STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185312	A. Building B. Wing	12/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonecreek Health and Rehabilitation	4747 Alben Barkley Drive Paducah, KY 42001

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of facility policy, the facility failed to provide a safe, clean homelike environment for 1 of 26 sampled residents, (Resident (R)21).The findings include: Review of the facility policy titled, Accidents and Supervision, last reviewed/revised 06/01/2025, revealed the resident environment was to remain as free of accident hazards as was possible. Per review, Environment referred to any environment or area in the facility that was frequented by or accessible to residents, including (but not limited to) the residents' rooms and bathrooms. Continued policy review revealed Hazards referred to elements of the resident environment that had the potential to cause injury or illness. Further review revealed Risk referred to any external factor, facility characteristic (e.g., staffing or physical environment) or characteristic of an individual resident that influenced the likelihood of an accident. In interview on 12/03/2025 at 3:02 PM, R21 stated his commode needed repairing. Observation of R21's commode (in room [ROOM NUMBER]) on 12/03/2025 at 3:10 PM, revealed the base of the resident's commode was not secured to the floor and therefore, caused it to rotate side to side. Further observation revealed the commode also rocked front to back. Observation of R21's commode on 12/04/2025 at 4:20 PM, revealed the commode to be in the same unstable condition as the previous day. Further observation revealed there were multiple brown paper towels stuffed between the base of the commode and the floor in attempts to stabilize or level the commode. In interview on 12/05/2025 at 12:35 PM, the Maintenance Assistant stated he thought it was just a few days ago that he and his boss pulled the old commode in R21's bathroom and installed the current one. He said the commode had been installed incorrectly; however, stated, what was I supposed to do, he was my boss? The Maintenance Assistant reported in his opinion, R21's commode was unstable and unsafe, and that needed to be corrected. He explained he would get with the Administrator about the commode. The Maintenance Assistant stated it was his guess the brown paper towels had been shoved between the commode and floor by the nurse aides trying to help. Observation of the commode, with the Maintenance Assistant, during the interview, revealed the commode was in the same condition as the previous observations. In interview on 12/06/2025 at 4:20 PM, the Administrator stated she had been made aware of R21's commode condition on the previous day by the Maintenance Assistant. She further stated a plan was to be developed to make the needed repairs to the commode. The Administrator additionally stated in her opinion the commode was a potential safety hazard.

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy review, the facility failed to ensure the admission Minimum Data Set (MDS) Assessment accurately reflected the resident's current status for 1 of 4 residents sampled for MDS Assessments out of the total sample of 26, (Resident (R)91). The findings include: Review of the facility policy titled, Resident assessment dated [DATE], revealed the purpose of the policy was to assure all residents received an accurate assessment and/or reassessment. Per review, the purpose also include the accurate assessment and/or reassessment was to be reflective of the resident's status at the time of assessment by the staff qualified to assess relevant care areas. Review of the facility's admission Observation assessment dated [DATE], signed by Licensed Practical Nurse (LPN) 3 revealed documentation under the integumentary system section noted R91 to have normal skin color, warm temperature, and skin moisture was dry. Further review revealed under alterations in skin, documentation noting, none in regards to wounds. Review of the medical record for R91 revealed the facility admitted the resident on 10/13/2025, with diagnoses of paroxysmal atrial fibrillation, chronic fatigue, and adult failure to thrive. Review of the admission MDS Assessment, with an Assessment Reference Date (ARD) of 10/17/2025, revealed the facility assessed R91 as having a Brief Interview for Mental Status (BIMS) score of 13 out of15, indicating the resident was cognitively intact. Further review of the MDS revealed the facility assessed R91 to have a stage 2 pressure ulcer and an unstageable deep tissue injury present on admission, although the admission Observation Assessment noted none. In interview with the MDS Nurse on 12/06/2025 at 2:18 PM, she stated she had coded R91's pressure ulcers as present on admission as the ulcers had developed and were assessed before the MDS ARD. She said however, there had been no documentation indicating R91 had pressure ulcers upon admission to the facility in the hospital discharge information or in the facility's admission Observation Assessment. She reported having reviewed R91's hospital discharge summary and not having seen documentation noting R91 had wounds while in the hospital or at discharge. The MDS Nurse further stated she would have expected there to have been treatment orders on R91's admission if the resident had pressure ulcers. In interview with the Director of Nursing (DON) on 12/04/2025 at 3:56 PM, she stated she expected the facility's MDS Assessments to be coded accurately to reflect a resident's status. She further stated R91's wound information should have been verified before it was coded on the admission MDS Assessment. In interview on 12/06/2025 at 4:45 PM, the Administrator stated she expected the resident MDS Assessments to be coded accurately to reflect the resident's status. She further stated the admission assessment, and the hospital discharge summary should have been reviewed before coding the resident as having wounds on admission.

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F 0656 Level of Harm - Minimal harm or potential for actual harm 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. Based on observation, interview, record review and review of facility policy, the facility failed to develop and implement a comprehensive person-centered care plan that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs for 1 of 26 sampled residents (Resident (R)91). The findings include: Review of the facility policy titled, Comprehensive Care Plans, revised on 03/03/2025, revealed it was the policy of the facility to develop and implement a comprehensive person-centered care plan for each resident to meet a resident's medical, physical, mental, and psychosocial needs. Per review, the comprehensive care plan was to describe, at a minimum, the following services that were to be furnished to attain or maintain the resident's highest practical, physical, mental, and psychosocial well-being. Continued review revealed resident-specific interventions that reflected the resident's needs and preferences and aligned with the resident's cultural identity were to be provided, as indicated. Further review revealed the comprehensive care plan was to be reviewed and revised by the interdisciplinary team (IDT) after each comprehensive and quarterly assessment. Review of the Resident Face Sheet for R91 revealed the facility admitted the resident on 10/13/2025, with diagnoses of paroxysmal atrial fibrillation, chronic fatigue, and adult failure to thrive. Continued review revealed on 10/23/2025, a diagnosis of pressure ulcer of unspecified buttock, stage 3, had been added, and on 12/03/2025, a diagnosis of pressure ulcer to right buttock, unstageable, had been added to the diagnosis list. Review of the admission Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 10/17/2025, revealed the facility assessed R91 as having a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating intact cognition. Review of the facility's Wound Management Detail Report dated 10/16/2025 at 4:02 PM, revealed documentation noting R91 had a stage 2 pressure ulcer to the left buttock that measured 1.5 centimeters (cm) x 1.5 cm. Continued review revealed the facility additionally noted R91 had a stage 3 pressure ulcer to the right buttock that measured 3.5 cm x 5 cm x 0.1 cm. Review of the Wound Management Detail Report dated 10/30/2025, revealed the facility noted R91 had a new unstageable pressure ulcer to the left heel that measured 3 cm x 7 cm, which had been documented as a blood-filled blister. Review of the facility's Comprehensive Care Plan for R91 dated 10/14/2025, revealed a problem for integumentary, noting the resident was at risk for skin impairment related to hypertension, malnutrition, impaired mobility, and pain. Per review, the interventions dated 10/14/2025, revealed staff were to assist R91 with turning and repositioning as needed during routine rounds; conduct a systematic skin inspection weekly on shower days, paying attention to boney prominences; and a pressure reduction mattress. In addition, review revealed the facility's goal for R91 was the resident would not have skin complications related to risk of skin impairment through 01/23/2026, which had been updated with no changes on 11/05/2025. Continued review revealed the facility developed an integumentary care plan dated 10/17/2025 and revised on 12/03/2025, related to a pressure ulcer to the right and left side of the buttocks. Per review, the interventions for that care plan included encouraging the resident to shift positions while in bed and to turn from side to side, dated 10/17/2025, and pressure-relieving boots to both heels as resident would allow, dated 10/30/2025. However, further care plan review revealed no plan of care for the current pressure ulcers on both of R91's heels. In interview with Certified Nursing Assistant (CNA) 4 on 12/04/2025 at 2:45 PM, she stated she was not familiar with R91, as staff rotated halls every other week or so and it was hard to get to know the residents. CNA 4 said she was aware R91 wore heel boots and had an air mattress which were part of the resident's plan of care. She further stated she sometimes reviewed the care plan in the residents' electronic health record (EHR); however, mainly relied on reports from the other CNAs as to the care the residents required. In interview with CNA 12 on 12/05/2025 at 10:24 AM, he stated today was only the second time he had not provided care for R91, and was not very familiar with him. He stated staff switched halls every other week or (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	so, and it was hard to get to know the residents. CNA 12 reported he knew R91 had wounds on his heels, but had not known the resident had a wound on his buttock until he (CNA 12) assisted the nurse today. He stated R91 could reposition self when in bed. He stated he did not have to do much for R91. CNA 12 further stated the care plan was available on the computer and he tried to look at it when he worked. He additionally stated he received a shift to shift report from the other CNAs and sometimes from the nurse regarding the care the residents needed. In interview with the Assistant Director of Nursing (ADON) on 12/06/2025 at 2:49 PM, she stated she thought R91's coccyx wounds had been present on admission; however, would have to check the chart to verify that. She stated a care plan was to be developed on a resident's admission and was to include interventions to prevent pressure ulcers if necessary. The ADON said she expected the nurses to follow the physician's orders and complete the treatment as ordered. She further stated she expected the residents' care plans to be followed and the interventions implemented. The ADON additionally stated If a resident developed a new wound the care plan was to be updated to reflect that information with necessary interventions. In interview with the Director of Nursing (DON) on 12/06/2025 at 3:33 PM, she stated she expected staff to initiate and implement interventions for residents who were at risk for pressure ulcers. She stated she expected staff to follow the residents' care plans and ensure the interventions were being used. In interview with the Administrator on 12/06/2025 at 4:45 PM, she stated that care plan interventions were communicated to the staff. She said she expected the care plan interventions to be implemented when developed and put in place. The Administrator further stated staff were made aware of residents' care plan interventions during morning huddles and shift to shift report.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interview, record review, and review of facility policy, the facility failed to ensure the comprehensive person-centered care plan was reviewed and revised for 1 of 26 sampled residents, (Resident (R)21). The findings include: Review of the facility policy titled, Comprehensive Care Plans, revised on 03/03/2025, revealed it was the policy of the facility to develop and implement a comprehensive person-centered care plan for each resident to meet a resident's medical, physical, mental, and psychosocial needs. Per review, the comprehensive care plan was to describe services to be furnished to attain or maintain the resident's highest practical, physical, mental, and psychosocial well-being. Continued review revealed the comprehensive care plan was to be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly assessments. Further review revealed the comprehensive care plan was to also include measurable objectives and time frames to meet the residents' needs as identified in the residence comprehensive assessment. In addition, the objectives were to be utilized to monitor the resident's progress and alternative interventions documented as needed. Review of Resident Face Sheet for R21 revealed the facility admitted the resident on 10/17/2024, with diagnoses which included chronic systolic (congestive) heart failure, unspecified dementia, and generalized muscle weakness. Review of the Quarterly Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 11/17/2025, revealed the facility assessed R21 to have a Brief Interview for Mental Status (BIMS) score of 9 out of 15, indicating moderate cognitive impairment. Further review of the MDS revealed the facility coded R21 to have experienced no behavioral symptoms, rejection of care, or wandering. Review of the facility's Event Report dated11/07/2025, revealed R21 had sustained a fall, and the root cause of the fall was noted as, resident states that he was leaning over trying to get his cup. Continued review revealed the immediate interventions put in place were fall mat to both sides of bed .Therapy notified. Further review revealed the facility noted the outcome of the intervention as intervention effective. Observation on 12/03/2025 at 4:55 PM; 12/05/2025 at 12:35 PM; and 12/06/2025 at 2:15 PM, revealed a fall mat on the right side of R21's bed between the resident's bed and his roommate's (R75) bed. However, further observation revealed no fall mat located to the left of R21's bed during any of the observations. In interview on 12/06/2025 at 12:43 PM with the MDS Nurse, she stated revisions were made to the residents' care plans when the Interdisciplinary Team (IDT) came together to figure out what the best solution was for the resident. She additionally stated a nurse could make revisions to a resident's care plan; however, the IDT team went over those changes. The MDS Nurse further stated the IDT went over the residents' full care plan to ensure all issues were resolved. In interview on 12/06/2025 at 3:31 PM, the Director of Nursing (DON), stated any intervention listed on an investigation was to be on the resident's care plan and implemented by staff. The DON, after reviewing the documentation from the Event Report dated 11/07/2025 involving R21, stated the intervention for fall mats to both sides of R21's bed should have been on the resident's care plan and put in place. In interview on 12/06/2025 at 4:20 PM, the Administrator stated an intervention for a resident listed on an event report was to be added to their care plan immediately upon the decision to make it an intervention. She said a lack of communication could be the cause an intervention was not added to a resident's care plan. The Administrator reported if a necessary intervention had not been placed on the resident's care plan, no one would know it should be followed. She further stated her expectation was for staff to ensure care plans were revised as necessary and followed.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy review, the facility failed to ensure residents received care consistent with professional standards of practice to prevent pressure ulcers for 1 of 4 residents sampled for pressure ulcers out of the total sample of 26 residents (Resident (R)91).The findings include: Review of the facility policy titled, Pressure Injury Prevention and Management dated 06/04/2025, revealed the facility was committed to the prevention of avoidable pressure injuries unless clinically unavoidable. Per review, the facility was also committed to providing treatment and services to heal pressure ulcers, prevent infection, and prevent the development of additional pressure ulcers. Continued review revealed a licensed nurse was to conduct a full body skin assessment on all residents upon admission, readmission, weekly, and after any newly identified pressure injury. Policy review revealed the findings of those assessments were to be documented in the residents' medical record. Further review revealed the staging of pressure injuries was to be clearly identified to ensure the correct coding on the Minimum Data Set (MDS) Assessment. Review of the hospital discharge summary for R91 dated 10/13/2025, revealed no documented evidence the resident had pressure ulcers at the time of discharge. Continued review of the hospital discharge summary, of the discharge medication list revealed no documented physician orders for treatments or wound care for R91. Review of the Resident Face Sheet for R91 revealed the facility admitted the resident on 10/13/2025, with diagnoses of paroxysmal atrial fibrillation, chronic fatigue, and adult failure to thrive. Review of the admission MDS Assessment, with an Assessment Reference Date (ARD) of 10/17/2025, revealed the facility assessed R91 to have a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating the resident was cognitively intact. Further MDS review revealed the facility assessed R91 to have a stage 2 pressure ulcer on the right buttock and an unstageable deep tissue injury (DTI) on the left buttock present on admission. Review of the admission Observation assessment dated [DATE], signed by Licensed Practical Nurse (LPN) 3, revealed under the integumentary system section R91 had normal skin color, warm temperature, and the skin moisture was dry. Further review of the admission Observation Assessment, under alterations in skin, the nurse noted none. Review of the facility's initial Skin and Wound Progress Note dated 10/22/2025, completed by an outside provider, revealed the provider noted R91 presented to the nursing home after a recent discharge from the hospital. Continued review revealed the provider also noted R91's hospital discharge summary had no injuries documented. Further review revealed the provider had seen R91 today for follow-up for a deep tissue injury to the right buttock and a stage 2 pressure injury to the left buttock which had been present upon the resident's admission. Review of the Physician Orders dated 10/13/2025 revealed no orders present for wound care for R91. Review of the physician order dated 10/14/2025, revealed an order for Calmoseptine (a barrier cream) to be applied to R91's buttock area every shift, which was discontinued on 10/22/2025. Review of the physician's order dated 10/16/2025, revealed an order for Triad cream (a dressing paste used to treat wounds) to R91's left and right buttocks twice a day, which was discontinued on 10/24/2025. Review of the physician's order dated 10/22/2025, revealed to cleanse R91's right and left buttocks with in-house wound cleanser; apply collagen to the base of the wound; secure with bordered gauze; and change daily. Review of the physician's order dated 10/24/2025, revealed an order for R91 to have low air loss mattress to the bed. Review of physician's order dated 10/29/2025, revealed an order for pressure-relieving boots to be applied to R91's feet when in bed. Review of the physician's order dated 10/29/2025, revealed an order for skin prep (a barrier wipe used to form a film to protect the skin) twice a day to R91's bilateral heels. Review of the physician's order dated 12/03/2025, revealed an order for treatment to R91's right heel, which was to cleanse with normal saline, and apply calcium alginate with silver (calcium alginate absorbs wound exudate, and silver helps reduce infection). Review of the Comprehensive Care Plan for R91 dated 10/14/2025, revealed the resident was care (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	planned as at risk for skin impairment related to hypertension, malnutrition, impaired mobility and pain. Continued review revealed the Interventions dated 10/14/2025 included a pressure relieving cushion for pressure reduction when R91 was up in the chair; using a moisture barrier product to the resident's perineal area as needed; and providing incontinent care after each incontinent episode. Per review, the interventions also included a pressure reduction mattress to the bed; keeping bony prominences from direct contact with one another; and conducting a systemic skin inspection weekly on shower days paying attention to the bony prominences. Further review revealed the interventions additionally included avoiding shearing during positioning, transferring, and turning; assisting R91 with turning and repositioning as needed during routine rounds. In addition, review revealed the facility's goal for R91 was for the resident not to have skin complications related to his risk of skin impairments, with the goal date of 01/23/2026. Review of the Comprehensive Care Plan for R91 dated 10/17/2025, revealed the resident had pressure ulcers to the right and left sides of his buttock. Per review, the interventions dated 10/17/2025, included encouraging R91 to shift positions while in bed and turn from side to side. Review of the intervention dated 10/30/2025, revealed therapy was to evaluate R91 for a leg rest; pressure-relieving boots to bilateral heels as he would allow. Further review revealed an intervention added on 12/03/2025, for a low air loss mattress to R91's bed. (a). Review of the Wound Management Detail Report dated 10/16/2025 at 4:02 PM, revealed R91 was noted to have a stage 2 pressure ulcer to the left buttock that measured 1.5 centimeters (cm) x 1.5 cm. Review of the Wound Management Detail Report dated 11/19/2025, revealed the stage 2 to the left buttock was noted as healed. (b). Review of the Wound Management Detail Report dated 10/16/2025 at 4:02 PM, revealed R91 was noted to have a stage 3 pressure ulcer to the right buttock that measured 3.5 cm x 5 cm x 0.1 cm. Review of the Wound Management Detail Report dated 10/29/2025 revealed the right buttock wound area measured 5 cm x 5 cm x 0.2 cm and had moderate exudate. Per continued review of the 10/29/2025 Report revealed the right buttock area was declining, and the physician was made aware. Review of the Wound Management Detail Report dated 11/12/2025, revealed R91's right buttock wound continued to decline, noted as unstageable, measuring 6 cm x 4 cm x 0.3 cm, with necrotic tissue (dead tissue), fifty percent (50%) eschar (devitalized tissue found in a wound bed), and 40% slough (a yellowish, soft, and often stringy material). Continued review of the Wound Management Detail Report revealed one dated 11/19/2025, noting R91's right buttock pressure ulcer was unstageable and measured 9.5 cm x 4.5 cm x 0.3 cm was 50% slough and 40% eschar. Review of the Wound Management Detail Report dated 11/26/2025, revealed the right buttock was an unstageable pressure ulcer measuring 8.5 cm x 4.5 cm with moderate drainage, which was noted as 50% sloth 50% eschar, and documented as stable. Review of the Wound Management Detail Report dated 12/03/2025, revealed the right buttock unstageable wound was improving with delayed closure, 6.5 cm by 4.5 cm by 1.2 cm with 100% slough. (c). Review of the Wound Management Detail Report dated 10/30/2025 revealed R91 had a new unstageable pressure ulcer to the left heel that measured 3 cm x 7 cm and was documented as a blood-filled blister. Review of the Wound Management Detail Report dated 11/12/2025 revealed a pressure ulcer to left heel. The wound was stable, measuring 4.5 cm x 7 centimeters. This area was a blister that had ruptured, and there was 100% intact epithelium with evidence of deeper tissue injury. Review of the Wound Management Detail Report dated 11/26/2025 revealed necrotic tissue to the left heel, 4.5cm x 7 cm. 100% eschar. The wound was improving without complications. Review of the Wound Management Detail Report dated 12/03/2025 revealed left heel pressure ulcer measuring 2 by 2.5cm and was 100% necrotic tissue. (d). Review of the Wound Management Detail Report dated 10/30/2025 revealed R91 had a new unstageable pressure ulcer to the right heel that measured 3 cm x 7 cm and was documented as a blood-filled blister. Review of the Wound Management Detail Report dated 11/12/2025, revealed R91 had a stage 3 pressure ulcer to the right heel, which was improving, measuring 3 cm by 4 cm. Review of the Wound Management Detail Report dated 11/26/2025, revealed R91 continued to have a stage 3 to the right heel, which measured 2 cm x 3.5 cm, with 100% eschar, (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	improving without complications. Review of the Wound Management Detail Report dated 12/03/2025, revealed there continued to be a stage 3 pressure ulcer to R91's right heel that measured 2.5 by 3.0 cm and was 100% necrotic. Observation of R91 on 12/03/2025 at 2:28 PM, and on 12/04/2025 at 8:20 PM, revealed the resident lying on the bed with a low air loss mattress on his bed and pressure-relieving boots on both feet. Observation on 12/04/2025 at 8:20 PM, revealed R91's right heel had no dressing in place, and the wound was observed to be actively bleeding. In interview with R91, at the time of observation, he stated he had been at the facility for over a month, and had sores on both of his feet and his backside (coccyx). R91 stated no when the State Survey Agency (SSA) Surveyor asked if he had the wounds when he was admitted to the facility. The SSA Surveyor asked R91 how he got the wounds, and the resident stated he did not know how they happened. Observation on 12/05/2025 at 12:10 PM, during R91s wound care performed by Registered Nurse (RN) 2 and Certified Nursing Assistant (CNA) 12, and with the Unit Manager present in the resident's room, revealed RN 2 and CNA 12 positioned the resident on his left side. Continued observation revealed RN 2 proceeded to perform wound care to an unstageable pressure ulcer on the resident's right buttock, a stage 3 pressure ulcer to his right heel, and an unstageable pressure ulcer to his left heel. In interview with CNA 4 on 12/04/2025 at 2:45 PM, she stated she was not familiar with R91 or the residents on that hall. CNA 4 reported staff rotated halls every other week or so and it was hard to get to know the residents. She said she was aware R91 wore heel boots and had an air mattress. The CNA further stated she sometimes reviewed the care plan in the electronic health record (EHR) but relied on reports from the other CNAs as to residents' care needs. In interview with CNA 12 on 12/05/2025 at 10:24 AM, he stated today had been only the second time he had provided care for R91, so he was not very familiar with him. CNA 12 said staff switched halls every other week or so, and it was hard to get to know the residents. He reported he knew R91 had wounds on his heels; however, had not known the resident had a wound on his buttock until he assisted the nurse that day. CNA 12 further stated R91 could reposition himself when in bed. In interview with Licensed Practical Nurse (LPN) 3 on 12/06/2025 at 9:45 AM, she stated she was the nurse who had completed the admission assessment for R91. The LPN said R91 had not had wounds on admission, he only had redness to his buttocks. She reported when residents were admitted with wounds they usually had physician's orders in place, and if they did not, she notified the provider for orders. LPN 3 stated when a resident developed a new wound, the nurse created an event for a change in condition. She further stated when events were created, that triggered a care plan for the resident. In interview with the Director of Nursing (DON) on 12/06/2025 at 3:33 PM, she stated she expected staff to initiate interventions for residents who were at risk for pressure ulcers. She said R91 had not had wounds present on his admission. The DON reported R91 refused to eat, was depressed and had a diagnosis of adult failure to thrive. She stated all residents had a pressure reducing mattress to their bed when admitted and R91 now had a low air loss mattress. The DON further stated R91 sometimes refused to turn and preferred to lie on his back. She additionally stated the wound care provider came to the facility weekly to assess residents and measure all wounds. In interview with the Administrator on 12/06/2025 at 4:45 PM, she stated she expected wound care and treatments to be completed as ordered by the physician or wound Nurse Practitioner (NP). She reported If a resident's dressing was not in place as ordered, she expected the aides to report that to the nurse so the dressing could be replaced. The Administrator further stated R91 had adult failure to thrive, and had poor meal intake which attributed to poor healing.

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	185312	A. Building B. Wing	12/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, the facility failed to ensure a medication error rate less than 5 percent (%), which affected 1 of 8 residents sampled during medication observation, (Resident (R)50). The findings include: Review of the facility policy titled, Medication Administration, last reviewed on 06/01/2025, revealed medications were to be administered as ordered by the physician. Further review revealed the Medication Administration Record (MAR) was to be reviewed to identify the medication to be administered. Review of the facility's MAR for R50, dated 12/04/2025, for revealed one hydrocodone-acetaminophen 5 - 325 milligram (mg) tablet (a narcotic medication used to treat moderate to severe pain) ordered for administration at 4:00 PM. Continued review revealed saccharomyces boulardiii 250 mg (a probiotic yeast used to support gut health), one capsule ordered for administration between 7:00 PM and 11:00 PM. Observation on 12/04/2025 at 8:30 PM, revealed Licensed Practical Nurse (LPN) 3 noting the 4:00 PM dose of R50's hydrocodone-acetaminophen had not been administered while the LPN was reviewing the resident's MAR during the bedtime medication preparation. Continued observation revealed no documented reason for why the dose of R50's hydrocodone-acetaminophen had been omitted. Additionally, observation of LPN 3, while preparing the scheduled medications, revealed the LPN discovered no saccharomyces boulardiii was available for administration. During interview with LPN 3 on 12/04/2024 at 8:50 PM, she stated she added the documentation of Not Administered: Other onto R50's MAR regarding the 4:00 PM omitted dose of hydrocodone-acetaminophen. She said the missed dose of that medication would not be made-up because it had not been noticed until several hours after it was due to be administered. The LPN explained at that time (8:50 PM) it had been too close to the next scheduled dose (at 12:00 AM) for the narcotic medication to be safely administered. She reported the ordering physician/Medical Director would be notified of the 4:00 PM dose having been missed. LPN 3 further stated if R50 requested something for pain before the 12:00 AM dose of hydrocodone-acetaminophen could be administered; Tylenol would be given to the resident. Review of the MAR revealed, Not Administered: Drug/Item Unavailable was documented by LPN 3 for the missing saccharomyces boulardiii dose. In continued interview on 12/04/2024 at 8:50 PM, LPN 3 stated the ordered saccharomyces boulardiii bedtime dose was not available in the medication cart to administer to R50. She said she checked the facility's pyxis (medication storage cabinet) and there had been no saccharomyces boulardiii available. LPN 3 reported she did not know why there was none of the medication available for administration or why it had not previously been ordered by someone else. The LPN said she ordered the replacement medication. She further stated the ordering physician/medical director would also be notified of the missed dose of R50's saccharomyces boulardiii. During interview on 12/06/2025 at 3:31 PM, the Director of Nursing (DON) stated if the medication cart had none of an ordered medication, the nurse was to check the facility's omnicell (another name for a medication cabinet) to see if there was an extra supply of the missing medication. The DON said there was a button on the electronic medical record (EMR) to reorder medications when they were running low. She reported whoever was passing medication when a medication reached the designated reorder level was responsible for re-ordering the medication to ensure the supply remained available. The DON additionally stated she expected staff to follow the physician orders and expected residents receive their medications as ordered. During interview on 12/0/2025 at 4:20 PM, the Administrator stated she was not aware of the exact process for reordering medications; however, did know there was a button on the EMR to re-order medications. The Administrator further stated her expectation was for all residents to get their medications as ordered.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, record review, and facility policy review, the facility failed to establish and maintain an infection control program designed to provide a safe, sanitary environment and to help prevent the development and transmission of communicable diseases and infections for 4 of 4 residents sampled for infection control out of the total sample of 26 residents, (Residents (R)4, R91, R93, and R95). The findings include: Review of the facility policy titled, Transmission-Based Precautions revised 05/21/2025, revealed it was the facility's policy to take appropriate action to prevent the transmission of infectious agents, based on the agents' modes of transmission. Per policy review, healthcare personnel caring for residents on Contact Precautions were to wear a gown and gloves for all interactions that might involve contact with the resident or potentially contaminated areas in the resident's environment. Continued review revealed staff must don personal protective equipment (PPE) upon entry and discard the PPE before exiting the resident's room for residents in Contact Precautions. Further review revealed donning PPE upon room entry and discarding it before exiting the room was done to contain pathogens, especially those that had been implicated in transmission through environmental contamination. 1). Review of the Face Sheet for R95 revealed the facility admitted him on 11/28/2025, with diagnosis which included enterocolitis due to Clostridium difficile, type 2 diabetes mellitus with foot ulcer, and arteriovenous fistula, acquired-left upper arm. Further record review revealed the facility had not yet completed the admission Minimum Data Set (MDS) Assessment for R95; therefore, the Brief Interview for Mental Status (BIMS) score had been assessed for the resident. Review of the General Orders for R95 revealed an order received and started on 12/03/2025, for the resident to be in Isolation Type: Contact related to a diagnosis of Clostridium Difficile (C-Diff - a highly contagious bacterium that causes diarrhea and colitis). In interview with Certified Nurse Aide (CNA) 2 on 12/04/2025 at 11:55 AM, she stated she was familiar with R95; however, did not know why the resident was on contact precautions. She added that he may have fell or something, she was not sure. Observation on 12/05/2025 at 12:45 PM, revealed Certified Occupational Therapy Assistant (COTA) 2 pushing R95 in his wheelchair out of his room and through the hallway to the therapy room. Per observation, neither COTA 2, nor R95 were wearing any PPE. In interview with COTA 2 on 12/05/2025 at 12:47 PM, in R95's presence, he confirmed the resident was on contact precautions. He stated contact precautions meant, you have to put on a gown when you go in the room. COTA 2 said he had a gown on when he was in R95's room, but had taken it off before he exited the room with the resident. When the State Survey Agency (SSA) Surveyor asked if a resident should leave his room when contact precautions were ordered, COTA 2 did not respond and answer the question; however, R95 stated, I've been leaving my room. 2). Review of the Resident Face Sheet for R91 revealed the facility admitted the resident on 10/13/2025, with diagnoses of paroxysmal atrial fibrillation, chronic fatigue, and adult failure to thrive. Per continued review, a diagnosis of pressure ulcer of unspecified buttock, stage 3, was added on 10/23/2025. Further review revealed on 12/03/2025, a diagnosis of pressure ulcer to right buttock, unstageable, was added to the diagnosis list. Review of R91s physician orders dated 12/04/2025, revealed an order that read isolation type, contact related to Methicillin Resistant Staph Aureus (MRSA). Review of the admission MDS Assessment, with an Assessment Reference Date of 10/17/2025, revealed the facility assessed R91 to have a BIMS score of 13 out of 15, indicating intact cognition. Review of the physician orders dated 12/03/2025 for R91 revealed an order for isolation, type, contact, related to coccyx wound infection, pseudomonas/staph (Staphylococcus aureus and Pseudomonas aeruginosa most common bacteria co-isolated from chronic infected wounds). Review of R91's Comprehensive Care Plan dated 10/14/2025, the facility care planned the resident as being under EBP for an indwelling urinary catheter. Per review, the interventions dated 10/14/2025, included encouraging R91 to participate in activities of choice, as tolerated to ensure psychosocial well-being, isolation per the physician's order, and promoting the resident's psychosocial well-being while in isolation. Continued review (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	revealed all interventions on the care plan for EBP were dated 10/14/2025. The goal was that R91 would not have complications related to being in isolation. Further review revealed on 12/03/2025, the care plan had been edited and changed to read: contact precautions for Pseudomonas and Staph in the wound. Observation on 12/03/2025 at 2:11 PM, revealed Certified Nursing Assistant (CNA) 8 entering R91's room without donning PPE, even though there was signage on the door frame that read Contact Precautions. In interview with CNA 8, at the time of observation, she stated she had just been putting a blanket on R91, and thought she only had to put PPE on when she was performing direct care for the resident. CNA 8 reviewed the signage on R91's door, and stated she should have put on a gown and gloves prior to entering the resident's room. 3). Review of the Resident Face Sheet for R93 revealed the facility admitted the resident on 12/02/2025, with diagnosis of adult failure to thrive, acute kidney failure, sepsis, and Methicillin-resistant Staphylococcus Aureus (MRSA). Review of Resident 93's Entry MDS Assessment with an ARD of 12/02/2025, revealed the facility assessed the resident to have a BIMS score of 99, which indicated the interview was not completed. In interview with R93 on 12/03/2025 at 12:23 PM, he stated he just got to the facility last night. R93 further stated he was at the facility, just for rehabilitation and doesn't know anything about any precaution status. Observation on 12/03/2025 at 4:32 PM, revealed R93 was had signage outside the room indicating the resident was on isolation precautions. Continued observation revealed CNA 1 walked out of R93's room with no PPE in place. Further observation revealed CNA 1 walked to the linen cart located in the hallway, obtained a washcloth and returned to the R93's room without donning PPE. In interview with CNA 1 on 12/03/2025 at 4:51 PM, she stated she had been under the impression she did not have to don PPE if she was taking care of R93's roommate and would get clarification on that. She further stated she had been informed by her superior that as long as she was not providing care for the affected resident she did not have to don PPE. Observation on 12/03/2025 at 4:53 PM, revealed Housekeeper (HK) 1 entering R93's room without donning PPE and removing trash bags with her bare hands. Continued observation revealed after leaving R93's room, HK 1 continued to enter another resident's room to empty the trash receptacle. In interview with HK 1 on 12/03/2025 at 4:57 PM, she stated she had been employed at the facility for about eight months. She said she did not wear gloves when she was removing the trash because she did not want to change gloves so frequently. HK 1 said so she just picked up the trash with her bare hands and used hand sanitizer after each room. She reported she had not been told anything about contact isolation rooms. HK 1 further stated she had not donned PPE when she went to remove the trash from R93's room because she just doesn't do that. Observation on 12/04/2025 at 12:36 PM, revealed that CNA 6, CNA 7, and COTA 1 were in R93's room with no PPE in place, even though there was signage indicating the resident was on contact precautions. In interview with COTA 1, during the observation, she stated it was her first day working with R93. The COTA said she had not seen the contact precaution sign posted on the resident's door frame. In interview with CNA 6 on 12/04/2025 at 12:40 PM, he stated he had been following what he had been told to do by the facility's Infection Control (IC) nurse. He further stated he had not had to don PPE before prior to entering a resident room who was in contact precautions, unless he was providing direct care to the resident. In interview with CNA 7 on 12/04/2025 at 12:45 PM, she stated she had not seen the sign posted on the door frame indicating R93 was in contact precautions. The CNA reviewed the sign outside R93's door, and said she should have paid attention to it and donned PPE prior to entering the room. 4). Review of the Resident Face Sheet for R4 revealed the facility admitted the resident on 03/27/2024, with diagnoses of congestive heart failure, chronic kidney disease and diabetes mellitus. Review of the Quarterly MDS Assessment, with an ARD of 09/18/2025, revealed the facility assessed R4 as having a BIMS score of 13 out of 15, indicating intact cognition. Observation on 12/04/2025 at 2:33 PM, revealed CNA 4 and CNA 5 were providing direct care to R4. Per observation, R4 who had signage in place outside the room for Enhanced Barrier Precaution (EBP). Further observation revealed neither of the CNAs were wearing PPE as required. In interview with CNA 4, during the observation, she stated she had forgotten to put on PPE as required. In (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interview with CNA 5 on 12/04/2025 at 2:33 PM, she stated she had just run into the room to help CNA 4 and had forgotten to put PPE on. CNA 4 stated she had received education provided by the Staff Development Coordinator that morning on PPE. Interview with CNA 5 on 12/04/2025 at 2:33 PM, during observation, she stated she had just run into the room to help CNA 4 and forgot to put PPE on. CNA 5 stated she was provided education by the Staff Development Coordinator this morning. (12/04/2025) on PPE. In interview with Licensed Practical Nurse (LPN) 1 on 12/03/2025 at 4:47 PM, she stated if you have a resident in contact precautions in a room you would still dress out in PPE even if you were not doing anything for the resident that was on the precautions. In interview with the Environmental Services Manager (ESM) on 12/06/2025 at 10:31 AM, she stated isolation contact rooms required staff to don full PPE. She stated she had always informed staff they should suit up for everything because you just don't know. The ESM reported if a resident had a yellow caddy hanging on their door regardless if signage was present or not. She stated staff should just don PPE to be safe. The ESM further stated the potential negative outcome of not donning PPE was possible cross contamination, disease transfer or you could become contaminated yourself with the organism. In interview on 12/06/2025 at 2:49 PM, the Assistant Director of Nursing (ADON) stated there had been no concerns before that week related to contact precautions. She stated staff had been made aware during huddle that a resident had been placed on precautions and the nurse would let the aides know more after report. The ADON said signage was placed beside the resident's door when TBP were ordered. She reported before staff went in the room of a resident on contact precautions, they need don PPE. The ADON explained there had been some confusion on whether or not staff needed to don PPE if they were going in the room to care for the affected resident or if they were going into the room in general. She further stated the correct approach was to don PPE if you were going into the room period. In interview with the Staff Development Coordinator/Infection Prevention Nurse (SDC/IP) on12/06/2025 at 10:50 AM, she stated when a resident had contact precautions ordered staff were to put on PPE when they went into the resident's room and remove the PPE when they came out of the room. She said she thought staff were getting confused on the precautions and had since been reeducated on the facility's contact isolation precautions. The SDC/IP Nurse reported staff were to pay attention to signage which directed them on which transmission-based precaution (TBP) was applicable to the resident. She stated for a resident who had contact precautions ordered, their therapy was to be performed in the their room. The IP Nurse further stated possible outcomes from not doing proper hand hygiene and donning/doffing PPE, was the potential for staff to pass the bacteria/infection to another resident. In interview with the Assistant Director of Nursing (ADON) on 12/06/2025 at 2:49 PM, she stated staff were made aware during huddle that a resident had been placed on precautions, and when the nurse got report on a resident, she would let all other staff on the unit know about the precautions that day. The ADON said signage was placed outside the resident's room door to indicate the precautions. She further stated before staff went in the contact isolation resident's room they needed to put on PPE regardless. In interview with the Director of Nursing (DON) on 12/06/2025 at 3:31 PM, she stated she thought the confusion on for staff regarding PPE and not adhering to contact precautions was because they were not doing it at all. She stated staff had been educated on TBPs and not long ago the facility had a skills fair that included contact precautions and staff had to demonstrate donning and doffing gowns and gloves, which they were found to be proficient in. The DON said, to be honest what is hindering them from following policy and procedures is just them doing it. The DON said they did audits on precautions/PPE use; however, she was not sure how often the audits were done. She reported she had done the audits a few times when she first started working at the facility, but then the unit managers did them (audits). The DON further stated they had everybody demonstrate when to don and doff PPE in the facility's skills fair held a few months ago. She also stated her expectations was for the staff to use PPE for their own protection as well as for the protection of the residents. During interview with the Administrator on 12/06/2025 at 4:20 PM and 4:29 PM, she stated she was unaware of the problem with PPE regarding (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	residents in contact and enhanced barrier precautions and that contact precautions were such a big problem until that week. She said the facility had started educating staff since the State Survey Agency (SSA) survey process started. The Administrator stated the facility had processes and policies always in place; however, it was not normal to have contact precaution residents in the facility. She explained all four residents currently in precautions had just been admitted within the last week or so. The Administrator reported there were signs on the door of a resident in precaution for a reason and staff should read those signs if they any questions, as they are there for a reason. She explained those signs told staff what to do for those precautions, and staff should read the signs so they would know what to do. The Administrator stated they went through life safety and infection control processes during orientation with contract employees as well and every department was involved in the education process. She further stated she expected staff to follow the physicians orders and care plans, and ensure precautions were implemented as required.