

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/19/2025
NAME OF PROVIDER OR SUPPLIER Salyersville Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 662 Parkway Drive Salyersville, KY 41465	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of the facility's policy, the facility failed to protect residents from abuse for 2 of 84 sampled residents, (Residents (R)11 and R43). The findings include: Review of the facility's policy titled Abuse Prohibition Standard of Practice, last revised 07/2022, revealed the facility's definition of sexual abuse was, Non-consensual sexual contact of ANY type with a resident/patient. Per review, prevention of abuse included an ongoing assessment of resident behaviors was to be performed with care planning to include appropriate interventions. Continued review revealed for the reporting of abuse, the policy stated, alleged violations shall be reported to the state survey agency, adult protective services, and all other required agencies within specified time frames, and appropriate steps shall be taken to prevent recurrence of the incident. Review of the facility's internal Grievance/Concern Form, completed by the Social Services Director (SSD) on 06/24/2025, revealed that R11 reported to the SSD that another resident was making inappropriate comments to her. Continued review revealed the SSD noted the Certified Nursing Assistant (CNA) (Nursing Assistant [NA]) Instructor, from an outside CNA [NA] educational resource, reported to her that R11 said another resident was making inappropriate comments to her. Further review revealed the SSD noted going to talk to R11, and the resident was not upset. Review revealed the SSD documented R11 told her she did not like the words that R12 used but did not feel harmed in any way. In addition, review revealed the resolution of the grievance was dated 06/24/2025 and noted R11 was advised to report any further concerns to staff. During the interview on 06/30/2025 at 2:00 PM, with the Interim Administrator, the SSA Surveyor requested a copy of any documentation the facility had of reporting of the incident to the appropriate state agencies, and a list of grievances. The Interim Administrator stated the facility had no documentation of a report filed. Review of R11's face sheet revealed the facility admitted the resident on 03/07/2025, with diagnoses of chronic obstructive pulmonary disease (COPD), and depression. Review of the quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 06/11/2025, revealed the facility assessed R11 to have a BIMS score of 5 out of 15, indicating severe cognitive impairment. During the interview on 06/30/2025 at 3:07 PM, the SSA Surveyor asked R11 if someone said something to her last week that bothered her. R11 said yes and identified R12 by his first name. The resident proceeded to tell the SSA Surveyor R12 had been following her around and he came up to her and said, I bet you have a pretty pussy. She said she was pissed and stated, I wondered what I did that made him feel that was okay to say to me. R11 stated that when asked if she felt unsafe around R12, she said, Not now. She reported, however, At the time, I didn't know what he would do; I am in this wheelchair. Observation on 06/30/2025 at 3:10 PM revealed R11 was independently mobile in a wheelchair. Review of R12's Face Sheet revealed the facility initially admitted the resident on 05/21/2021, with diagnoses of malignant neoplasm of unspecified bronchus, or lung; anxiety; and a history of nicotine dependence. Review of the quarterly MDS Assessment for R12, with an ARD of 06/06/2025, revealed the facility assessed R12 to have a BIMS score of 9 out of 15, indicating moderate cognitive impairment. During the interview on 07/01/2025 at 11:15 AM, R12 stated he did not recall saying anything to R11 last week and denied knowing that resident. R12 further denied speaking with the SSD about saying anything inappropriate to the resident. Observation on 07/01/2025 at 1:35 PM revealed R12 was independently mobile in his wheelchair. During the interview on 06/30/2025 at 1:36 PM, Nursing Assistant (NA) 1 approached the SSA Surveyor and reported R11 told her R12 had been following her around and had made a sexual comment to her. She said even though R12 did not smoke, R11 told her he (R12) had followed her outside to the smoking area before. The resident reported that the Nursing Assistant (NA) Instructor overheard her conversation with R11 as well, and they reported the information to the Administrator. She further stated she was aware the Administrator told the NA Instructor to take the incident information to the Social Services Director (SSD). During the interview on 06/30/2025 at 2:10 PM, the SSD stated it had been reported to her that R12 told R11 he thought she had a nice ass. She stated that when she spoke to R11, the resident told her she didn't like the words he used. During the interview on 07/01/2025 at 5:12 PM, the Regional Nurse Consultant (RNC) stated, We didn't feel it was reportable. During the interview on 07/01/2025 at 5:35 PM, the Interim Administrator stated he was surprised R11 was offended by being told she had a nice ass. since the language she used was as bad or worse. The SSA Surveyor reviewed the facility's abuse policy with the Interim Administrator, and after the review he stated In retrospect it should have been reported. Review of the facility policy Abuse Prohibition</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>(continued on next page)</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview, record review, and review of the facility's policy, the facility failed to implement the facility's abuse policy for 2 of 84 sampled residents. (Residents (R)11 and R43).The findings include:Review of the facility's policy titled, Abuse Prohibition Standard of Practice, last revised 07/2022, revealed the facility's definition of sexual abuse was, Non-consensual sexual contact of ANY type with a resident/patient. Per review, prevention of abuse included an ongoing assessment of resident behaviors was to be performed with care planning to include appropriate interventions. Continued review revealed for the reporting of abuse, the policy stated, alleged violations shall be reported to the state survey agency, adult protective services, and all other required agencies within specified time frames, and appropriate steps shall be taken to prevent recurrence of the incident.Review of the facility's internal Grievance/Concern Form, completed by the SSD on 06/24/2025, revealed R11 reported to the SSD that another resident was making inappropriate comments to her. Continued review revealed the SSD noted the CNA (Nursing Assistant [NA]) Instructor, from an outside CNA [NA] educational resource, reported to her that R11 said another resident was making inappropriate comments to her. Review revealed the SSD documented R11 told her she did not like the words that R12 used. In addition, review revealed the resolution of the grievance was dated 06/24/2025 and noted R11 was advised to report any further concerns to staff. During an interview on 06/30/2025 at 2:00 PM, with the Interim Administrator, the SSA Surveyor requested a copy of any documentation the facility had related to the reporting of the incident to the appropriate state agencies, and a list of grievances. The Interim Administrator stated the facility had no documentation of a report filed. Review of R11's face sheet revealed the facility admitted the resident on 03/07/2025, with diagnoses of chronic obstructive pulmonary disease (COPD), and depression. Review of the quarterly MDS Assessment, with an ARD of 06/11/2025, revealed the facility assessed R11 to have a BIMS score of 5 out of 15, indicating severe cognitive impairment.During the interview on 06/30/2025 at 3:07 PM, the SSA Surveyor asked R11 if someone said something to her last week that bothered her. R11 said yes and identified R12 by his first name. The resident proceeded to tell the SSA Surveyor R12 had been following her around and he came up to her and said, I bet you have a pretty pussy. She said she was pissed and stated, I wondered what I did that made him feel that was okay to say to me. R11 stated when asked if she felt unsafe around R12, she said, Not now. She reported, however, At the time, I didn't know what he would do; I am in this wheelchair. Review of R12's Face Sheet revealed the facility initially admitted the resident on 05/21/2021, with diagnoses of malignant neoplasm of unspecified bronchus, or lung; anxiety; and a history of nicotine dependence. Review of the quarterly MDS Assessment for R12, with an ARD of 06/06/2025, revealed the facility assessed R12 to have a BIMS score of 9 out of 15, indicating moderate cognitive impairment.During the interview on 07/01/2025 at 11:15 AM, R12 stated he did not recall saying anything to R11 last week and denied knowing that resident. R12 further denied speaking with the SSD about saying anything inappropriate to the resident. During interview on 06/30/2025 at 1:36 PM, the Nursing Assistant (NA) 1 approached the SSA Surveyor and reported R11 told her R12 had been following her around and had made a sexual comment to her. She stated the resident reported to the Nursing Assistant (NA) Instructor her concerns and she overheard R11's conversation with her instructor. She stated the NA Instructor reported the information to the Administrator, however, the Administrator advised the NA instructor to report the incident to the Social Service Director (SSD). During the interview on 06/30/2025 at 2:10 PM, the SSD stated it was brought to her attention that R12 told R11 he thought she had a nice ass. She stated that when she spoke to R11 the resident told her she didn't like the words he used.During the interview on 07/01/2025 at 5:12 PM, the Regional Nurse Consultant (RNC) stated, We didn't feel it was reportable. During the interview on 07/01/2025 at 5:35 PM, the Interim Administrator stated he was surprised R11 was offended from being told she had a nice ass since the language she used was as bad or worse. The SSA Surveyor reviewed the facility's abuse policy with the Interim Administrator and after the review, he stated, In retrospect, it should have been reported. Review of the facility policy, Abuse Prohibition Standard of Practice, dated 04/2025, revealed the facility was to prohibit and prevent abuse and neglect. Further review revealed the facility defined neglect as failure of the center, its team members or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain mental anguish or emotional distress. Continued review revealed the facility further defined neglect as including cases where the facility's indifference or disregard for resident care resulted in mental anguish or emotional distress. Additional review revealed the Administrator was to conduct an</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>(continued on next page)</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interviews, record reviews, and review of the facility's policy, the facility failed to implement its policies and procedures to ensure 2 of 84 sampled residents (R11) and (R12) were thoroughly investigated for abuse. The findings include: Review of the facility's policy titled Abuse Prohibition Standard of Practice, last revised 07/2022, revealed that in the event an alleged or actual violation occurs, the resident would be immediately assessed and removed from any potential harm. Continued review revealed the Administrator, or designee, would conduct an internal investigation regarding any allegation of abuse, neglect, exploitation, injury of unknown source, or misappropriation of resident property, and report the results of the investigation to the enforcement agency in accordance with state law, including the state survey agency within five working days of the incident. Continued review of the abuse policy revealed the facility's definition of sexual abuse was Non-consensual sexual contact of ANY type with a resident/patient. Additionally, the facility's policy, last revised on 07/2022, clarified mental abuse as the use of verbal or nonverbal conduct that causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation. The prevention of abuse included an ongoing assessment of resident behaviors is assessed with care planning to include appropriate interventions. In the reporting of abuse, the policy stated, alleged violations shall be reported to the state survey agency, adult protective services, and all other required agencies within specified time frames, and appropriate steps shall be taken to prevent recurrence of the incident. Review of the Abuse Education Post Test, undated, and administered on 06/02/2025, revealed that question number five (5) asked which of the following constitutes abuse? The selection included a) inappropriate touch, b) voicing unwanted sexual comments, c) sharing unwanted sexually implicit photos or materials, or d) all the above. The correct answer was listed as d) all the above. The Social Services Director and the Administrator had signatures affixed to their tests. 1. Record review of an internal Grievance / Concern Form, completed by the SSD on 06/24/2025, revealed that Resident (R)11 reported to the SSD that another resident was making inappropriate comments to her. Further, it stated that the Certified Nursing Assistant (CNA) (Nursing Assistant [NA]) instructor, from an outside CNA [NA] educational resource, reported that R11 had reported another resident was making inappropriate comments to her. a. Record review of R11's face sheet revealed a primary diagnosis of Chronic Obstructive Pulmonary Disease and multiple comorbidities. Review of the quarterly Minimum Data Set (MDS) of 06/11/2025 revealed a Brief Interview of Mental Status of 5, indicating severe cognitive impairment. Record review of R11's Comprehensive Care plan (CCP), dated 03/07/2025, related to the diagnosis of depression, revealed a concern dated 06/24/2025 of increased agitation related to inappropriate comments made by another resident. An intervention, dated 06/24/2025, revealed that the intervention was a social services visit. Further review, however, revealed no documentation to support the facility monitored the resident to protect her from further abuse or to assess her for any psychosocial outcomes. b. Record review of R12's face sheet revealed the facility admitted the resident on 05/21/2021 and most recently on 05/29/2025 with a principal diagnosis of malignant neoplasm of unspecified bronchus, or lung, anxiety, history of nicotine dependence, and multiple chronic co-morbidities. Review of the quarterly MDS with an ARD of 06/06/2025 revealed a Brief Interview of Mental Status of 9, indicating a moderate cognitive impairment. Record review of R12's CCP, dated 05/21/2024 and updated 06/24/2025, revealed a problem related to the resident making inappropriate comments at times and an intervention, also dated 06/24/2025, of a social services visit to discuss behaviors/inappropriate comments to others. Further review revealed no documentation to support that the facility monitored the resident's behaviors to protect R12 and other resident(s) from abuse. During an interview on 06/30/2025 at 1:36 PM, Nursing Assistant (NA)1 approached the SSA surveyor, stating that R11 reported to her that R12 had been following her around and had made a sexual comment to her. She added that even though R12 did not smoke, R11 stated he had followed her outside. She stated that the instructor for the NA class overheard this conversation as well, and they reported to the Administrator. During an interview on 06/30/2025 at 2:00 PM with the Administrator, the SSA surveyor requested a copy of any documentation of reporting of this incident, and a list of grievances. Per the interview, the Administrator stated the facility did not report the incident. He stated the SSD would be able to answer questions regarding investigating the incident. When asked to clarify, he stated that he did not feel this situation warranted reporting, however, the SSD followed up with the resident by filling out a grievance and by speaking with the residents involved. During an interview on 06/30/2025 at 2:10 PM with the SSD, she stated that it was</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview, record review, and facility policy review, the facility failed to develop and implement a comprehensive person-centered care plan for 2 of 87 sampled residents (Residents (R) 45, and 81). The findings include: Review of the facility's policy, Comprehensive Care Plans Standard of Practice, dated, 10/2020 revealed that each resident's comprehensive care plan was designed to: identify problem areas, incorporate risk factors associated with identified problems, identify the professional services that were responsible for each element of care, and aid in preventing or reducing declines in the resident's functional status or functional levels. Further review revealed that residents' assessments were to be ongoing, and care plans were required to be revised as information about the residents and their conditions changed. Review of the Facility Investigation dated 05/17/2025 around 7:25 PM revealed Registered Nurse (RN) 2 observed R45 throw an ashtray at R81, during smoke break outside the facility. (a) Review of R45's Face Sheet revealed the facility admitted the resident on 07/08/2024. R45's diagnoses included aphasia following cerebral infarction, unspecified. Review of the Annual Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 05/07/2025, revealed the facility assessed R45 to have a Brief Interview for Mental Status (BIMS) score of 00 of 15, which indicated severe cognitive impairments. Further review revealed the facility assessed R45 to have no behaviors exhibited. Review of R45's comprehensive care plan revealed the facility developed a behavior care plan which was updated on 05/24/2025, for behavior/emotional outbursts; on 05/27/2025, for an altercation; and on 06/06/2025, for behaviors of throwing a coffee cup in the hallway. Per review of the care plan, the interventions included R45 being sent out for psychiatric evaluation on 05/25/2025; and from 05/27/2025 through 05/30/2025, 1:1 supervision of the resident. However, record review revealed no interventions for increased supervision between R45 and R81. (b) Review of R81's admission Face Sheet revealed the facility admitted the resident on 06/06/2024. The resident's diagnoses included Epilepsy and Cerebral Palsy. Review of R81's MDS with an ARD of 03/12/2025, revealed the facility assessed the resident to have a BIMS score of 3 out of 15, indicating severe cognitive impairments. Continued review revealed the facility assessed R81 to have no behaviors such as, yelling, screaming or cursing. Further review revealed the facility updated R81's BIMS score on 07/12/2025, with the resident scoring 12 out of 15, indicating moderately impaired cognition. Review of R81's comprehensive care plan revealed the facility developed a behavior care plan which was updated on 07/14/2025, related to the resident making statements he did not like black people, being verbally abusive to staff, and for a resident-to-resident altercation. Continued review revealed the interventions included on 07/12/2025, to encourage R81 to be respectful of others; on 07/13/2025, to place R81 on every 15-minute checks while in bed; and on 07/14/2025, 1:1 supervision and allowing the resident space to calm down. However, there were no interventions to closely monitor interactions with R45. In interview on 07/15/2025 at 2:56 PM, R81 stated there was a black woman in the facility who had called him a mother fucker. He stated he told the resident he would rather be a mother fucker than a nigger. R81 further stated he had no further incidents with her. In interview on 07/16/2025 at 9:47 AM, Family Member 7 stated when visiting his spouse, he overheard R81 calling R45 a nigger several times in the past. In interview on 07/18/2025 at 11:40 AM, Registered Nurse (RN) 2 stated on 05/17/2025 around 7:30 PM, she had been standing in the lounge area of the facility looking at the smoke break area, and saw an ashtray go flying into the air toward a resident. She stated R45 had thrown the ashtray at R81. RN 2 stated she separated the residents and asked R45 why she had thrown the ashtray. She stated R45 told her that R81 had called her a nigger. However, RN 2 stated R45 could not talk, but other residents in the smoke break area reported hearing R81 call R45 the derogatory name. She stated there had been no staff outside with the residents on smoke break when the incident occurred as staff were assisting other residents outside. In interview on 07/18/2025 at 3:45 PM, the Social Services Director (SSD) stated when a resident displayed behaviors and she was not in the building, she was made aware. She stated the incident was documented in the progress notes by the nurse and discussed during the Interdisciplinary Team (IDT) meetings. The SDC stated she followed up for 72 hours with the residents involved in those types of incidents to ensure no psycho-social harm or distress had incurred. She stated she did not normally create a progress note regarding her follow-up with the residents. The SSD stated as of today a new process had been put in place for her to do a progress note in the resident's chart for her follow-up visits. In interview on 07/18/2025 at 5:05 PM, the Administrator stated his expectation was for residents' care plans to be updated with any changes in order to guide staff to provide appropriate care</p>		