STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195399	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jena Nursing and Rehabilitation Center, LLC	5877 Aimwell Road Jena, LA 71342

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on interviews and record reviews, the facility failed to protect the residents' right to be free from physical abuse for 1 (#51) of 4 (#31, #50, #51, and #172) sampled residents investigated for abuse. The facility failed to protect Resident #51 from physical abuse by Resident #272. This failed practice resulted in an actual harm for Resident #51 on 05/20/2025 at 4:09 p.m. when Resident #272 hit Resident #51 multiple times on the head, causing lacerations to Resident #51's left cheek, right cheek, forehead, and chin. Findings: Review of the facility's undated policy entitled Abuse Prevention revealed, in part .the facility is committed to protection residents from abuse. Physical abuse includes hitting. Review of Resident #51's medical record revealed an admission date of 05/06/2024 with diagnoses including, in part .Depression, Anxiety, Mood Disorder, and Other Seizures. Review of Resident #51's Annual MDS with an ARD of 05/06/2025 revealed, in part .a BIMS Score of 11, indicating moderately impaired cognition. Resident #51 did not have a history of physical behaviors directed towards others. Review of Resident #272's medical record revealed an admission date of 08/08/2023 with diagnoses including, in part .Schizoaffective Disorder and Major Depressive Disorder with Psychotic Symptoms. Review of Resident #272's Annual MDS with an ARD of 04/15/2025 revealed, in part .a BIMS Score of 15, which indicated intact cognition. Resident #272 did not have a history of physical behaviors directed towards others. Review of the facility's investigation report dated 05/20/2025 revealed, in part .on 05/20/2025 at 4:09 p.m. Resident #272 hit Resident #51 multiple times on the head with his fist. As a result of the incident, Resident #51 had lacerations to his left cheek, right cheek, forehead, and chin. Resident #51 was evaluated at the emergency room, where he had a negative CT scan of the head. Resident #272 was placed on 1:1 care until he was transferred to the hospital and subsequently admitted to a behavioral hospital with a PEC. Interview with S25 CNA on 06/03/2025 at 10:05 a.m. revealed Resident #51 was not physically aggressive with others. (continued on next page)

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

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Resident #51 on 06/04/2025 at 2:00 p.m. revealed on 05/20/2025 at 4:09 p.m. Resident #272 asked him for a cigarette. Resident #51 refused to give Resident #272 a cigarette. Resident #272 hit Resident #51 multiple times on the head, causing multiple lacerations to his face.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on record review, the facility failed to ensure that residents who use psychotropic drugs receive gradual dose reductions, unless clinically contraindicated, for 1 (#34) of 6 (#16, #21, #28, #34, #49, and #122) residents sampled for Unnecessary Medications. Findings: Review of Resident #34's medical record revealed an admission date of 11/06/2020 with diagnoses including, in part .Schizophrenia. Review of Resident #34's Annual MDS with an ARD of 05/20/2025 revealed, in part .a BIMS Score of 15, indicating intact cognition. Resident #34 used antipsychotic medication, a gradual dose reduction had not been attempted, and the physician had not documented a gradual dose reduction was contraindicated. Review of Resident #34's current orders revealed, in part .Risperdal 1mg tablet by mouth two times a day related to Schizophrenia, ordered on 09/13/2024. Review of Resident #34's Consultant Pharmacist Communication to Physician dated 04/17/2025 revealed the provider had not documented a response to the pharmacist's recommendation of gradual dose reduction for Risperdal 1mg. Review of Resident #34's medical record revealed there was no documentation of a gradual dose reduction, or documentation of a clinical contraindication for a gradual dose reduction for Risperdal 1mg.

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to ensure an injury of unknown origin and allegation of abuse was reported immediately to management staff for 2 (#50 and #172) of 30 sampled residents. Findings: Review of the facility's 01/2025 policy titled, Abuse Prevention, read in part The facility is committed to protecting the resident from abuse by anyone .Identification: 1. Identify events such as suspicious bruising of residents, occurrences, patterns, and trends that may constitute abuse; and to determine the direction of the investigation. 2. The Executive Director and Director of nursing services must be promptly notified of suspected abuse or incidents of abuse. Resident # 172 Review of Resident #172 medical record revealed an admit date of 02/11/2025 with diagnoses that included: COPD, Congestive Heart Failure, Atherosclerotic Heart Disease, Depression, and Essential HTN. Review of Resident #172's Quarterly MDS with an ARD of 02/18/2025 revealed a BIMS score of 03, which indicated severe cognition impairment. Review of a SIMS report completed by the facility on 05/15/2025 revealed on 05/13/2025 Resident #172 was sent out to a local hospital due to respiratory issues. On 05/15/2025, S21 Marketer visited Resident #172 at the local hospital and was made aware, by hospital staff, of an undisclosed small bruise to the corner of his right eye and large bruise to his right lower abdomen/hip area. During the facility investigation, S9 LPN notified management staff that she observed the bruises (accompanied with Resident #172's responsible party) while in his room on 5/11/2025, but had not notified any facility staff of the bruising. Interview on 06/04/2025 at 9:15 a.m. with S1 Admin revealed Resident #172 was sent out to the hospital on [DATE]. S1 Admin stated S21 Marketer notified her that during a hospital visit with Resident #172, S21 Marketer was notified of undisclosed bruising to the corner of his right eye and to his right lower abdomen/hip area. S1 Admin revealed that she was not made aware of any bruising on Resident #172 prior to being notified by S21 Marketer on 05/15/2025. S1 Admin stated that during the facility investigation of Resident #172's bruises, S9 LPN stated that she observed the bruising on 05/11/2025 and did not notify management staff. S1 Admin stated that S9 LPN should have notified management staff immediately after observing Resident #172's bruising on 05/11/2025, but did not. Interview on 06/04/2025 at 9:28 a.m. with S9 LPN revealed she observed a bruise to Resident #172's left corner of his right eye and observed a bruise to his right hip area on 05/11/2025. S9 LPN confirmed that on 05/11/2025 she should have notified S1 Admin or management staff immediately when she first observed Resident #172's bruising, but did not because she thought it had already been addressed. Resident #50 (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #50's medical record revealed an admit date of 10/15/2024 with diagnoses that included in part: Dementia, Anxiety, Cerebrovascular Disease, and Major Depressive Disorder. Review of Resident #50's Quarterly MDS with an ARD of 07/23/2025 revealed a BIMS score of 12, which indicated moderate cognitive impairment. Telephone interview on 06/03/2025 at 1:34 p.m. with S3 LPN revealed S22 CNA reported to her that Resident #50 had mentioned that to her (S22 LPN) that two women were trying to hold her down and break her legs and arms. S3 LPN stated she went to Resident #50's bedroom to assess her of the reported allegation. S3 LPN stated she had a lot going on that night and knew to report any allegations of abuse to S1 Admin right away. S3 LPN confirmed she sent S1 Admin a text message of the alleged abuse around 3:40 a. m. on 05/22/2025. S3 LPN stated she should have reported the allegation of abuse immediately but had not. Interview on 06/03/2025 at 1:40 p.m., with S1 Admin stated she was notified via text message by S3 LPN on 05/22/2025 around 3:40 a.m., of Resident #50 stating that two women were trying to break her legs and arms. S1 Admin stated after speaking with Resident #50, Resident #50 stated this incident happened at another facility and couldn't give a description of what the women looked like. S1 Admin confirmed that S3 LPN should've notified her immediately of the alleged abuse but had not.

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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. Based on observation, interview, and record review, the facility failed to ensure the Minimum Data Set (MDS) assessment accurately reflected the resident's status for 3 (#34, #51, and #60) of 5 (#16, #34, #44, #51, and #60) residents sampled for review of resident vaccinations. Findings: Resident #34 Review of Resident #34's most recent MDS revealed, in part .COVID-19 vaccination was not up-to-date. Review of Resident #34's Resident Immunization Record revealed COVID-19 vaccinations were administered to Resident #34 on 09/22/2021, 10/22/2021, 04/29/2022, 01/31/2024, and 06/12/2024. Resident #51 Review of Resident #51's most recent MDS revealed, in part .COVID-19 vaccination was not up to date. Review of Resident #51's Resident Immunization Record revealed COVID-19 vaccinations were administered to Resident #51 on 04/08/2021, 06/12/2024, and 11/13/2024. Resident #60 Review of Resident #60's most recent MDS revealed, in part .COVID-19 vaccination was not up to date. Review of Resident #60's Resident Immunization Record revealed COVID-19 vaccinations were administered to Resident #60 on 05/03/2021 and 12/28/2021. Interview with S23 IP on 06/04/2025 at 1:49 p.m. revealed residents were considered up to date with COVID-19 vaccination when they had received two doses of vaccine, 6 months apart. S23 IP confirmed the most recent MDS assessments for Resident #34, Resident #51, and Resident #60 should have indicated COVID-19 vaccinations were up to date, but did not.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observations, record review, and interviews the facility failed to develop and implement a person-centered care plan for each resident to maintain the resident's highest practicable physical, mental, and psychosical well-being. The facility failed to: 1. Ensure staff placed, connected, and ensured proper functioning of Resident #122's bed alarm, as ordered; 2. Develop a comprehensive person-centered care plan for Resident #19; and Resident #30 There were 29 sampled residents. Findings: Resident #122 Review of Resident #122's medical record revealed an admit date of 05/22/2025 with diagnoses including Quadriplegia, Seizures, Generalized Anxiety Disorder, and Attention to Gastrostomy (PEG tube.) Observation and interview with Resident #122 on 06/02/2025 at 09:40 a.m. found resident's bed against the wall with the fall mat on the open side. Bed observed in low position. Detached bed alarm control box was noted hanging on bed frame. There were no wires observed connected to the bed alarm box. Geri chair noted at bedside reclined with bed alarm mat in seat of chair. Resident #122 did have a call light but stated she didn't know where it was and just calls out for assistance. Resident #122 stated she had previously fallen, but could not recall when. In an observation on 06/03/2025 at 08:30 a.m. Resident #122 was asleep in bed. Fall matt is on the open side of the bed with the other side of the bed against the wall. Bed alarm box was still hanging on bed frame with no wires connected. Bed alarm mat remains in Geri chair, not in resident's bed. In an observation on 06/03/2025 at 9:47a.m., Resident #122's bed alarm remained disconnected. Facility staff were observed removing bed alarm mat from Geri chair and leaving alarm box connected to bed frame with no wires connected to bed alarm control box. On 06/04/2025 at 08:45 a.m., Resident #122's bed alarm was observed with S13 CNA. S13 CNA confirmed bed alarm pad was not on the bed. S13 CNA could not find bed alarm mat and went to supplies to get another mat and alarm for resident's bed. Review of Current Physician Orders for Resident #122 revealed the following order: 06/02/2025 at 7:00 p.m.: Bed alarm to bed. Monitor for proper placement and batteries every shift, every day and night shift for fall risk. In an interview on 06/04/2025 at 10:05 a.m., S2 DON confirmed that Resident #122 should have had a functioning bed alarm in place as ordered. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #30 Review of a facility policy titled Smoking, with a revised date of 05/22 revealed the following in part, Policy: No smoking or use of smoking materials will be allowed inside the building or in facility vehicles. This includes all e-cigarette devices. Smoking is to occur only in designated areas and in accordance with each smoking resident's individualized plan of care based on the Smoking Evaluation Tool. Review of Resident #30's medical record revealed an admit date of 07/02/2024 with diagnoses that included in part: Metabolic Encephalopathy, Insomnia, Alcohol Abuse, and Cytomegaloviral Disease. Review of Resident #30's Quarterly MDS with an ARD of 07/09/2025 revealed a BIMS score of 15, which indicated intact cognition. On 06/03/2025 at 10:34 a.m., review of Resident #30's Smoking Evaluation Tool dated 03/04/2025 revealed Resident #30 smoked cigarettes. On 06/03/2025 at 10:42 a.m., review of Resident #30's care plan with a target date of 07/03/2025 revealed Resident #30 was not care planned for smoking. On 06/03/2025 at 11:07 a.m. Resident #30's care plan was reviewed together with S4 MDS LPN who stated she is responsible for the development and implementation of resident care plans. S4 MDS revealed that all smokers should be care planned for smoking. S4 MDS LPN confirmed she should have developed and implemented a care plan for Resident #30 being a smoker but had not. Resident #19 A review of facility policy titled, Comprehensive Centered Care Plans with a revision date of 01/2025 revealed in part . Policy: Each resident will have a person- centered care plan to identify problems, needs, strengths, preferences, and goals that will identify how the interdisciplinary team will provide care. Responsibility: All members of the Interdisciplinary Team monitored by the Executive Director . Procedure: The Comprehensive Person- Centered Care Plan shall be fully developed within 7 days after completion of the admission MDS Assessment . A review of Resident # 19's medical record revealed an admission date of 04/30/2025 with diagnoses that included Schizophrenia, Anxiety Disorder, Alcoholic Hepatic Failure without come, Alcohol induced Acute Pancreatitis without necrosis or infection, Alcoholic Cirrhosis of liver without ascites, Depression, Chronic Obstructive Pulmonary Disease, Esophageal Varices with bleeding, and Anemia in other chronic diseases classified elsewhere. Review of Resident #19's Annual Minimum Data Set (MDS), with Assessment Reference Date (ARD) of 05/07/2025, revealed Resident #19 had a BIMS score of 15, which indicated intact cognition. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/02/2025 at 11:30 a.m. review of Resident #19's care plan revealed only one care plan area with generalized interventions. Resident #19's entire care plan revealed one care area of general disease management with interventions that included: Resident #19 will be up to date on all immunizations, administer necessary immunizations unless contraindicated or allergic per provider order, alert provider of any condition alerts identified during resident evaluations, if resident is determined to be at risk, initiate plan to minimize risk, obtain immunization history, perform clinical admission evaluation, perform risk evaluations, perform scheduled clinical evaluations per facility's protocol. On 06/03/2025 at 09:50 a.m. Resident #19's care plan was reviewed with S4 MDS LPN. S4 MDS LPN confirmed the facility did not develop and implement a comprehensive person-centered care plan for Resident #19 in a timely manner and should have.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Resident #172 Review of the Facility's policy dated 11/2017 titled Weekly Skin Audit read in part .Policy: A skin audit will be documented on resident weekly. Any identified skin conditions will be documented and treatment initiated. Procedure: 1.Every resident will have a head to toe skin evaluation performed and documented on a weekly basis. Review of Resident #172 medical record revealed an admit date of 02/11/2025 with diagnoses that included: COPD, Congestive Heart Failure, Atherosclerotic Heart Disease, Depression, and Essential HTN. Review of Resident #172 Care plan with a review date of 05/20/2025 read in part . Risk for impaired skin integrity related to impaired mobility with interventions for weekly skin audits. Review of Resident #172 skin assessment dated [DATE] by S10 TX Nurse revealed 3 scabs to forehead area. No bruises noted. Interview on 06/04/2025 at 9:15 a.m. with S1 Admin revealed she was notified by S21 Marketer that during a hospital visit he was notified by hospital staff that Resident #172 had undisclosed bruising to the corner of his right eye and to his right lower abdomen/hip area. S1 Admin revealed that she was not made aware of any bruising on Resident #172 prior to being notified by S21 Marketer on 05/15/2025. S1 Admin stated that during the facility investigation of the injury S9 LPN stated she observed the bruising on Resident #172' left eye and right lower abdomen/hip area on 05/11/2025. S1 Admin stated that she reviewed S10 TX Nurse body audit that was conducted on 05/12/2025 and there was no documentation of bruising to Resident's right eye or right lower abdomen/hip area. Interview on 6/04/2025 at 10:00 a.m. with S10 TX Nurse revealed during the 05/12/2025 body audit she observed a little small popped blood vessel in the corner of Resident #172's right eye but did not document it on body audit sheet. S10 TX Nurse stated she did not lift Resident #172's shirt during the body audit so she was not aware of bruise to hip/abdomen area, but should have. S10 TX Nurse stated she was verbally counseled by management staff and was in-serviced on properly completing body audits after the incident. Resident #34 Review of the facility's policy entitled Weights, revised in 10/2009, revealed in part .all residents are weighted upon admission, readmission, and monthly thereafter to establish weight pattern and monitor for changes. Each resident will be weighed by the 10th of the month. Weights will be entered electronically. Review of Resident #34's medical record revealed an admission date of 11/06/2020 with diagnoses including, in part .Schizophrenia and Morbid Obesity. Review of Resident #34's Annual MDS with an ARD of 05/20/2025 revealed, in part .a BIMS Score of 15, indicating intact cognition. Resident #34's weight was not available. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #34's Care Plan Report revealed, in part .noncompliance with diet and morbid obesity, initiated on 11/04/2024. Interventions included monthly weight and notify provider of any significant changes in weight. Review of Resident #34's Weight Summary revealed the resident was last weighed on 02/07/2025. Interview with S2 DON on 06/04/2025 at 1:10 p.m. confirmed Resident #34 was supposed to have been weighed monthly, but had not. Based on observation, record review, and interview the facility failed to provide care and services that met professional standards of quality by failing: 1. To ensure Physician's Orders were implemented for Resident #69; and 2. To accurately complete a body audit for Resident #172, and 3. To obtain a monthly weight for Resident #34. Total sample size 29 residents. Resident #69 Review of Resident #69's medical record revealed an admit date of 04/08/2025 with the following diagnoses in part . Anoxic Brain damage; Acute Respiratory Failure with Hypoxia; Type 2 Diabetes Mellitus; Hypertension; Hyperlipidemia; Acute Myocardial Infarction; Depressive Episodes; Anxiety Disorder; Thyrotoxicosis; and Encounter for Attention to Tracheostomy. Review of Resident #69's admission MDS with ARD of 04/15/2025 revealed a BIMS summary score not conducted due to Resident #69 was rarely/never understood. Resident #69 was dependent for all ADLs. On 06/03/2025 at 08:45 a.m. observation of medication administration performed. Observation revealed S5 LPN crushed Resident #69's medication (Baclofen) and mixed with applesauce. Observed S5 LPN administer medication orally to Resident #69 at that time. Review of Resident #69's Physician Order dated 05/30/2025 read in part .Baclofen Oral Tablet 10mg- give 1 tablet via G-Tube three times a day for Muscle Spasms. Review of Resident #69's care plan dated 04/11/2025 revealed in part .Resident is at risk for pain and discomfort. Interventions included: Administer pain medications as ordered. On 06/03/2025 at 12:58 p.m. reviewed Physician Orders with S5 LPN which revealed in part .Administer Baclofen 10mg 1 tablet via G tube three times a day. S5 LPN confirmed medication was crushed, mixed with applesauce, and administered orally to Resident #69. S5 LPN confirmed medication was not administered utilizing the correct route as prescribed by the physician. S5 LPN stated Physician Orders should have been updated by the Unit manager for Resident #69 following a recent swallow study. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 06/03/2025 at 01:05 p.m. with S6 LPN/Unit Manager revealed Resident #69 had a swallow study performed and diet was upgraded at that time. S6 LPN stated the physician was monitoring Resident #69's tolerance to diet upgrade prior to upgrading medication route. S6 LPN confirmed that Resident #69 should have received medications utilizing the correct route as prescribed by the physician. Interview on 06/03/2025 at 01:25 p.m. conducted with S1 Admin. S1 Admin notified of the medication error during medication administration. S1 Admin confirmed medication should have been administered utilizing the correct route as prescribed by the physician. S1 Admin confirmed Resident #69 did not receive medication as ordered by the physician.

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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, and record review, the facility failed to ensure that residents who were unable to carry out ADLs (Activities of Daily Living) received the necessary services to maintain good grooming and personal hygiene. The facility failed to: 1. Perform AM care including face/hair washing and shaving for Resident # 38; and 2. Provide daily bed baths for 2 (Resident #26 and Resident #34) residents. The total Sample Size is 29 residents. Findings: Review of the facility's 10/2009 policy titled A.M. Care read in part . A.M. Care will be given to residents daily. Procedure: 5. Residents to wash, rinse and dry face and hands if able. 11. Provide/assist with shaving (male and female) as needed. Resident #38 Review of Resident #38's Care plan with a review date of 06/11/2025 revealed impaired mobility due to Muscular Dystrophy. Resident #38 requires 2 person assist with bathing, dressing, and grooming. Review of Resident #38's Quarterly MDS with ARD of 03/11/2025 revealed the BIMS was not conducted because Resident #38 is rarely/never understood. Resident #38 is dependent on staff for all ADL's. Resident #38 exhibited no behaviors. Observation on 06/02/2025 at 10:10 a.m. revealed Resident #38 lying in bed with a great amount of white and brown flakes to her forehead and neck hairline and hair was unkempt. Resident #38's face had dried sputum and white and brown flakes near mouth area, and long facial hair to chin. Interview on 06/02/2025 at 10:30 a.m. with S6 LPN confirmed that Resident #38's hair and face was unkempt/dirty and confirmed that her facial hair on her chin was long and needed to be shaved, but had not been. Interview on 06/03/2025 at 4:05 p.m. with S11 CNA revealed that Resident #38 does not refuse care. S11 CNA stated that she bathed and shaved her this morning and was about to go and wash her hair. Resident #34 Review of Resident #34's medical record revealed an admission date of 11/06/2020 with diagnoses including, in part .Schizophrenia and Morbid Obesity. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #34's Annual MDS with an ARD of 05/20/2025 revealed, in part .a BIMS Score of 15, indicating intact cognition. Resident #34's was dependent for toileting hygiene, bathing, and personal hygiene. Review of Resident #34's Care Plan Report revealed, in part .staff was to assist with activities of daily living (ADL) care daily and provide daily bed baths. Review of Resident #34's Bed Bath Daily on Night Shift task record for the last two weeks revealed Resident #34's did not have a bed bath on 06/02/2025, 05/31/2025, 05/30/2025, 05/29/2025, 05/28/2025, 05/27/2025, or 05/26/2025. Observation of Resident #34 on 06/02/2025, 06/03/2025, and 06/04/2025 revealed a foul odor to the room. Interview with Resident #34 on 06/03/2025 at 9:23 a.m. revealed Resident #34 did not have a bed bath on 06/02/2025. Resident #34 could not remember when he was last bathed. Interview with S10 Tx Nurse on 06/03/2025 at 9:54 a.m. confirmed there was a foul odor in Resident #34's room. Interview with S25 CNA on 06/03/2025 at 10:05 a.m. confirmed Resident #34 did not receive a bed bath on 06/02/2025. Interview with S2 DON on 06/04/2025 at 1:10 p.m. revealed Resident #34 was supposed to have a bed bath daily. S2 DON confirmed Resident #34 did not have a bed bath on 06/02/2025, 05/31/2025, 05/30/2025, 05/29/2025, 05/28/2025, 05/27/2025, or 05/26/2025, but should have. Resident # 26 A review of facility undated policy titled, Bed Bath, revealed in part .Policy: Bedfast residents will receive a bed bath daily . A review of Resident # 26's medical record revealed an admission date of 05/17/2023 with diagnoses that included Spinal Stenosis of lumbar region without neurogenic claudication, Alzheimer's with late onset, Epilepsy unspecified with Status Epilepticus, Morbid (severe) Obesity due to excess calories, Obstructive Sleep Apnea, Osteoarthritis, Neuromuscular Dysfunction of bladder, Cognitive Communication Deficit, Atrial Fibrillation, and Candidiasis of skin and nail. Review of Resident # 26's annual Minimum Data Set (MDS) with Assessment Reference Date (ARD) 03/18/2025 revealed a BIMS score of 13, which indicated intact cognition. Resident # 26 was dependent for personal hygiene and toileting hygiene. Resident #26 required substantial/maximal assistance for bathing. Review of Resident# 26's care plan revealed Resident # 26 required staff assistance with all activities of daily living (ADLs) with interventions that included in part . staff assist x1 with bed mobility, toileting, dressing, and grooming. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/02/2025 at 09:25 a.m. observation of Resident # 26's room revealed a foul odor to entire room. On 06/02/2025 at 09:25 a.m. interview with Resident # 26 revealed Resident # 26's last bed bath was on 05/29/2025. Resident # 26 stated she only received bed baths when she would request a bed bath from staff. Resident # 26 stated she requested a bed bath that morning of 06/02/2025 and facility staff told Resident # 26 they would come back. On 06/02/2025 at 12:15 p.m. review of Resident # 26's electronic health record facility task named BED BATH DAILY ON DAY SHIFT with review dates 05/15/2025 to 06/02/2025, revealed Resident # 26 did not receive a bed bath on 05/16/2025, 05/17/2025, 05/18/2025, 05/21/2025, 05/22/2025, 05/26/2025, 05/27/2025, 05/30/2025, 05/31/2025, and 06/01/2025. On 06/03/2025 at 10:30 a.m. interview with S14 LPN revealed S14 LPN was the staff nurse for Resident #26. S14 LPN revealed CNA's are made aware of residents' baths schedules and preferences by reviewing bath schedule posted on wall in nurses station daily and reviewing residents' paper kardex daily. On 06/03/2025 at 10:30 a.m. observation of bath schedule located in Hall 1 nurses station revealed in part . Resident #26 - Bed bath daily on day shift (AM). On 06/03/2025 review of Resident #26's facility paper kardex revealed in part . BATHING: Bed bath daily on day shift. On 06/03/2025 at 12:45 p.m. interview with S12 CNA revealed she was the primary and only CNA for Hall 1 that day. S12 CNA confirmed Resident # 26 was scheduled to receive a bed bath daily. On 06/03/2025 at 01:00 p.m. review of Resident # 26's electronic health record facility task named Bed bath daily on day shift revealed bed bath task was completed on 06/03/2025 at 11:00 a.m. On 06/03/2025 at 1:01 p.m. observation/interview with Resident # 26 revealed minimal but notable odor to room. Resident # 26 stated she did not receive the bed bath she requested on 06/02/2025 or earlier that day of 06/03/2025. Resident #26 reviewed personal calendar that was located on her bedside table. Resident #26 stated her last bath documented on her personal calendar was Thursday, 05/29/2025. Resident #26 stated her last bath before 05/29/2025 was approximately 10 days prior to 05/29/2025. Resident #26 stated her bed linens were changed on 06/02/2025 due to linens saturated in urine, but she did not receive a bed bath. On 06/03/2025 at 01:23 p.m. interview conducted with S12 CNA. S12 CNA confirmed she did document that Resident #26 received a bed bath that morning of 06/03/2025 at 11:00 a.m. although she had not provided a bed bath to Resident #26 on 06/03/2025. On 06/03/2025 at 01:48 p.m. interview conducted with S2 DON. S2 DON confirmed Resident #26 was scheduled to receive a bed bath daily. Resident #26's task documentation Bed bath daily on day shift (05/15/2025- 06/03/2025) was reviewed with S2 DON. S2 DON confirmed documentation for the time period reviewed revealed Resident #26 did not receive a bed bath on 05/16/2025, 05/17/2025, 05/18/2025, 05/21/2025, 05/22/2025,05/26/2025, 05/27/2025, 05/30/2025, 05/31/2025, 06/1/2025 and should have.

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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. Based on observation, interview, and record review the facility failed to provide necessary services to maintain optimal skin integrity for 1 (Resident # 26) of 29 sampled residents. Findings: Resident # 26 A review of facility policy titled, Turning and Positioning Program with revision date of 07/2018, revealed in part . Policy: All residents will be turned and positioned as per the plan of care in an organized system . A review of Resident #26's medical record revealed an admission date of 05/17/2023 with diagnoses that included Spinal Stenosis of lumbar region without neurogenic claudication, Alzheimer's with late onset, Epilepsy unspecified with Status Epilepticus, Morbid (severe) Obesity due to excess calories, Obstructive Sleep Apnea, Osteoarthritis, Neuromuscular Dysfunction of bladder, Cognitive Communication Deficit, Atrial Fibrillation, Candidiasis of skin and nail, and other lack of coordination. A review of Resident # 26's annual Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 03/18/2025 revealed a BIMS score of 13, which indicated intact cognition. Resident #26 required moderate assistance to roll left to right, always incontinent to bowel and bladder, and at risk for pressure ulcers/injuries. Review of Resident of #26's care plan revealed Resident #26 required staff assistance with all activities of daily living (ADLs) with interventions that included in part . staff assist x1 with bed mobility, toileting, dressing, and grooming. Resident #26 was at risk for impaired skin integrity related to decreased mobility and activities of daily living (ADL) function, bowel and bladder incontinence, diagnosis of Alzheimer's dementia, neuropathy, and neurogenic bladder. Interventions included in part .Turn and reposition every 2 hours and as needed. On 06/03/2025 at 09:30 a.m. observation of Resident #26 revealed Resident #26 resting in bed with eyes closed. Resident #26 was positioned on her back with head of bed elevated. On 06/03/2025 at 10:25 a.m. observation of Resident #26 revealed Resident #26 resting in bed with eyes closed. Resident # 26 was positioned on her back with head of bed elevated. Resident #26 lying in bed in same position from observation at 06/03/2025 09:30 a.m. On 06/03/2025 at 12:21 p.m. observation of Resident #26 revealed Resident #26 resting in bed with eyes closed. Resident #26 was positioned on her back with head of bed elevated. Resident # 26 lying in bed in same position from observations at 06/03/2025 09:30 a.m. and 10:25 a.m. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/03/2025 at 12:45 p.m. interview with S12 CNA revealed S12 CNA worked Hall 1 routinely on the 7 a. m. to 7 p.m. shift and was familiar with the care Resident #26 required. S12 CNA stated Resident #26 was bed bound, could feed herself, but required assistance for all other ADLs. S12 CNA confirmed Resident #26 could not reposition herself independently. S12 CNA confirmed she had not repositioned Resident #26 that day. On 06/03/2026 at 01:00 p.m. interview conducted with Resident #26. Resident #26 stated she was not turned and repositioned by staff routinely. Resident #26 confirmed she was unable to turn and reposition in the bed independently. On 06/03/2025 at 01:48 p.m. interview conducted with S2 DON. S2 DON stated all residents that were care planned to be turned and repositioned every two hours and as needed, would have task turn and repositioned every two hours and as needed reflected on each resident's paper kardex and be listed as a task in facility electronic charting system to be acknowledged by the CNA's each shift. Review of Resident #26 care plan reviewed with S2 DON. S2 confirmed Resident #26 was care planned to be turned and repositioned every two hours and as needed. S2 DON confirmed Resident #26 did not have a turn and reposition task listed in facility electronic charting system and should have. Resident #26's paper kardex was reviewed with S2 DON. S2 DON confirmed paper kardex did not reflect Resident #26 was required to be turned every two hours and as needed and should have. On 06/04/2025 at 1:00 p.m. interview conducted with S13 CNA. S13 revealed she was the only CNA assigned to Hall 1 that day and familiar with the care Resident #26 required. S13 CNA confirmed Resident #26 required to be turned and repositioned by staff. S13 CNA confirmed she had not turned or repositioned Resident #26 at any time during her ongoing shift on 06/04/2025. S13 CNA confirmed she was supposed to turn and reposition Resident #26 every 2 hours and had not done so that day.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure a resident received enteral feedings as ordered by the physician for 1 (#25) of 3 (#25, #53, and #122) residents reviewed for tube feeding. Findings: Review of the Facility's 01/2025 policy titled Tube Feeding read in part Residents with a Gastrostomy or Jejunostomy tube will be provided nutrition and hydration via the feeding tube. Procedure: Administer feeding as ordered via continuous pump feeding per physicians orders. Review of Resident #25's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses that included: Acute Respiratory Failure, Hyperlipidemia, Hypothyroidism, and Insomnia. Review of Resident #25's admission MDS with an ARD of 05/14/2025 revealed a BIMS of 13, which indicated intact cognition. Review of Resident #25's Care Plan with a review date of 08/13/2025 read in part: Resident requires tube feeding related to nothing by mouth status. The resident is dependent on tube feeding and water flushes. See MD orders for current feeding orders. Review of Resident #25's current Physician Orders revealed the following, in part: 05/07/2025 -Glucerna 1.5 @ 60ml/hr via pump 05/07/2025- H20 Flush @ 250ml/Q4h via pump Review of Resident #25's MAR/Progress notes dated June 2025 revealed no documentation tube feeding was held or refused on 06/01/2025 or 06/02/2025. An observation and interview on 06/02/2025 at 9:52 a.m. revealed Resident #25's peg feeding was not infusing and was turned off. Resident #25 stated he does not know how long the feeding had been turned off. Observation of the feeding hanging: Glucerna 1.5 cal with start date written 06/01/2025 at 17:12. Rate 60ml/hr. 600ml left in bottle. H20 Water flush bag dated 5/31/2025 23:00 with a rate of 250ml/q4 hour. 700ml was left in bag. Interview on 06/02/2025 at 9:52 a.m. with S7 LPN at the time of observation revealed she was unaware that the feeding pump was off and does not how long it had been off and was not notified of any issues with Resident #25's feedings at 7:00 a.m. shift change. (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 06/03/2025 at 11:58 a.m. with S8 LPN revealed she worked on the night shift of 06/01/2025-06/02/2025 from 7p.m. to 7a.m. S8 LPN stated she could not find any H20 flush bags in the storage the building so she had to refilled Resident #25'swater bag that was currently hanging. S8 LPN stated at the beginning of the shift Resident #25 told her that his stomach was hurting so she turned it off the tube feeding to let his stomach rest sometime around 7:30 p.m. S8 LPN stated that she turned the tube feeding back on around 10:30 p.m. S8 LPN stated Resident #25 slept the rest of the night and the feeding ran and she cannot recall hearing his tube feeding alarm during the night. Interview on 06/03/20205 at 10:20 a.m. with S2 DON revealed she was notified there was some issues with tube feeding on 06/02/205 but does not know why Resident #25 was off of the tube feeding that morning and how long it had been off, but should not have been.

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on record review and interview, the facility failed to complete an annual performance review and provide regular in-service education based on the outcome of the annual performance reviews for 2 (S16 CNA and S17 CNA) of 3 (S13 CNA, S16 CNA, S17 CNA) certified nursing assistants reviewed for sufficient and competent nurse who required it. Findings: Review of S16 CNA's personnel records revealed a date of hire of 11/01/2023. Further review revealed no evidence of an annual performance being completed within the past 12 months. Record review revealed the last annual performance was completed on 06/19/2023. Review of S17 CNA's personnel records revealed a date of hire of 05/24/2024. Further review revealed no evidence of an annual performance review being completed in the past 12 months. In an interview on 06/04/2025 at 2:01 p.m., S1 Administrator acknowledged annual performance reviews had been requested multiple times for the sampled CNAs, but had not been provided. In an interview on 06/04/2025 at 2:15 p.m., S15 HR (Human Resources) stated she provided the requested annual performance reviews. An observation of S16 CNA's annual performance review with S15 HR at that time revealed it was signed and dated 06/19/2023. S15 HR stated it must have been dated wrong. S15 HR acknowledged S16 CNA and S17 CNA's personnel records had no evidence of an annual performance evaluation being completed.

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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 record review, observation, and interview, the facility failed to ensure an infection prevention and control program was maintained to provide a safe and sanitary environment and to help prevent the development and transmission of communicable diseases and infections. The facility failed to ensure: 1. Facility staff wore a gown while administering medications to a resident on EBP, Resident #122, through a Gastrostomy (PEG tube); 2. Standard Precautions were utilized during wound care, 3. Unused resident care items were not stored on the floor 4. Resident's used basins were not stored in a shower 5. Resident's used urinal was not stored in a shower, and 6. A Curtain in the shower area was not visibly soiled. Findings: Resident #122 On 6/04/2025 at 10:30 a.m. the facility provided a copy of their Enhanced Barrier Precautions Policy with a History date of 4/24. Review of the policy revealed, Enhanced Barrier Precautions only require use of gown/ gloves when performing high contact resident activities: a. g. Device care or use: central line, urinary catheter, feeding tube, tracheostomy, or ventilator h. Resident #122 Review of Resident #122's medical record revealed an admit date of 05/22/2025 with diagnoses including Quadriplegia, Seizures, Generalized Anxiety Disorder, and Attention to Gastrostomy (PEG tube.) On 06/03/2025 at 12:45 p.m. the midday medication pass for Resident #122 was observed. S14 LPN began to administer Resident #122's medications through PEG tube. Syringe was no longer in the resident's room and S14 LPN did not have any syringes on medication cart. S14 LPN stepped into the hallway to ask another staff member to get a syringe. S14 LPN put on gloves to handle the resident's PEG tube, but did not wear a gown. S14 LPN checked residual, administered two crushed medications, Baclofen and Gabapentin, and flushed PEG tube per orders, without wearing a gown. Review of Resident #122's Orders: Baclofen Oral Tablet 5 MG; Give 1 tablet via PEG-Tube three times a day related to quadriplegia; Active; Start date: 05/22/2025 Gabapentin Oral Tablet 600 MG; Give 1 tablet via PEG-Tube three times a day related to Neuralgia and Neuritis; Active; Start date: 05/22/2025 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Flush peg tube with 30mls of water before and after administration of medication; every day and night shift; Start date: 05/22/2025 On 06/03/2025 at 2:45 p.m. an interview with S14 LPN was conducted. S14 LPN was asked to explain the EBP policy and how it relates to medication administration through a PEG tube. S14 LPN explained that the EBP policy states to wear gown and gloves for using the resident's PEG tube. S14 LPN also confirmed that she had forgotten to put a gown on prior to handling Resident #122's PEG tube for medication administration but should have. On 06/04/2025 at 10:05 a.m. an interview with S2 DON was conducted. S2 DON confirmed that S14 LPN should have worn a gown with her gloves to administer medications through Resident #122's PEG tube per EBP policy. Review of the facility's policy entitled Standard Precautions revised in 09/2019, revealed, in part .Standard Precautions will be utilized to provide a primary strategy for the prevention of healthcare-associated infectious agents among patients and healthcare personnel. Standard Precautions include, in part, hand hygiene. During delivery of healthcare, staff is to avoid unnecessary touching of surfaces to prevent transmission of pathogens from contaminated hands. Wash hands before direct contact with patients. Review of the facility's policy entitled Shower Room Cleaning dated 06/2018 revealed no guidance regarding cleaning or changing of shower curtains. 2. Observation of S10 Tx Nurse on 06/03/2025 at 8:05 a.m. revealed she was preparing to perform wound care. No observation of hand hygiene prior to preparation. S10 Tx Nurse used her ungloved hand to place clean gauze into a cup and then sprayed the contaminated gauze with wound cleanser. Observed S10 Tx Nurse use her ungloved hand to place more clean gauze into the same cup. No observation of hand hygiene throughout wound care preparation procedures. Observed S10 Tx Nurse continue to provide wound care for a resident with the contaminated cup of gauze she prepared. Interview with S10 Tx Nurse on 06/03/2025 at 8:26 a.m. confirmed she did not perform hand hygiene before touching the gauze or performing wound care, but should have. S10 Tx Nurse confirmed she used the gauze to clean the resident's wound, but should not have. 3. Observation of Room A on Hall X on 06/03/2025 at 8:35 a.m. revealed opened packages of adult briefs, unpackaged adult briefs, plastic wash basins, a purple foam wedge, and cloth under-pads stored directly on the floor. 4. and 5. Observation of Room B on Hall X on 06/03/2025 at 8:43 a.m. revealed 2 plastic wash basins and a soiled urinal stored directly on the shower floor. (continued on next page)

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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 - Minimal harm or potential for actual harm Residents Affected - Few	Interview with S1 Admin on 06/03/2025 at 8:49 a.m. revealed unused resident care items should not be stored directly on the floor. S1 Admin confirmed there were opened packages of adult briefs, unpackaged adult briefs, plastic wash basins, a purple foam wedge, and cloth under-pads stored directly on the floor of Room A on Hall X, but should not have been. S1 Admin confirmed used resident care items were stored directly on the shower floor in Room B, but should not have been. 6. Observation of Shower C on Hall Y 06/03/2025 at 8:57 a.m. revealed a brown substance on the shower curtain at waist level and dark discoloration observed along the bottom of the shower curtain. Interview with S24 HK Sup on 06/03/2025 at 8:58 a.m. revealed she did not know how often the shower curtain should be cleaned and the shower curtain needed cleaning. Sup- is that the right identifier? Interview with S1 Admin on 06/03/2025 at 8:59 a.m. confirmed the shower curtain was visibly soiled and needed cleaning, but was not.