025 and both orders were revised on 09/27/2025. The most recent (annual) Minimum Data Set (MDS) for R7, with Assessment Reference Date (ARD) 02/11/2026, was reviewed, which indicated the use of splints. Further record review of the Comprehensive Care Plan revealed R7 was care planned for a resting right-hand splint and left palm guard related to limited range of motion.<br><br>Observation of R7 on 03/30/2026 at 3:54 PM revealed no resting hand splint in place on the right side. The palm protector on R7's left hand was in place.<br><br>Observation of R7 on 03/31/2026 at 10:35 AM revealed no resting hand splint in place on the right side. The palm protector on R7's left hand was in place.<br>(continued on next page) |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Observation of R7 on 04/01/2026 at 2:41 PM revealed no right-hand splint in place. It was noted on her bedside table pushed up against the far wall in her room. The palm protector on R7s left hand was in place.<br><br>During an interview with Certified Nursing Assistant (CNA)11 on 04/01/2026 at 2:43 PM, she stated R7 should have a splint in place on the left hand at all times but was unaware of a right-hand splint.<br><br>During an interview with Licensed Practical Nurse (LPN)7 on 04/01/2026 at 2:45 PM, she stated that the restorative CNA should put the splints in place every day, but they frequently get pulled to the floor due to short staffing. LPN7 then entered R7's room and put the right-hand splint in place. This was the first observation of R7 wearing her right resting hand splint since facility entry.<br><br>During an interview with CNA12 on 04/02/2026 at 2:21 PM, she stated, CNAs are informed by the nurse in the morning if splints needed to be put on and the restorative aide would do it before she started working the floor. She further stated, the Kardex specified how long the splints are supposed to be in place.<br><br>During an interview with LPN6 on 04/02/2026 at 2:14 PM, she stated, if an aide puts a splint in place, the nurse was responsible for making sure it was put on correctly. She further stated that therapy trained the nursing staff as needed on individualized restorative programs for each resident.<br><br>During an interview with LPN9 on 04/02/2026 at 2:25 PM, she stated, the Treatment Administration Record (TAR) showed specifics about which splints a resident wore, when they were to be placed and removed. Additionally, she stated splint use is also listed in the care plan.<br><br>During an interview with the Executive Director on 04/02/2026 at 3:41 PM, he stated he expected nursing staff to follow the care plans and orders regarding a resident's splint use. He further stated, they are prescribed for a reason.<br><br>During an interview with the Director of Nursing (DON) on 04/02/2026 at 4:05 PM, she stated she expected restorative CNAs to follow restorative programs and care plans regarding splinting and range of motion. She further stated, if a splint is not applied as ordered, it could cause skin issues and contractures. |

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| F 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of facility policies, it was determined that the facility failed to ensure interventions to prevent / decrease a resident's limitation in Range of Motion (ROM) were in place for two (2) of three (3) sampled residents, R6 and R7. The findings include:<br><br>Review of the facility policy titled, Splints and Braces-Upper Extremity, reviewed 09/19/2025 stated the facility would provide splints and braces to the upper extremities in accordance with professional standards of practice, as outlined by [NAME]. The use of a supportive and protective device designed for a patient's upper extremity, such as a sling, brace, or splint, helped provide support, facilitate functional use, reduce pain, maintain alignment, correct deformities, or provide protection for a healing injury. For use in immobilizing an acute injury, a splint or brace helped prevent further soft-tissue, nerve, and vascular damage while allowing for swelling and helping to reduce pain during healing.<br><br>Review of the facility policy titled, Restorative Nursing Regulatory Considerations, reviewed 12/18/2025 stated a resident may be started on a restorative nursing program when he or she is admitted with restorative needs, but is not a candidate for formalized rehabilitation therapy, or when restorative needs arose during the course of stay or in conjunction with formalized rehabilitation therapy.<br><br>Review of the facility policy titled, How to Manage a Restorative Program, reviewed 12/18/2025 stated a restorative nursing program referred to nursing interventions that promoted the resident's ability to adapt and adjust to living as independently and safely as possible. This concept actively focused on achieving and maintaining optimal physical, mental, and psychological functioning.<br><br>1) Review of Resident #6's admission Record revealed the facility admitted the resident on 12/01/2025 with diagnoses which included: Chronic Obstructive Pulmonary Disease, Hemiplegia and Hemiparesis following Cerebral Infarction affecting left non dominant side, and Muscle Weakness.<br><br>Review of Resident #6's Comprehensive Care Plan with a review date of 03/04/2026 revealed the resident had an ADL self-care performance deficit, left-sided hemiparesis, and the resident's left hand was contracted. Further review of the care plan, physician's orders dated 01/18/2026, and the resident's Treatment Administration Record (TAR), revealed the resident was to have a hand splint applied on the left hand for up to 6 hours, on AM off PM.<br><br>Observation on 03/30/2026 at 1:15 PM Resident not wearing splint, splint was sitting by the TV.<br><br>Observation on 03/30/2026 at 3:42 PM Resident not wearing splint, splint was sitting by the TV.<br><br>Observation on 03/31/2026 at 9:56 AM Resident not wearing splint, splint was sitting by the TV.<br><br>Observation on 03/31/2026 at 9:41 AM Resident not wearing splint, splint was sitting by the TV.<br><br>Observation on 03/31/2026 at 12:00 PM Resident not wearing splint, splint was sitting by the TV.<br><br>Observation on 04/01/2026 at 9:41 AM Resident not wearing splint, splint was sitting by the TV.<br>(continued on next page) |

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| F 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview with Licensed Practical Nurse (LPN) 7 on 04/01/2026 at 9:35 AM, she stated that Restorative Aides applied the splint for the residents that required it. However, if they are working on the floor, nurses applied the splint on. She stated there would be a negative outcome if the resident did not wear the splint. His left hand would get tighter; and the splint would prevent his fingers from drawing up to a fist. No documentation was found where the splint was placed but starting today it will be she stated.<br><br>Observation on 04/01/2026 at 10:28 AM of resident wearing the splint, placed on by LPN 7. She put a timer on her phone for the 4 hours as a reminder for his splint to be on.<br><br>During an interview with the Director of Nursing (DON) on 04/01/2026 at 11:44 AM, she stated she expected staff to follow resident care plans. She stated residents are at risk when care plans are not implemented. She stated there is potential for a negative outcome when an order stating splint appliance was ordered but not followed.<br><br>During an interview with the Occupational Therapist on 04/01/2026 at 11:59 AM, she stated the resident is only able to tolerate wearing the splint for four hours before the order was discharged from 6 hours to 4 hours. Insurance benefits were also exhausted to where 4 hours are allotted. She stated the charge nurse was expected to place the splint on when restorative aides were unavailable. She stated quarterly screenings were performed to measure functional decline or improvement for those wearing a splint. She stated it is a way we are kept up to date with their progress. She stated there would be a negative outcome if the residents care plan was not followed for contracture splint care.<br><br>2) Review of the admission Record revealed the facility admitted Resident (R)7 to the facility on [DATE] with diagnoses including but not limited to hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side, seizures, and obesity.<br><br>Further record review revealed an order for a right resting hand splint to be applied in the morning and removed in the evening. There was an order for a palm protector to be applied to R7's left hand, on in the morning and off in the evening. Both orders were started 08/05/2025 and both orders were revised on 09/27/2025. The most recent (annual) Minimum Data Set (MDS) for R7, with Assessment Reference Date (ARD) 02/11/2026, was reviewed, which indicated the use of splints. Review of the Comprehensive Care Plan revealed R7 was care planned for a resting right-hand splint and left palm guard related to limited range of motion. Review of the most recent Nursing Restorative Program Evaluation for R7, signed on 03/25/2026, revealed the restorative program to include daily passive range of motion (PROM) and resting hand splint use to preserve range of motion and prevent contracture development.<br><br>Observation of R7 on 03/30/2026 at 3:54 PM revealed no resting hand splint in place on the right side. The palm protector on R7's left hand was in place.<br><br>Observation of R7 on 03/31/2026 at 10:35 AM again revealed no resting hand splint in place on the right side. The palm protector on R7's left hand was in place.<br><br>Observation of R7 on 04/01/2026 at 2:41 PM again revealed no right-hand splint in place. It was noted on her bedside table pushed up against the far wall in her room. The palm protector on R7s left hand was in place.<br><br>During an interview with Certified Nursing Assistant (CNA)11 on 04/01/2026 at 2:43 PM, she stated<br>(continued on next page) |

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|---|---|---|---|
| | 185171 | A. Building<br>B. Wing | 04/02/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Parkview Nursing & Rehabilitation Center | 544 Lone Oak Road<br>Paducah, KY 42003 |

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| F 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | R7 should have a splint in place on the left hand at all times but was unaware of a right-hand splint.<br><br>During an interview with Licensed Practical Nurse (LPN)7 on 04/01/2026 at 2:45 PM, she stated that the restorative CNA should be putting the splints in place every day, but they frequently get pulled to the floor due to short staffing. LPN7 then entered R7's room and put the right-hand splint in place and asked CNA11 to remember to take it off before they left for the day.<br><br>During an interview with CNA12 on 04/02/2026 at 2:21 PM, she stated that CNAs are informed by the nurse in the morning if splints needed to be put on and the restorative aide would do it before she began working the floor. She further stated, the Kardex specifies how long the splints are supposed to be in place.<br><br>During an interview with CNA7 on 04/02/2026 at 2:07 PM, she stated, the restorative aides usually put splints in place, but when they are not available, the CNA assigned to the resident puts them on. Additionally, she stated the CNAs are informed in the morning if they, or, the restorative aide, will be doing it for the day and that instructions for splints are in the Kardex.<br><br>During an interview with LPN6 on 04/02/2026 at 2:14 PM, she stated, if an aide put a splint in place, the nurse was responsible for making sure it was put on correctly. She further stated that therapy trains the nursing staff as needed on individualized restorative programs for each resident.<br><br>During an interview with LPN9 on 04/02/2026 at 2:25 PM, she stated, the Treatment Administration Record (TAR) showed specifics about which splints each resident wore, and when they are to be in place and removed. Additionally, she stated splint use is also listed in the care plan.<br><br>During an interview with the Executive Director on 04/02/2026 at 3:41 PM, he stated he expected nursing staff to follow the care plans and orders regarding a resident's splint use. He further stated, they are prescribed for a reason.<br><br>During an interview with the Director of Nursing (DON) on 04/02/2026 at 4:05 PM, she stated she expected restorative CNAs to follow restorative programs and care plans regarding splinting and range of motion. She further stated, if a splint was not applied as ordered, it would cause skin issues and contractures. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>Based on observation, interview, and review of the facility policy it was determined that the facility failed to provide separately locked, permanently affixed compartments for the storage of controlled drugs.The findings include: Observation on 03/30/2026 at 12:00 PM of the medication room on Wing 7 with Licensed Practical Nurse (LPN4) revealed the medication refrigerator was not locked. There were five bottles of Lorazepam 2 milligram per milliliter (30 ml) oral concentrate, one bottle with 2 ml, and one bottle with 6.75 ml in the refrigerator, unsecured. They were not in a separate lock box nor affixed to the inside of the refrigerator. Review of the facility policy, titled Storage and Expiration Dating of Medications and Biologicals, last revised 08/01/2024, revealed the facility, under controlled substances storage, would store all drugs and biologicals in locked compartments, including the storage of Schedule II - V medications in separately locked, permanently affixed compartments, permitting only authorized personnel to have access. The facility would ensure all controlled substances were stored in a manner that maintained their integrity and security. Additionally, controlled substances stored in the refrigerator must be in a separate container and double locked. During an interview on 03/30/2026 at 12:00 PM with LPN4, she stated the medication refrigerator should have been locked. She stated they did not have a lock box for controlled substances that need to be refrigerated. During an interview on 03/30/2026 at 3:44 PM with Unit Manager (1) W5 - W8, she stated the medication room lock and the medication refrigerator lock provided a second lock for narcotics. She stated she was not aware that narcotics in medication refrigerator needed to be in a secure lock box. She was informed of finding the medication refrigerator unlocked leaving narcotics easily accessible. UM (1) contacted ADON at that time. During an interview on 03/31/2026 at 9:25 AM with RN2, she stated the charge nurses had keys on individualized wings. She stated only charge nurse had the keys on individualized wings to medication refrigerator. She stated medication room and medication refrigerator locked, for a two-lock system. She stated the medication refrigerator should have been locked. On 04/02/2026 at 9:30 AM observation of the contents of narcotic box included: five full (30 ml) bottles lorazepam 2 mg/ml, one bottle with 2 ml and one with 6.75 ml secured. The lock box was not secured to the inside of the refrigerator. The medication refrigerator is on Wing 7. The medication refrigerator covers W6 - W8.During an interview on 04/02/2026 at 9:46 AM with Unit Manager 2, UM (2) Wing 9 - 10 it was stated that charge nurses had keys and only had keys to the medication refrigerator. All narcotics are counted at the end of each shift with oncoming and off going nurses. All narcotics that needed to be wasted required two nurses to observe waste and both to sign for waste.On 04/02/2026 at 9:46 AM observation of the contents of narcotic box included: one full 30 ml bottle of lorazepam 2 mg/ml. Only used for emergent needs, used for only one resident. Pharmacy was alerted to replenish the medication. Lorazepam injectable, two 1 ml vials in a sealed bag from the pharmacy. The medication refrigerator covers W9 - W10 combined when changed to private rooms. The narcotic box was secured but not affixed to inside of refrigerator.During an interview on 04/02/2026 at 3:12 PM with the Director of Nursing, she stated the facility is always making rounds, doing audits, and that it was highly unusual for the medication refrigerator to have been left unlocked. She stated the facility considered medication refrigerator and medication door lock a double-lock system. She stated she expected for narcotics to be locked in the secondary lock box, locked in the medication refrigerator, making certain both locks were secure and then making certain upon leaving the medication room door was securely locked.During an interview on 04/02/2026 at 3:40 PM with the Executive Director, he stated expectations of nursing staff were to make certain all medication refrigerators were always locked up. He stated whether there was an issue or if I found something I feel needed to be addressed, I would speak with my DON and I know she is going to address it. He stated he was aware that the locked narcotic boxes are supposed to be affixed in the medication refrigerator. He stated was not aware they were not affixed. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of the facility policy, it was determined that the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one of one sampled residents. Observations on 03/30/2026 and 03/31/2026 revealed R5's open-ended catheter tubing was loosely hanging in the trash receptacle. The findings include: Observation on 03/30/2026 at 4:48 PM revealed a catheter bag anchored to the bedside, and the end of the catheter tubing was in the trash can. Observation on 03/31/2026 at 10:25 AM and 3:48 PM revealed that the catheter tubing remained in the trash can. Review of facility policy titled Infection Prevention and Control Program and Plan, revised on 06/02/2025, revealed, the facility had an ongoing infection prevention and control program to prevent, recognize, and control the onset and spread of infection to the extent possible.Review of facility policy titled Indwelling Urinary Catheter Management revised on 06/27/2023 under General Guidelines revealed, changing indwelling catheters or drainage bags at routine fixed intervals was not recommended. Rather it was suggested to change catheters and drainage bags based on clinical indications such as infection, obstructions or when the closed system was compromised.Review of document titled How to Care for your Urostomy or Continent Diversion last reviewed on 05/14/2021 revealed, a urostomy is an opening called a stoma from the belly to the outside of the body. It lets you get rid of the body's urine. Urine moves from the kidneys and your stoma instead of through the bladder into a small plastic bag or pouch that is worn outside your body. The pouch protects you from odor and wetness you will need to learn how to care for the pouch, stomach and skin. Continued review revealed, general care included, 'empty the pouch first thing in the morning, pour out contents of the pouch when it's 1/3 to 1/2 full, wash your hands before and after touching the pouch, clean the end of the pouch with a moist paper towel or a baby wipe you may also rinse the pouch with water and drain the water close the end of the pouch by replacing the clamp a tube can be attached to the drain valve on your pouch and joined by a bedside collector, letting urine drain while you sleep. Review of the admission Record revealed the facility admitted Resident (R) 5 to the facility on [DATE] with diagnoses of paraplegia, complete, type 2 diabetes mellitus, and neuromuscular dysfunction of the bladder, unspecified. Review of the Quarterly Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 01/22/2026, revealed a Brief Interview for Mental Status (BIMS) score of 15 of 15, indicating R5 was cognitively intact.During an interview with R5 on 03/30/2026 at 4:49 PM, she stated she emptied her own urostomy by attaching the tubing of the catheter bag to the pouch. R5 stated she then placed the tubing over the trash can in case it leaked. R5 stated she did not wash her hands before or after draining her bag. She stated the facility had not provided her with alcohol-based hand rub or sanitizing wipes to cleanse her hands or the catheter tubing. She stated staff changed her wafer a few times a week. During an interview with Licensed Practical Nurse (LPN 2) on 03/31/2026 at 3:48 PM, he stated he provided care for R5's urostomy. He stated that he changed out the wafer about every three days or as needed. He stated the resident emptied her own urostomy bag into a catheter bag and that the staff emptied the catheter bag. The Surveyor asked LPN 2 to enter R5's room for observation. Upon observing the catheter tubing hanging in the trash can, he stated, that it was not good, and he would get a bag for the resident to put it in. LPN 2 stated R5 had the potential of getting a urinary tract infection (UTI) with the tubing hanging in the trash can.Observation on 04/02/2026 at 8:48 AM revealed R5's catheter tubing was in a plastic bag at the bedside. R5 stated LPN 2 put in there yesterday. R5 further stated the Director of Nursing had spoken to her about the catheter tubing. During an interview with Infection Preventionist on 04/02/2026 at 2:20 PM, she stated she was not aware that R5 kept her catheter tubing in the trash can and that it was a concern. She stated the tubing in the trash can would lead to<br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | infection. The IP stated she had spoken to R5 in the past about hand hygiene and provided her with sanitizing wipes. She stated R5 had only had 1 UTI in the last 6 months.During an interview with the Director of Nursing (DON) on 04/02/2026 at 2:26 PM, she stated that R5's catheter tubing being in the trash can was a concern and a potential for infection (UTI). She stated she had spoken to R5 this week after LPN 2 made her aware of the concern. She stated she was not 100% sure but thought R5 had hand sanitizer in her room for providing hand hygiene. During an interview with the Executive Director (ED) on 04/02/2026 at 3:45 PM, he stated it would be a concern for catheter tubing being in the trash can. He stated an outcome for R5 could be a urinary tract infection. He stated he would expect staff to provide R5 with hand hygiene items. |