STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185484	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Seasons at Alexandria	7341 E Alexandria Pike Alexandria, KY 41001

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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, review of the Centers for Disease Control and Prevention (CDC) document, and review of the facility's documents, policies, and procedure, 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 the total census of 99 residents. On [DATE], the Local Health Department (LHD) informed the facility that Resident (R) 121 had been diagnosed with Legionnaire's disease while in the hospital. Testing conducted by a third-party water specialist revealed positive areas for legionella in the facility. On [DATE] uncontrolled levels of growth were identified in the hot shower of room [ROOM NUMBER] and in the cooling tower. Before this incident, there was no written water management program in place, and the facility was not actively flushing dead legs (an area of piping system where fluid flow was minimal or nonexistent) in the water system. The resident passed away at the hospital on [DATE]. Additionally, observation on [DATE] of Registered Nurse (RN) 3 revealed she failed to clean and disinfect a glucometer according to the facility's policy, the manufacturer's instructions, and the recommended dwell time for the sanitizing wipe.Immediate Jeopardy (IJ) was identified on [DATE] and was determined to exist on [DATE], in the area of 42 CFR 483.80 Infection Control, F-880 at a Scope and Severity (S/S) of an L. The facility's Administrator was notified of the IJ on [DATE].The facility provided an acceptable Immediate Jeopardy Removal Plan, on [DATE], alleging removal of the IJ on [DATE]. The State Survey Agency (SSA) determined the IJ had been removed on [DATE] as alleged, prior to exit on [DATE], with remaining non-compliance at a S/S of an F. The findings include:Review of the Centers for Disease Control and Prevention (CDC) document Clinical Guidance for Legionella Infections, dated [DATE], revealed minimizing Legionella growth in complex building water systems and devices was key to preventing infection. The CDC recommended healthcare facilities develop and implement comprehensive water management programs (WMPs). Review of the facility's policy titled, Infection Prevention and Control Program, revised [DATE], revealed the facility created and maintained an infection prevention and control program. Per the policy, the Infection Prevention and Control Program [IPCP] was designed to prevent the development and transmission of communicable diseases and infections, in accordance with national standards and guidelines.Review of the facility's policy titled, Legionella Surveillance, revised [DATE], revealed the facility would establish primary surveillance (approaches to prevent and control legionella infections with no identified cases). The primary surveillance strategies included routine maintenance of the cooling towers; however, the policy did not address routine flushing of empty rooms. According to the policy, legionella surveillance was one component of the facility's water management plan for reducing the risk of legionella and other opportunistic pathogens in the facility's water system. Review of sign-in sheets for staff education titled, Legionella Awareness and Prevention, dated [DATE], revealed staff was responsible for helping to prevent Legionella by following the facility water management plan and regularly running water at sinks and showers in low-use rooms.1. Review of an admission Record, found in R121's Electronic Medical Record (EMR), revealed the facility admitted Resident (R) 121 on [DATE], with (continued on next page)

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

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

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	diagnoses to include unspecified cerebrovascular disease with aphasia, type 2 diabetes mellitus, and occlusion and stenosis of left carotid artery.Review of R121's hospital records revealed the resident was admitted to the local hospital on [DATE], with diagnoses to include atrial fibrillation with rapid ventricular response, congestive heart failure, and acute respiratory failure with hypoxia. The resident's vital signs included a blood pressure reading of 80/70 millimeters of mercury (mm/Hg), temperature of 100.4 degrees Fahrenheit, and a peripheral capillary oxygen saturation (SpO2) of 87 percent. A chest radiography, dated [DATE], revealed right peripheral infiltrate, suspect pneumonia. A urine antigen test, dated [DATE], was positive for legionella.Review of the entry Minimum Data Set [MDS], found in R121's EMR with an assessment review date (ARD) of [DATE], revealed staff did not assess R121's long- and short-term memory. The resident could not complete the Brief Interview for Mental Status [BIMS] and was documented as 99. Review of the Care Plan Report, found in R121's EMR and dated [DATE], revealed R121 was care planned to discharge from the facility to the community/private residence after skilled nursing services concluded. Additionally, the resident was care planned to be resuscitated in the event of cardiac arrest.Review of the hospital's Critical Care Consult Note, dated [DATE] to [DATE], revealed R121 was admitted to the intensive care unit (ICU) on [DATE] with diagnoses that included atrial fibrillation, acute hypoxic respiratory failure, and pneumonia complicated by sepsis and septic shock. According to the physician's notes, critical care was necessary because one or more vital organ systems were impaired, leading to a high probability of imminent or life-threatening deterioration in R121's condition. According to the notes, R121 was critically ill with overwhelming infection. The resident transitioned to a do not resuscitate (DNR) code status on [DATE], and R121 expired on [DATE]. Further review of hospital records revealed R121's chest radiograph, dated [DATE], revealed the resident had right perihilar infiltrate, suspect of pneumonia, and R121's urine antigen test, dated [DATE], revealed the resident had tested positive for Legionella.During an interview with the Administrator on [DATE] at 4:34 PM, she stated that prior to [DATE] the facility did not have a WMP in place. She stated a plan was developed by the third-party contractor in late [DATE].During an interview with the Director of the Local Health Department (LHD) on [DATE] at 4:17 PM, he stated the LHD was contacted by the local hospital regarding R121, who had tested positive for Legionnaire's disease on [DATE]. The Director stated, We reached out to the facility on [DATE] to inform them of the positive findings. When asked about where R121 might have contracted the disease, he said, He could have been exposed at the facility, adding, I definitely wouldn't rule that out. The LHD did not identify any other potential exposures for R121. He stated the cooling tower could be a potential source, as it had shown positive results for legionella for the longest duration. He further explained that the mist from the cooling tower was released outside, creating a situation where staff and residents coming and going from the facility would have been exposed. He stated, under certain weather conditions, wind could carry aerosols, which could lead to exposure just by persons being in the vicinity of the cooling tower. During an interview with the Infection Preventionist (IP) on [DATE] at 3:00 PM, she stated when the resident was sent to the local hospital's emergency room, he exhibited no respiratory issues; his primary concern was hypertension. The IP stated the facility did not diagnose him with pneumonia and noted the onset of symptoms was rapid. She stated the resident had been admitted to the facility from a local hospital and had only been at the facility for about a week. She stated on day four or five of his stay, he experienced a change in condition, presenting symptoms that included low blood pressure, an increased heart rate, and oxygen saturation levels that dropped to 87 percent. She stated the facility transferred the resident to the local hospital on [DATE], and the local health department informed the facility that R121 had been diagnosed with Legionnaires' disease. She stated the health department also conducted a legionella risk assessment, which found the acidity (pH) and chlorine levels of the facility's water were not within normal limits. During continued interview on [DATE] at 3:00 PM, the IP stated, on [DATE], the facility hired a third-party contractor specializing in water testing to conduct facility-wide testing to identify any potential sources of Legionella bacteria within the facility. She stated the testing (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Changes to Prevent Reoccurrence: [DATE] -A Legionella Environmental Assessment Form (LEAF) Assessment was conducted in partnership with the Northern Kentucky Health Department. [DATE] - The facility's Infection Preventionist completed additional training on Legionella guidance (Exhibit 0). [DATE] - Flushing protocols were implemented facility-wide and are documented and monitored. (Exhibit I). A Legionella Surveillance Log was established and will be monitored by Infection Preventionist (Exhibit Z). [DATE] - Site visit conducted by Legionella Control Systems; Risk Assessment, Engineering Report, and on-site water testing performed (Exhibit G). [DATE] - Video Call with Legionella Control Systems to go over findings (Exhibit H). [DATE] - Positive Results Bl 158 Hot Shower and Cooling Tower. Corporate Maintenance, Building Maintenance Director, Administrator, Director of Nursing, Infection Preventionist, [NAME] President Chief Operating Officer, Northern Kentucky Environmental Health Coordinator made aware (Exhibit E). [DATE]-Notified ChemSearch of the need for inspection and evaluation of water safety procedures. [DATE] - ChemSearch added Bio-Xile and Chlorine Pellets to cooling tower (Exhibit J). [DATE] - Testing repeated (Exhibit K). [DATE] - 12 month Surveillance Legionella started per Northern Kentucky Health Department. [DATE] - Staff Development provided education to staff including Legionella (Exhibit S). [DATE] - Staff Development continued education (Exhibit S). [DATE] - COO sent out message to staff, residents, families about Legionnaires' Disease (Exhibit Y). [DATE] - Reported to Office of Inspector General via telephone. [DATE] - Positive Results Mech Room Tower. Relevant parties informed (Exhibit K). [DATE] - Corporate Maintenance contacted OBR Cooling Towers (OBR) to schedule a cleaning and sanitization of the cooling tower. [DATE] -Notified Solid Blend, a certified water management company, for consultation and services. [DATE] - Shower Head disinfecting put in place. Started by maintenance [DATE], completed [DATE]. To be done every 6 months (Exhibit M). [DATE] - Solid Blend conducted a separate LEAF assessment and sampled water (Exhibit N). [DATE] - Kentucky Health Department came to facility to discuss risk assessment with Corporate Maintenance, Building Maintenance Director, Administrator, Director of Nursing, Infection Preventionist, [NAME] President Chief Operating Officer. [DATE] - LEAF Assessment Final Report shared Corporate Maintenance, Building Maintenance Director, Administrator, Director of Nursing, Infection Preventionist, [NAME] President Chief Operating Officer. (Exhibit N and H). [DATE] - Positive Result Cooling Tower Basin. Corporate Maintenance, Building Maintenance Director, Administrator, Director of Nursing, Infection Preventionist, [NAME] President Chief Operating Officer, Northern Kentucky Environmental Health Coordinator made aware (Exhibit Q). [DATE] - ChemSearch adjusted chemicals in cooling tower; chemical treatment changed to daily (Exhibit R). [DATE] - Water testing (Exhibit T). [DATE] - Building Maintenance added Float Chlorine to cooling tower. [DATE]-Positive Results Cooling Tower Basin. Corporate Maintenance, Building Maintenance Director, Administrator, Director of Nursing, Infection Preventionist, [NAME] President Chief Operating Officer, Northern Kentucky Environmental Health Coordinator made aware (Exhibit T). [DATE] - Disinfectant concentration monitoring (Maintenance). [DATE] - Water testing (Exhibit U). [DATE] - Water management team reported to QAA committee. Committee members include the Medical Director, Administrator, Infection Preventionist, Social Services, Environmental Services Director, Building Maintanance [sic], Director of Nursing. Also present was Chief Operating Officer. [DATE] - Bioxide Added (Maintenance). [DATE] - Positive Results Water Tower. Corporate Maintenance, Building Maintenance Director, Administrator, Director of Nursing, Infection Preventionist, [NAME] President Chief Operating Officer, Northern Kentucky Environmental Health Coordinator made aware (Exhibit U). [DATE] - Call out to ChemSearch. [DATE] - Water Testing (Exhibit V). 7/!5 [sic]/2025 -Negative Results. Corporate Maintenance, Building Maintenance Director, Administrator, Director of Nursing, Infection Preventionist, [NAME] President Chief Operating Officer, Northern Kentucky Environmental Health Coordinator made aware (Exhibit V). [DATE] - Water Testing (Exhibit W). [DATE] - Water Management Plan Completed. [DATE] - Negative Results Corporate Maintenance, Building Maintenance Director, Administrator, Director of (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Nursing, Infection Preventionist, [NAME] President Chief Operating Officer, Northern Kentucky Environmental Health Coordinator made aware (Exhibit W). [DATE] - Water Testing (Exhibit X). [DATE] - Negative Results Corporate Maintenance, Building Maintenance Director, Administrator, Director of Nursing, Infection Preventionist, [NAME] President Chief Operating Officer, Northern Kentucky Environmental Health Coordinator made aware (Exhibit X). [DATE] -Ad Hoc QAPI meeting held with QAA committee to discuss Water Sample results and Timeline.4. Date of Compliance:IJ removal by: [DATE]

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of facility policies, the facility failed to ensure food items located in dry storage, the walk-in refrigerator, the number five kitchen reach-in refrigerator, and unit nourishment refrigerators were properly labeled and dated, and that expired food items were discarded. This deficient practice affected all 99 current residents.The findings include:Review of the facility's policy titled, Food and Supply Storage, revised 01/2024 revealed foods past the use-by, sell-by, best-by, or enjoy-by date should be discarded. Further review revealed unused portions and opened packages of food should be covered, labeled, and dated.Observation during an initial brief kitchen tour on 08/12/2025 at 10:53 AM revealed one pork ham with a discard date of 08/11/2025 located in the walk-in refrigerator; an undated, opened package of devil's food cake mix, an undated, opened 11 pound tub of chocolate fudge icing, and an expired loaf of bread located in dry storage; and an expired container of italian salad dressing located in the number five reach-in refrigerator.Observation of the Maple Unit nourishment refrigerator on 08/13/2025 at 2:02 PM revealed one container of yogurt with a best-by date of 08/06/2025.Observation of the Dogwood Unit nourishment refrigerator on 08/13/2025 at 2:30 PM revealed one container of yogurt with an expiration date of 05/11/2025, one chocolate pudding cup with an expiration date of 08/03/2025, and one chocolate pudding cup that had burst opened and leaked out of the container.Observation of the Magnolia Unit nourishment refrigerator on 08/13/2025 at 2:38 PM revealed eight containers of gelatin with an expiration date of 10/2024, one container of gelatin with an expiration date of 01/2024, two containers of gelatin with expiration dates of 02/2025 and 07/2025, and one container of gelatin with an expiration date of 11/29/2023.Observation of the Walnut Unit nourishment refrigerator on 08/13/2025 at 2:49 PM revealed one bottle of french salad dressing with an expiration date of 05/2025, a four-serving snack pack of gelatin with an expiration date of 10/22/2024, and one bottle of mustard with a best-by date of 06/13/2024.Observation of the [NAME] nourishment refrigerator on 08/13/2025 at 3:14 PM revealed three 4-ounce containers of orange juice with a best-by date of 08/09/2025.During an interview with Patient Server 1 on 08/13/2025 at 1:58 PM, she stated she had not been instructed to check nourishment refrigerators for expired items. During an interview with Dietary Checker 1 on 08/13/2025 at 2:02 PM, she stated it was primarily the responsibility of the Chef to ensure items were labeled and dated when received from the food truck. She further stated when items were received from the truck, they were marked with a sticker that contained the received date. She stated when items were opened, they were marked with a sticker that contained the opened date. Dietary Checker 1 stated any expired food items should be thrown away immediately to prevent residents from getting sick. During an interview with Dietary Runner 1 on 08/13/2025 at 2:05 PM, he stated he placed the meal trays in the boxes and delivered them to the floors. He further stated that on a typical day there were three runners, and one of those runners was designated to check the nourishment refrigerators on the units. Dietary Runner 1 stated if expired or unlabeled items were found in the refrigerators, they were immediately discarded, and the supervisor was notified. Dietary Runner 1 stated it was important expired food items were discarded and not served to residents to prevent sickness. During an interview on 08/13/2025 at 2:15 PM, the Executive Chef stated he unloaded the truck and was primarily responsible for ensuring items were labeled and dated, but every dietary staff member was responsible for ensuring expired food items were not left on the shelf. The Executive Chef stated everything that came off the truck was given a received date label unless it contained an expiration date. He further stated individual items were each labeled with an opened and a discard date. The Executive Chef stated checking for expired items in the kitchen was a shared responsibility, and the nutrition refrigerators on the units were checked at least once a week. He further stated out-of-date or expired items could potentially cause sickness to residents if they (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	were ingested.During an interview on 08/13/2025 at 2:22 PM, the Culinary Manager stated when staff removed items from the delivery truck, the box or container was marked with a received date. She further stated when staff removed a food item from its case, the item was labeled with both an opened date and a discard date. The Culinary Manager stated that runners usually checked the unit nourishment refrigerators for expired items when they stocked them with new items, and dietary management checked them weekly. When asked about the number of expired items discovered, the Culinary Manager stated she was unsure how they were missed, but it was important the residents were not served outdated items because of the potential for food borne illnesses. During an interview on 08/15/2025 at 11:30 AM, the Director of Nursing (DON) stated he expected dietary staff was aware and observed that food items were labeled and dated appropriately and not kept past their expired date for both the kitchen and the unit nourishment refrigerators. The DON stated it was important the residents were not served expired foods for their health and wellness and for the prevention of sickness. During an interview with the Administrator on 08/13/2025 at 2:29 PM, she stated it was her expectation that all food items in the facility were properly labeled and dated and expired items were discarded. She further stated it was important expired foods were discarded and not served because of the possibility of food borne illness to the residents.

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The Seasons at Alexandria	7341 E Alexandria Pike Alexandria, KY 41001

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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of the facility's document and policies, the facility failed to ensure medications designed for multiple administrations were labeled to identify the specific resident for whom it was prescribed and/or the date the medication was opened in 1 of 7 sampled medication carts for the Maple Unit. Additionally, the facility failed to ensure the provision of appropriate environmental controls to preserve the integrity of medications in 1 of 7 sampled medication refrigerators, the Maple Unit medication storage refrigerator. Also, the facility failed to ensure when medications were prepared or compounded for use, a label containing the required information was attached to the compounded medication label for 1 of 1 sampled resident, Resident (R) 56 The findings include:Review of the facility's policy titled, General Dose Preparation and Medication Administration, last revised date [DATE], revealed staff should enter the date opened on the label of medications with shortened expiration dates. Additionally, staff should not administer a medication if the medication prescription label was missing or illegible.Review of the facility's policy titled, Storage and Expiration Dating of Medication and Biologicals, last revised date [DATE], revealed when an ophthalmic solution or suspension had a manufacturer shortened beyond use date once opened, staff should record the date opened and the date to expire on the container. Additional review revealed the facility should ensure medications and biologicals were stored at their appropriate temperatures according to the United States Pharmacopeia (USP) guidelines for temperature ranges and manufacturer guidance. Refrigeration parameters were documented as 36 to 46 degrees Fahrenheit (F).Review of the facility's document Refrigerator/Freezer Temp Log included directions to record temperatures at 6:00 AM and 6:00 PM upon shift change. 1. Observation on [DATE] at 2:15 PM of the Dogwood Unit Medication Cart revealed opened medications of one Fluticasone nasal spray, one Lantus insulin pen, one Humalog insulin pen, one tube of Erythromycin 5 milligram per gram eye ointment, one bottle of Atropine 1% eye drops, one bottle of Brimonidine 0.2% eye drops, and one Albuterol inhaler. Those medications were not labeled to identify the specific resident for whom it was prescribed and/or the date the medication was opened.2. Observation on [DATE] at 7:00 AM revealed the medication storage refrigerator on the Maple Unit's facility thermometer measured the temperature inside the refrigerator was 20 degrees Fahrenheit (F). One unopened bottle of Tuberculin purified protein derivative (PPD) was stored on the door shelf. Additionally, three unopened bottles of Latanoprost Ophthalmic Solution 0.005 % with fill dates of [DATE], [DATE], and [DATE] were also stored in the refrigerator. However, review of the medication refrigerator temperature log revealed no temperature was documented for [DATE] at 7:00 AM.During an interview on [DATE] at 7:00 AM with Registered Nurse (RN) 3, she stated the refrigerator was temperamental, and she would check it throughout the day. She stated she should have notified maintenance related to the refrigerator not working, but she did not. During an interview on [DATE] at 10:27 AM with Kentucky Medication Aide (KMA) 8, she stated the nurses were responsible for logging the refrigerator temperatures.During an interview on [DATE] at 6:25 AM with Licensed Practical Nurse (LPN) 7, she stated all the nurses were responsible for checking the medication refrigerator temperatures. LPN7 further stated on night shift, she usually checked the temperature around midnight after the residents were in bed, and things were quiet. LPN7 stated she did not know what nursing supervisor was responsible for managing the medication room and refrigerators.During an interview on [DATE] at 10:26 AM, the Unit Manager (UM) stated she had been at the facility for 15 years and temperatures in the refrigerators on the unit were checked once a day by the nurses. The State Survey Agency (SSA) Surveyor showed the log to the UM with directions for twice a day, and she stated, Oh. 3. Observation on [DATE] at 10:28 AM of the Walnut Unit medication refrigerator revealed a 250-milliliter bag of normal saline labeled mixed in (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	black marker but was unlabeled as to resident and what was mixed in the bag.During an interview 0n [DATE] at 10:28 AM with LPN4, she stated the bag in the medication refrigerator on the Walnut unit marked mixed with black marker belonged to Resident (R) 56 and contained the drug gentamycin which was used in his suprapubic catheter once a day. When asked how she knew what was contained in the unlabeled bag and who the unlabeled bag was for, she stated she had added the gentamycin to the bag that morning per pharmacy instructions. LPN4 further stated she and one other day shift nurse were the only nurses to instill the medication into the resident's bladder, and they both knew who the medication in the bag was for. LPN4 further stated a label for the medication came from pharmacy, but she did not place it on the bag after she mixed it, and she knew the medication was good for one week after mixed if kept in the refrigerator. LPN4 stated she could see if another nurse picked up the bag and did not see a label on it, that nurse would not know what was in the bag, which was not safe, and could cause a medication error.During an interview on [DATE] at 9:45 AM with LPN6, she stated the instructions for mixing of R56's irrigation solution for his suprapubic catheter came on a label on the bag of the gentamycin vials. LPN6 stated there were several bottles within the bag, and she would not remove the label on that bag to place it on the mixed bag she prepared for R56. She stated she would create a separate label for the mixed bag with R56's name on it with the contents of the bag, the day and time she mixed it, and her initials. LPN6 stated if she came to work and found a bag in the refrigerator, unlabeled with the word mixed on it, she would not use it because that was not safe for the resident and could result in a medication error. During an interview on [DATE] at 11:41 AM with the Staff Development Coordinator (SDC) she stated she educated nursing staff to the labeling of compounded medications in the annual Medication Administration skills fair. Per the interview, she stated any compounding education would have included the labeling of the compounded medication with the resident's name and room number, date of compounding, contents, dosing information, usage instructions and the initials of the person who compounded or mixed the medication. She stated the storage of an unlabeled compounded medication could lead to many things happening, and avoiding medication errors and resident safety should be the staff's first concern. During an interview on [DATE] at 12:44 PM with the Pharmacist, he stated the gentamycin for R56 was delivered to the facility in two 40 milligram (mg) per milliliter (ml) per two ml vials and included directions for staff to mix 3 ml into a 250 ml bag of 0.9 Normal Saline (NS). The Pharmacist then stated the resulting drug mixture in the 250 ml bag would be stable at room temperature for 24 hours and stable in the refrigerator for seven days. The Pharmacist further stated since R56 received 60 ml of the medication from the 250 ml bag each day, the bag would be good for four days, and the remaining 10 ml in the bag would be discarded after the dose was delivered on the fourth day. Additionally, the Pharmacist stated the facility was responsible for monitoring and auditing the medication rooms and carts for expired or discontinued medications, as that task was not included in the contract the pharmacy had with the facility. During an interview on [DATE] at 1:05 PM with the Director of Nursing (DON), he stated the responsibility for maintaining the cleanliness of the refrigerators, checking the temperatures of the refrigerators and the monitoring for the labeling of medications and the removal of expired and discontinued medication was whomever was assigned to the medication cart that day. The DON further stated the storage of medications in the refrigerator at the proper temperature, and the labeling of medications was important for the safety of the residents to avoid medication errors.During an interview on [DATE] at 2:40 PM with the Administrator, she stated the floor nurses were responsible for the monitoring of the residents' medication and the residents' supplement refrigerators located in the unit medication rooms both for temperature and cleanliness. She stated the Nurse Manager on the unit was responsible for ensuring the temperature logs and the refrigerators were being maintained. The Administrator stated it was her expectation all medications that had been opened were labeled with an opened date to ensure they would be used and disposed of properly. Additionally, the Administrator stated she expected any mixed or compounded medication to be labeled with the resident's name, the name of the medication, and (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, record review, and facility policy review, the facility failed to ensure a resident who was unable to carry out activities of daily living (ADL) received the necessary services to maintain good grooming and personal and oral hygiene for 1 of 2 residents investigated for ADLs, Resident (R) 122.The findings include:Review of the facility's policy titled, Activities of Daily Living (ADLs), dated 10/23/2024, revealed, The facility will provide care and services for activities of daily living including, bathing, dressing, grooming and oral care. Further review revealed, A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Review of R122's admission Record revealed the facility admitted the resident on 08/08/2025 with diagnoses including COVID-19 and syncope.Review of R122's admission Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 08/15/2025, revealed the facility assessed to resident to have a Brief Interview for Mental Status [BIMS] score of 15 out of 15, which indicated the resident was cognitively intact. Further review revealed R122 required partial to moderate assistance with showering. Review of R122's Comprehensive Care Plan, dated 08/08/2025, revealed a focus of impaired ADL function and need for assistance with self-care activities. Further review revealed an intervention for partial/moderate assistance with toileting, transfers, bathing, dressing, and grooming.Review of R122's ADL Charting revealed the section Resident Received a Shower was marked Yes for 08/11/2025. Observation on 08/12/2025 at 12:15 PM revealed signage outside of R122's room that indicated the resident was in droplet/contact precautions.During an interview with R122 on 08/12/2025 at 4:04 PM, she stated she was in isolation for an infection with COVID-19, and staff informed her they were not allowed to assist her with a shower in her room until her precautions were lifted. She further stated staff helped her clean up with wipes, but she wanted a shower because she came to the facility after a hospital stay. She further stated she had not had a shower in a while and needed one.During an interview with Family Member (FM) 9 on 08/14/2025 at 6:57 PM, she stated she was informed by Registered Nurse (RN) 4 that staff was unable to assist R122 with a shower until the resident came out of isolation. FM9 stated she did not quite understand, but when told it was the facility's policy, she accepted that. During an interview with State Tested Nurse Aide (STNA) 4 on 08/13/2025 at 3:29 PM, she stated R122 was on precautions for COVID-19, and she was not allowed to assist with showers when residents were on droplet precautions for COVID. STNA4 stated she was given that information by one of the nurses but was unable at the time to remember which nurse. STNA4 stated she helped R122 clean up with wet wipes.During a follow-up interview with STNA4 on 08/14/2025 at 11:29 AM, she stated she had not cared for a resident that was COVID positive and asked RN4 for guidance. STNA4 further stated RN4 informed her it was facility protocol that residents were not assisted with showers until they were out of droplet precautions. During an interview with RN4 on 08/15/2025 at 9:03 AM, she stated the facility protocol for staff when they provided ADL assistance to COVID positive residents was to follow precautions and properly don (put on) and doff (remove) the appropriate personal protective equipment (PPE). RN4 stated, in the past, the facility protocol was staff provided bed baths instead of showers to residents who were COVID positive, particularly if they were symptomatic. RN4 further stated she had communicated that information to the aides because that was her understanding of the process. Also, she stated R122 was not symptomatic.During an interview with Licensed Practical Nurse (LPN) 1 on 08/13/2025 at 4:00 PM, she stated it was not the facility's policy that residents were given a bed bath only and no shower when they were on droplet precautions for COVID.During an interview on 08/15/2025 at 9:18 AM, the Infection Preventionist (IP) stated it was her expectation staff used a gown, mask, and gloves when they provided care to residents with COVID. Further, she stated there had been situations in the past where the doctors did not want the resident(s) to have a shower if the resident(s) was symptomatic. Further, she stated R122 was asymptomatic, and it was not applicable to her.During an interview at 08/15/2025 at 11:30 (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	AM, the Director of Nursing (DON) stated it was his expectation that staff was familiar with each resident's care plan/Kardex, and staff followed those care guides and ensured residents' needs were met and ADLs completed. He further stated there was no specific policy for showers for residents with COVID, but rather a practice they instituted at the height of the COVID pandemic. However, he stated the practice addressed residents individually based on symptoms. He stated R122 should not have been denied a shower because she was asymptomatic. The DON stated he was not sure why the STNA told R122 she was unable to assist her with a shower. He stated it was possibly related to information provided to her by another staff member related to old COVID policies. During an interview on 08/15/2025 at 3:07 PM, the Medical Director stated she generally recommended that staff avoid showers for COVID residents, especially if they had an active cough or were otherwise symptomatic. She stated she still preferred the original CDC guidelines for COVID, but determinations were made on a case-by-case basis, and ultimately, the resident's wishes were honored at the facility.During an interview on 08/15/2025 at 2:29 PM, the Administrator stated she expected staff to provide ADL assistance to residents with COVID in a safe manner by wearing PPE. When asked if there were limitations on the type of assistance provided to COVID positive residents by staff, she stated it was decided on a case-by-case basis. She further stated the Medical Director typically did not want COVID positive residents showered. She stated the Medical Director's decision was based on the Centers for Disease Control and Prevention (CDC) recommendations during the COVID pandemic. The Administrator further stated the facility honored resident preferences, and if they wanted a shower, they were given a shower. The Administrator stated she was unaware that R122 requested a shower and was not given one.