STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195430	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colfax Nursing and Rehab, LLC	366 Webb Smith Drive Colfax, LA 71417

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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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on record review and interview, the facility failed to ensure the physician documented a clinical rationale for a denial of a gradual dose reduction for 4 (#5, #7, #12, #38) of 5 (#5, #7, #8, #12, and #38) residents reviewed for unnecessary medications. The facility failed to ensure the physician documented on the Pharmaceutical Consultant Report a clinical rationale for not reducing psychoactive medications recommended for gradual dose reduction. Findings:Resident #5 Review of Resident #5’s clinical record revealed an admission date of 11/21/2022 with a readmission date of 10/21/2024 with diagnoses that included in part., Cerebral Infarction; Bipolar Disorder, current episode manic without Psychotic features, Mild; Unspecified Dementia, without Behavioral disturbance, Psychotic disturbance, Mood disturbance, and Anxiety. Review of Resident #5’s Quarterly MDS with an ARD of 07/30/2025 revealed a BIMS score of 10, indicating moderately impaired cognition. Resident #5 received an antipsychotic and antidepressant medication. Review of Resident #5’s 08/2025 physician’s orders revealed the following: -Brexpiprazole Oral Tablet-give 1mg (milligram) by mouth at bedtime related to Bipolar Disorder (order date of 10/21/2024) -Sertraline HCl (Hydrochloride) Oral Tablet 100mg-give 1 tablet by mouth one time a day related to Bipolar Disorder, give with Sertraline 50mg to equal 150mg every day (order date of 01/07/2025) -Sertraline HCl Oral Tablet 50mg-give 1 tablet by mouth one time a day related to Bipolar Disorder, give with Sertraline 100mg to equal 150mg every day (order date of 01/07/2025) -Divalproex Sodium Oral Tablet Delayed Release give 750mg by mouth two times a day related to Bipolar Disorder (order date 01/06/2025) Review of the Pharmaceutical Consultant Report that was signed and undated by S11 NP (Nurse Practitioner), the pharmacy consultant requested a gradual dose reduction for the following medications: Brexpiprazole Oral Tablet-give 1mg at bedtime, Divalproex Sodium Oral Tablet Delayed Release-give 750mg by mouth two times a day, Sertraline HCl Oral Tablet 100mg-give 1 tablet by mouth one time a day, and Sertraline HCl Oral Tablet 50mg-give 1 tablet by mouth one time a day. The report read, Note to Physician: According to CMS Interpretive Guidelines for Long Term Care Facilities, justification for not reducing a psychoactive must have a hand written valid clinical rationale as to why the reduction is not desired at this time. S11 NP documented “NO” for if a dose reduction is appropriate. S11 NP failed to provide a hand written clinical rationale explaining (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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	why a dose reduction would be clinically contraindicated. Resident #38 Review of Resident #38’s clinical record revealed an admission date of 01/08/2024, with an initial admission date of 05/23/2022, and diagnoses that included, in part, Alzheimer’s Disease, Bipolar Disorder, unspecified, Major Depressive Disorder, recurrent, and Anxiety Disorder, unspecified. Review of Resident #38’s Quarterly MDS with an ARD of 08/20/2025 revealed that a BIMS was not completed because the resident was rarely understood. Resident #38 received an antipsychotic, an antianxiety, and an antidepressant medication. Review of Resident #38’s 08/2025 physician’s orders revealed the following: - Ativan Oral Tablet- Give 1 MG (milligram) by mouth four times a day for anxiety (order date of 04/27/2025) - Divalproex Sodium Oral Capsule Delayed Release Sprinkle 125 MG (milligram), Give 2 capsule orally two times a day related to Bipolar disorder, unspecified (order date 06/03/2024) - Quetiapine Fumarate Tablet 25 MG (milligram), Give 1 tablet by mouth two times a day related to Bipolar disorder, unspecified (order date 04/24/2025) Review of the Pharmaceutical Consultant Report dated 07/29/2025, that was signed with an undated signature by S11 NP (Nurse Practitioner), the pharmacy consultant requested a gradual dose reduction for the following medications: 1) Ativan Oral Tablet 1 MG (milligram) (Lorazepam) Give 1 mg by mouth four times a day; 2) Divalproex Sodium Capsule Delayed Release Sprinkle 125 MG Give 2 capsule orally two times a day; 3) Quetiapine Fumarate Tablet 25 MG Give 1 tablet by mouth two times a day. The report read, Note to Physician: According to CMS Interpretive Guidelines for Long Term Care Facilities, justification for not reducing a psychoactive must have a handwritten, valid clinical rationale as to why the reduction is not desired at this time. S11 NP documented “NO” for whether a dose reduction is appropriate, but did not indicate if the resident is receiving the minimal effective dose. S11 NP failed to provide a handwritten clinical rationale explaining why a dose reduction would be clinically contraindicated. Resident #7 Review of Resident #7’s clinical record revealed an admission date of 09/02/2021, and diagnoses that included, in part, Type 2 Diabetes Mellitus without complications, Unspecified Dementia, unspecified severity, with Anxiety, Chronic Obstructive Pulmonary Disease, unspecified, and Schizoaffective disorder, unspecified. Review of Resident #7’s Quarterly MDS with an ARD of 07/30/2025 revealed a BIMS score of 3, indicating severe cognitive impairment. Resident #7 received an antipsychotic and an antidepressant medication. Review of Resident #38’s 08/2025 physician’s orders revealed the following: - Haloperidol Decanoate IM (Intramuscular) Solution 50 MG (milligrams)/ML (milliliter), Inject 1 ml (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	intramuscularly one time a day every 2 weeks on Wednesday related to Schizoaffective disorder, unspecified (order date of 6/06/2024) - Zoloft Oral Tablet 100 MG (milligrams) (Sertraline HCl), Give 1 tablet by mouth one time a day related to Schizoaffective Disorder (order date of 6/03/2025) Review of the Pharmaceutical Consultant Report dated 07/29/2025, that was signed with an undated signature by S11 NP revealed the pharmacy consultant requested a gradual dose reduction for the following medications: 1) Haloperidol Decanoate IM (Intramuscular) Solution 50 MG (milligrams)/ML (milliliter), Inject 1 ml intramuscularly one time a day every 2 weeks; 2) Zoloft Oral Tablet 100 MG (Sertraline HCl), Give 1 tablet by mouth one time a day. The report read, Note to Physician: According to CMS Interpretive Guidelines for Long Term Care Facilities, justification for not reducing a psychoactive must have a handwritten, valid clinical rationale as to why the reduction is not desired at this time. S11 NP did not document whether a dose reduction was appropriate or if the resident was receiving the minimal effective dose. S11 NP also failed to provide a handwritten clinical rationale explaining why a dose reduction would be clinically contraindicated. Resident #12 On 08/27/2025, a review of the facility’s policy titled “Tapering Medications and Gradual Dose Reduction” last revised on 07/2022 revealed in part…13. For any individual who is receiving a psychotropic medication to treat a psychiatric disorder other than behavioral symptoms related to dementia (for example, schizophrenia, bipolar mania, or depression with psychotic features), the GDR may be considered contraindicated, if: a. the continued use is in accordance with relevant current standards of practice and the physician has documented the clinical rationale for why any attempted dose reduction would be likely to impair the resident’s function or cause psychiatric instability by exacerbating an underlying psychiatric disorder; or b. the resident’s target symptoms returned or worsened after the most recent attempt at a GDR within the facility and the physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident’s function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder. Review of Resident #12’s medical record revealed an admit date of 12/12/2024 with diagnoses that included in part .Psychotic Disturbance, Mood Disturbance, and Anxiety; Schizoaffective Disorder, Depressive Type; and Depression. Review of Resident #12’s Quarterly MDS with an ARD date of 08/13/2025 revealed a BIMS score of 12, indicating moderately impaired cognition. Resident #12 received antianxiety, antidepressant, and antipsychotic medications. Review of Resident #12’s August 2025 physician’s order revealed the following:12/31/2024-Zoloft 100 MG give 2 tablets for depression once a day; 03/13/2025-Buspirone Hydrochloride Tablet 5 MG .1 tab twice a day related to Depression, Unspecified; 07/01/2025-Haloperidol Tab 5 MG…1 tablet one time a day related to Schizoaffective disorder, unspecified; 12/15/2024-Haloperidol Decanoate Intramuscular Solution 50mg/ml.inject 50mg intramuscularly one time a day starting on the 15th and ending on the 15th every month related to Schizoaffective Disorder, Depressive Type. Review of the Pharmaceutical Consultant Report dated 07/29/2025 revealed the pharmacy consultant (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	requested a gradual dose reduction for Buspirone Hydrochloride 5mg, Haloperidol Decanoate Intramuscular Solution 50mg/ml, Haloperidol tablet 5mg, and Zoloft tablet 100mg (2 tablets). The report read, Note to Physician: According to CMS Interpretive Guidelines for Long Term Care Facilities, justification for not reducing a psychoactive must have a handwritten valid clinical rationale as to why the reduction is not desired at this time. S11 NP documented “No” for if a dose reduction was appropriate and signed her name but did not date it. S11 NP failed to provide a handwritten clinical rationale explaining why a dose reduction would be clinically contraindicated. On 08/27/2025 at 8:32 a.m., S2 DON confirmed that 07/2025 GDRs were not completed by the medical provider but should have been.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Post nurse staffing information every day. Based on observation and interview the facility failed to ensure nurse staffing data requirements were completed and posted appropriately. This deficient practice had the potential to affect all 74 residents residing in the facility. Findings:Observation on 08/25/2025 at 2:06 p.m. of the facility entrance revealed no display of the daily nurse staffing data. Observation on 08/26/2025 at 10:50 a.m. revealed no display of the daily nurse staffing data throughout the entire facility. In an interview on 08/26/2025 at 10:52 a.m., S7 Corporate revealed that the previous ADON was responsible for completion of the daily nurse staffing data form. S7 Corporate stated that since the ADON was no longer employed at the facility he was unaware of who was responsible for completion of the task currently. In an interview on 08/26/2025 at 10:55 a.m., S7 Corporate confirmed the daily nurse staffing data form was not completed and displayed appropriately. S7 Corporate stated, It's not posted, so it is not done. S7 Corporate revealed the previous ADON's last day of employment was 06/06/2025 and was unable to verify or provide evidence that the daily nurse staffing data had been completed since this date. S7 Corporate confirmed that the Administrator and/or DON were responsible for overseeing that the daily nurse staffing data was completed and posted, but did not.

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F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. Based on observations and interviews, the facility failed to provide drinks, including water, consistent with resident needs and preferences. The facility failed to ensure staff, in the dining room, provided water to 32 residents with their meal during lunchtime. Findings:Interview on 08/26/20025 at 11:36 a.m. with Resident #1 revealed that he eats most meals in the dining room. Resident#1 stated that water is never served with the trays unless it is asked for. Observation on 08/26/2025 at 12:10 p.m. revealed staff serving resident lunch trays in the dining room with only tea observed on the lunch tray. A resident in the dining area was heard hollering out for water, instead of the tea that was served. Interview on 08/25/2025 at 12:22 a.m. with S2 DON stated that residents are only served water with meals if they ask for it. S2 DON stated that residents are usually only given tea or the choice of beverage. Interview on 08/26/2025 at 1:00 p.m. S1 Administrator stated that the facility does not serve water on meal trays unless the resident specifically asks for it.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to maintain a clean and sanitary kitchen in accordance with professional standards for food service safety. This deficient practice had the potential to affect all 74 residents who resided in the facility. The facility failed to ensure:1. Kitchen staff did not handle food with dirty gloves during food preparation; and 2. Kitchen staff wore beard restraints to prevent hair from contacting food.Findings::On 08/26/2025, a review of the facility's undated policy titled Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices revealed in part.Employees must wash their hands:.after handling soiled equipment or utensils, during food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks, and/or after engaging in other activities that contaminate the hands. Further review of the policy revealed.Hair nets or caps and/or beard restraints are worn when cooking, preparing or assembling food to keep hair from contacting exposed food, clean equipment, utensils and linens.On 08/25/2025 at 11:10 a.m., an observation was made in the kitchen of S5 Dishwasher rolling silverware in napkins. S5Dishwasher was noted to have a beard, which was not covered with a beard restraint. On 08/25/2025 at 11:18 a.m., S4 [NAME] was observed preparing the puree meals. S4 [NAME] was noted to have a beard which was not covered with a beard restraint. S4 [NAME] was then observed as he donned gloves, grabbed the garbage can by the handle and pulled it to the puree table area. S4 [NAME] then picked up the cooked chicken thighs and began to debone them to put in the blender wearing the same gloves. In an interview at that time, S4 [NAME] confirmed he had just moved the garbage can and then handled the chicken with the same gloves. On 08/25/2025 at 11:23 a.m., S3 Dietary Manager confirmed the above two kitchen employees were not wearing beard restraints because the facility did not have any on hand, but should have been. S3 Dietary Manager acknowledged S4 [NAME] had just touched the garbage can and then handled the chicken with the same, contaminated gloves, but should not have.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement/maintain infection control practices to help prevent and control the spread of infectious communicable diseases. The facility failed to ensure the following:1. Staff adhere to Enhanced Barrier Precautions (EBP) for Resident #4. 2. Staff follow the chemical manufacturer's dwell-time guidelines for proper sanitation.The total sample size was 43 residents.Review of the facility's undated policy titled, Enhanced Barrier Precautions revealed in part. Enhanced Barrier Precautions (EBPs) are utilized to prevent the spread of multidrug-resistant organisms (MDRO's) to residents. EBPs employ targeted gown and glove use during high-contact care activities. Examples of high-contact resident care activities requiring the use of a gown and gloves for EBPs include, in part, changing briefs, providing hygiene, and wound care. EBPs are indicated for residents with wounds and/or indwelling medical devices regardless of MDRO colonization. Staff are trained prior to caring for residents on EBPs.Review of a facility policy titled, Cleaning and Disinfection of Environmental Surfaces last revised on 08/2019 revealed in part.Environmental surfaces will be cleaned and disinfected according to current CDC (Centers for Disease Control and Prevention) recommendations for disinfection of healthcare facilities. Non-critical surfaces will be disinfected with an EPA-registered intermediate or low-level hospital disinfectant according to the labels safety precautions and use directions. Most EPA-registered hospital disinfectants have a label contact time of 10 minutes. By Law, all applicable label instructions on EPA-registered products must be followed. 1.Review of Resident #4's medical record revealed an admission date of 06/12/2017 with diagnoses that included in part. Chronic Multifocal Osteomyelitis of the Right Femur, Stage 4 Pressure Ulcer of the Right Hip, Stage 3 Pressure Ulcer of the Sacral Region, and Quadriplegia.Review of Resident #4's Quarterly MDS with ARD of 08/06/2025 revealed a BIMS score of 15, which indicated intact cognition. Resident #4 was dependent on staff for toileting hygiene.Review of Resident #4's current Care Plan revealed in part. the resident had impaired mobility- quadriplegic, bedbound, and totally dependent on staff for care. Resident #4 had a chronic Stage 4 Pressure Ulcer to the right hip, an open lesion to the right lateral foot, a Stage 3 Pressure Ulcer to the sacrum, and Moisture-Associated Skin Damage (MASD) to bilateral feet.On 08/25/2025 at 10:01 a.m., observation revealed Resident #4 had an EBP sign posted above her bed. EBP sign indicated gown and gloves must be worn for all direct patient care for Resident #4.In an interview on 08/26/2025 at 12:18 p.m., S12 CNA revealed she provided incontinent care to Resident #4 throughout her shift. S12 CNA revealed she was unaware Resident #4 required the use of EBP during incontinent care. On 08/26/2025 at 12:42 p.m., S12 CNA accompanied the surveyor to Resident #4's room. S12 CNA acknowledged the EBP sign posted above Resident #4's bed. S12 CNA confirmed she did not wear a disposable gown earlier that day when she provided incontinent care to Resident #4, but should have.In an interview on 08/27/2025 at 9:59 a.m., S2 DON acknowledged the above findings. S2 DON confirmed that Resident #4 required EBP and S12 CNA should have worn a gown and gloves when providing incontinent care to Resident #32, but did not.2.In an interview on 08/27/2025 at 9:23 a.m., S15 Housekeeping revealed the resident room disinfecting process in part.Room Sense 200 Lemon Disinfectant cleanser was utilized for bathroom cleaning and wiped up after 2-3 minutes of contact time. After review of the Room Sense 200 Lemon Disinfectant cleanser bottle, with S15 Housekeeping, revealed a dwell time of 10 minutes. S15 Housekeeping confirmed she was unaware of the above chemical's 10-minute dwell time. In an interview on 08/27/2025 9:33 a.m., S14 Housekeeping revealed the resident room disinfecting process in part . Room Sense 200 Lemon Disinfectant Cleanser and hdqC2 Neutral Disinfectant were used for bathroom cleaning. S14 Housekeeping confirmed he was unaware that these chemicals had dwell times. On 08/27/2025 at 09:43 a.m., an interview was conducted in Hall X cleaning supply closet with S13 Maintenance Supervisor. S13 Maintenance Supervisor revealed he was also the Housekeeping Supervisor and provided training to the housekeeping staff. The above findings were discussed with (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	S13 Maintenance Supervisor during review of Room Sense 200 Lemon Disinfectant Cleanser and hdqC2 Neutral Disinfectant bottles. S13 Maintenance Supervisor confirmed he was unaware of the proper 10-minute dwell time for the above chemicals, but should have been.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observations and interviews, the facility failed to maintain an effective pest control program by having multiple flies in several areas of the facility including residents' rooms, dining room, and kitchen. There were 74 residents who resided in the facility according to the facility's census. Findings:Observation on 08/25/2025 at 8:45 a.m., of Resident #1 revealed two flies flying around him and landing on him. Observation on 08/25/2025 at 8:50 a.m. of Hall Y revealed multiple flies flying around. Interview on 08/25/2025 at 9:54 a.m., with Resident #29 revealed multiple flies flying around in his bedroom. Resident #29 stated there is a fly problem in the facility. Resident #29 stated “yea, I keep my fly swatter right over there”. Review of Resident #29's Quarterly MDS with an ARD of 08/20/2025 revealed a BIMS score of 15, which indicated intact cognition. Observation on 08/25/2025 at 10:12 a.m., of Hall Y revealed a fly in the hallway. Observation on 08/26/2025 at 8:11 a.m., of Resident #1 revealed him lying in bed and two flies sitting on top of him. Observation on 08/26/2025 at 12:39 p.m., of Hall Y revealed multiple flies flying around in the hallway. Dining observation on 08/26/2025 at 11:58 a.m., revealed multiple flies flying throughout the dining room during meal service. Observation of a Resident eating lunch and yelling loudly at flies flying around him and landing on his food. Staff members observed walking over to Resident to swat away the flies. At 12:08 p.m., another observation of a Resident pulling out her fly swatter, flies observed flying around her. Facility’s Pest Control policy reviewed on 08/26/2025 at 10:50 a.m. with a revision date of May 2008 revealed in part .Our facility shall maintain an effective pest control program to ensure that the building is kept free of insects and rodents. A kitchen observation on 08/25/2025 at 11:18 a.m. revealed a fly flying above the table where kitchen staff were preparing puree meals. At 11:33 a.m., flies were noted flying around steam table and landing on the rim of an uncovered glass of tea about to be served. Observation of Resident #10 on 08/25/2025 at 9:30 a.m. revealed in part…Four flies on Resident #10 lying in bed. Observation of Resident #10 on 08/25/2025 at 12:10 p.m. revealed in part…Resident #10 had multiple flies on top of her. Resident #10 interview on 08/26/2025 at 09:51 a.m. revealed Resident #10 stated she has flies in her room, and they are very bad. She stated, It’s because of that over there” and pointed to her roommate. Resident #10 stated her roommate eats in her bed and throws everything on the floor. Observation of Resident #10’s room on 08/26/2025 at 9:51 a.m. revealed 2 flies on the floor in (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #10’s room. Review of the facility’s Pest Control contract on 08/26/2025 at 10:50 a.m. revealed in part .Basic Services which includes treatment of rats, mice, German, American, brown, Oriental and smokey brown cockroaches, earwigs, crickets, grasshoppers, carpenter ants, pharaoh ants and Argentinian ants. It also included 4 step to fire ant control. Dining observation on 08/26/2025 at 12:06 p.m. revealed a resident observed swatting at flies while eating. Dining observation on 08/26/2025 at 12:08 p.m. revealed a resident yelled out at this time Can't eat for the damn flies. Another resident sitting at the same table pulled out a fly swatter. A couple of flies observed flying in dining room. Observation of Resident #10's room on 08/27/2025 at 9:15 a.m. revealed 1 fly on Resident #10 while she was in bed, one fly on the privacy curtain, and one fly flying around the room. In a telephone interview with Facility’s Pest Control contractor on 08/27/2025 at 8:57 a.m., he stated monthly basic service includes control of flies and he sprayed recently around the dumpsters which is where the flies usually originate from. He also stated he told the facility to have the light bulbs changed in the fly lights, but the facility told him they didn't need to be changed. He says the bulbs in the fly lights typically should be changed every 9 months, the UV light still works but the UV light loses its attraction after this timeframe. He stated the facility can call him out for services anytime in addition to the monthly services and stated he provides receipts to the facility for every visit. Interview on 08/26/2025 at 2:00 p.m., S3 Dietary Manager acknowledged flies were observed in the kitchen on 08/25/2025 during lunch service around the steam table. She acknowledged the facility had a problem with flies, stating “They are everywhere.” S3 Dietary Manger stated she was unsure if the pest control sprays in the kitchen because she was not present when they came. In an interview on 08/27/2025 at 11:40 a.m., S1 Administrator confirmed that she can call the pest control company to come out in addition to the monthly services if needed. She acknowledged the last pest control visit was 08/04/2025. S1 Administrator stated she couldn’t remember if she had called the pest control company since then to come out for flies. Review of the QAPI meeting minutes dated 07/25/2025 revealed the Risk Management Company had identified issues with flies and cleanliness with a corrective measure put in place for department heads to continue rounding on rooms and addressing issues as they arise. Interview on 08/27/2025 at 2:33 p.m., S2 DON stated the facility’s Risk Management Company comes out quarterly to address problems in the facility. She confirmed the Risk Management Company identified the fly problem. S2 DON confirmed pest control can be called to come out whenever needed. Pest control invoices reviewed on 08/26/2025 at 10:50 a.m. revealed once per month services were provided in June, July, and August 2025, with the last visit made on 08/04/2025.

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	195430	A. Building B. Wing	08/27/2025

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observations and interviews, the facility failed to treat each resident with respect, dignity and care in a manner that promotes maintenance of his or her quality of life by failing to ensure residents sitting at dining room table were served together at the same time during mealtime. This deficient practice had the potential to affect all Residents that used the facility's dining room during mealtime. Findings: Review of the facility's policy on 08/26/2025 at 11:26 a.m., titled Dignity, revealed the following in part.Each Resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. 5. When assisting with care, Residents are supported in exercising their rights. For example, Residents are: e. provided with a dignified dining experience. Observation on 08/26/2025 at 11:53 a.m. revealed 4 residents sitting at a dining room table together. At this time 1 of the Residents seated at this table were served their meal tray. Further observation revealed staff members delivering meal trays to other Residents seated at different tables. Each table in the dining room seated 2 to 4 people, all Residents seated together at the same table were not served their meals at the same time. At 12:08 p.m., the 3 remaining Residents seated were served their meal. Interview on 08/26/2025 at 2:00 p.m., S3 Dietary Manager stated that all Residents seated in the dining room during meal service should be served their meals together when seated at the same table. S3 Dietary Manager acknowledged that Residents seated at the same table were not served their meals at the same time but should have been.

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, interview, and record review, the facility failed to ensure a resident received a reasonable accommodation of their needs by failing to ensure the call light was accessible to a resident for 1 (Resident #32) of 43 sampled residents.Review of the facility policy titled, Call System, Residents, dated September 2022, revealed in part. Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized work station. Each resident is provided a means to call staff directly for assistance from his/her bed, from toileting/bathing facilities, and from the floor.Review of Resident #32's demographic record revealed an admission date of 12/02/2021 with diagnoses that included in part. Chronic Obstructive Pulmonary Disease, Unspecified Combined Systolic (Congestive) and Diastolic Heart Failure, Unspecified Dementia, Unspecified Severity without Behavioral Disturbance and Psychotic Disturbance, Epilepsy, and Schizophrenia.Review of Resident #32's MDS, with an ARD of 08/13/2025, revealed Resident #32 had a BIMS score of 3, which indicated severe cognitive impairment. Resident #32 required substantial/maximal assistance for toileting, bathing, and personal hygiene. Resident #32 required partial/moderate assistance for all transfers.Review of Resident #32's Care Plan initiated 06/17/2024, revealed the resident had history of falls, with 7 documented falls in August 2025. Interventions included in part. Encourage the resident to call for assistance. Keep the call bed in reach when in the room. The resident had an ADL self-care performance deficit related to Confusion, Dementia, Impaired Balance, Limited Mobility, and Shortness of Breath. Interventions included in part. Encourage the resident to use the call bell to call for assistance. On 08/25/2025 at 9:43 a.m., observation revealed Resident #32 was lying in bed awake and alert. Call light was observed on the floor under a piece of furniture. The call light was not accessible to Resident #32.On 08/26/2025 at 12:12 p.m., observation revealed Resident #32 was lying in bed awake. Resident #32's call light was observed on the floor. The call light was not accessible to Resident #32. On 08/26/2025 at 2:46 p.m., observation revealed Resident #32 was sleeping in bed. Resident #32's call light was observed on the floor. The call light was not accessible to Resident #32.On 08/27/2025 at 9:01 a.m., observation revealed Resident #32 was sitting up in bed awake and alert. Resident #32's call light was observed on the floor. The call light was not accessible to Resident #32.On 08/27/2025 at 9:03 a.m., surveyor summoned S16 LPN to Resident #32's bedside. S11 LPN confirmed Resident #32's call light was on the floor. S16 LPN confirmed the call light was not accessible to Resident #32 and should have been.

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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 interview and record review, the facility failed to ensure a physician's order was implemented as required in the person centered plan of care for 1 (Resident #64) of 43 sampled residents.Findings: Review of the facility's 03/2022 policy titled Care Plans, Comprehensive Person-Centered read in part.Policy statement: A Comprehensive, person centered care plan that includes measurable objective and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Review of Resident #64's medical record revealed an admit date of 05/01/2025 with diagnoses that included: Bipolar Disorder, Schizophrenia, Unspecified Dementia, Catatonic Disorder due to known Physiological Condition, Idiopathic Peripheral Autonomic Neuropathy, and Extrapyramidal Movement Disorder. Review of Resident #64's Quarterly MDS with an ARD of 07/30/2025 revealed a BIMS score of 10, indicating moderately intact cognition. Review of Resident #64's Physician orders read in part.05/01/2025- Full Code status Review of Resident #64's Care Plan with a review date of 10/31/2025 revealed no Code status information on the care plan. An interview on 08/26/2025 at 10:38 a.m., with S8 Corporate RN confirmed that Resident #64 does not have a code status care planned, but should had.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview and record review the facility failed to ensure all care and services were provided according to accepted professional standards of clinical practice. The facility failed to ensure proper physician orders were obtained for Resident #30's oxygen therapy requirements. Total sample size was 43 residents. Findings:Review of a facility policy on 08/27/2025 at 10:41 a.m. titled, Oxygen Administration with a revision date of 10/2010 revealed the following in part.Purpose: The purpose of this procedure is to provide guidelines for safe oxygen administration. Preparation: 1. Verify that there is a physician's order for this procedure. Equipment and Supplies: 2. Nasal cannula, nasal catheter, mask (as ordered). Review of Resident #30's medical record revealed an admission date of 03/04/2025, with diagnoses that included in part. Chronic Obstructive Pulmonary Disease, Hypertensive Heart Disease with Heart Failure, Heart Failure, and Essential (Primary) Hypertension. Review of Resident #30's Quarterly MDS with an ARD of 06/04/2025 revealed a BIMS score of 4, which indicated severe cognitive impairment. Resident #30 was independent with bed mobility and personal hygiene and required supervision assistance with oral and toileting hygiene. Review of Resident #30's current 08/2025 physician orders revealed no orders for oxygen therapy. Review of Resident #30's completed and discontinued physician's orders revealed no orders for oxygen therapy. Review of Resident #30's medical record revealed a nursing progress note that read in part.08/23/2025 at 5:21 a.m. - Resident reports to be feeling better. O2 sat 94% on 2L/NC. In an interview on 08/25/2025 at 11:52 a.m., Resident #30 revealed he uses oxygen every night. In an interview on 08/26/2025 at 11:54 a.m., S9 CNA revealed she is familiar with Resident #30's care. S9 CNA stated that Resident #30 uses oxygen daily such as when he takes a nap, comes back from smoking, and at night. S9 CNA stated the nurse helps him apply the oxygen when he needs. In an interview on 08/26/2025 at 12:43 p.m., S10 LPN revealed she is familiar with Resident #30's care. S10 LPN confirmed that Resident #30 uses oxygen PRN when he has shortness of breath such as while in bed or after smoking. S10 LPN confirmed that she will apply the oxygen to the resident when he needs. In an observation on 08/26/2025 at 1:49 p.m. revealed Resident #30 in bed, asleep with oxygen therapy in progress via concentrator set at 2 liters via nasal cannula. In an interview on 08/27/2025 at 9:18 a.m., Resident #30 confirmed he used oxygen therapies while sleeping last night (08/26/2025). In an interview on 08/27/2025 at 9:22 a.m., S2 DON revealed all residents have standing physician orders for oxygen therapies and once any resident is administered oxygen (continuous or PRN) a physician's order would be obtained and put into the medical record. In an interview and record review on 08/27/2025 at 9:33 a.m., S2 DON confirmed that Resident #30 did not have any current physician's orders for oxygen therapy (continuous or PRN). S2 DON stated Resident #30 returned from a hospital stay on 08/08/2025 and was using oxygen therapies since this date. S2 DON confirmed that Resident #30's oxygen orders should had been obtained and transcribed into the medical record, but were not.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a resident received adequate supervision to prevent accidents while smoking for 1 (#34) of 1 Residents reviewed for smoking in a total sample of 43 Residents. Findings: Review of the Facility's undated policy titled Smoking Policy read in part.For safety reasons, this policy is in place to ensure increased safety and decreased fire and burn risk for our residents. The facility provides appropriate ashtrays and supervision. Protective items such as burn aprons, extenders, or smoking gloves may be utilized if deemed necessary to prevent burns. Review of Resident #34's medical record revealed an admit date of 10/28/2015 with a readmission on [DATE] with diagnoses that included: Hemiplegia and Hemiparesis following Cerebral Infarction affecting Left Non-dominant Side, Squamous Cell Carcinoma of Skin, Chronic Pain Syndrome, Alzheimer's Disease with Early Onset, Chronic Kidney Disease, Acute Chronic Diastolic Disease, Stage 3, Major Depressive Disorder, and Recurrent Sever without Psychotic Features. Review of Resident #34's Smoking assessment dated [DATE] read in part.Supervision will be required for all residents during designated smoking times. This evaluation will be utilized for the Resident's smoking care plan on admission and as indicated.Does resident have any of the following- Poor Vision or blindness- Yes. Review of Resident #34's Care plan with a review date of 10/23/2025 revealed in part.Tobacco use- Resident will adhere to tobacco/smoking policy. Interventions: Conduct smoking safety evaluation on admission and as needed. The Resident requires supervision while smoking. An observation on 08/25/2025 at 9:46 a.m. revealed Resident #34 sitting up in wheelchair with 5 burn holes observed to the raised centered ridge of the pommel cushion. An observation on 08/25/2025 at 11:35 a.m. revealed Resident #34 sitting in dining area in wheelchair. Pommel cushion continues with burn holes in center ridge of cushion. Resident #34 is observed with ashes to pant legs near center ridge of pommel cushion. An interview on 08/27/2025 at 9:30 a.m. with S17 CNA stated that if staff do not pull Resident #34's wheelchair under the table close to the ashtray she will drop ashes on herself. An interview on 08/27/2025 at 9:35 a.m. with S1 Administrator stated the holes in Resident #34 wheelchair cushion appears to be from cigarette burns. An interview on 08/27/2025 at 9:43 a.m. with S8 Corporate RN, stated that she is responsible for the smoking assessments and completed Resident #34's last assessment in 07/2025. S8 Corporate RN stated that when she observed Resident #34 during the smoking assessment, she had no issues. S8 Corporate RN observed the holes in the pommel cushion at this time and stated that she could not confirm that the holes were from smoking or not. S8 Corporate RN stated she is not aware of anyone notifying her or S2 DON that Resident #34 had any issues with putting out her cigarettes of dropping ashes on herself.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review, the facility failed to provide necessary care and services for the provision of respiratory care in accordance with professional standards. The facility failed to ensure respiratory equipment was stored properly for 1 (Resident #30) of 1 residents reviewed for respiratory care. The total sample size was 43 residents.Findings:The facility could not provide an oxygen storage policy. Review of Resident #30's medical record revealed an admission date of 03/04/2025, with diagnoses that included in part. Chronic Obstructive Pulmonary Disease, Hypertensive Heart Disease with Heart Failure, Heart Failure, and Essential (Primary) Hypertension. Review of Resident #30's Quarterly MDS with an ARD of 06/04/2025 revealed a BIMS score of 4, which indicated severe cognitive impairment. Resident #30 was independent with bed mobility and personal hygiene and required supervision assistance with oral and toileting hygiene. Review of Resident #30's medical record revealed no documentation in the current plan of care regarding refusal of oxygen storage or equipment. Review of Resident #30's medical record revealed a nursing progress note that read in part.08/23/2025 at 5:21 a.m. - Resident reports to be feeling better. O2 sat 94% on 2L/NC. Observation on 08/25/2025 at 10:07 a.m. of Resident #30's oxygen concentrator revealed oxygen tubing draped over the oxygen concentrator. No storage bag observed. In an interview on 08/25/2025 at 11:52 a.m., Resident #30 revealed he uses oxygen therapies every night and the nurse helps him apply it. Observation on 08/26/2025 at 10:27 a.m. of Resident #30's oxygen concentrator revealed the oxygen tubing and nasal cannula placed directly on the floor. No storage bag observed. In an interview on 08/26/2025 at 11:54 a.m., S9 CNA revealed she is familiar with Resident #30's care. S9 CNA stated that Resident #30 uses oxygen daily such as when he takes a nap, comes back from smoking, and at night. S9 CNA stated the nurse helps him apply and take off the oxygen when he needs. In an interview on 08/26/2025 at 12:43 p.m., S10 LPN revealed she is familiar with Resident #30's care. S10 LPN confirmed that Resident #30 uses oxygen PRN when he has shortness of breath such as while in bed or after smoking. S10 LPN confirmed that she will apply and take off the oxygen when he needs. In an interview on 08/27/2025 at 9:18 a.m., Resident #30 revealed he used oxygen therapies while sleeping last night (08/26/2025). Observed the resident's oxygen tubing and nasal cannula draped over the oxygen concentrator. No storage bag observed.In an interview on 08/27/2025 at 9:22 a.m., S2 DON revealed the nurses are aware that all resident oxygen equipment such as tubing and nasal cannula should be stored in a Ziploc bag when not in use. In an interview on 08/27/2025 at 9:25 a.m., S2 DON accompanied this surveyor to Resident #30's room. S2 DON confirmed the oxygen tubing/nasal cannula was placed hanging and draped over the oxygen concentrator when not in use. S2 DON confirmed Resident #30's oxygen tubing and nasal cannula was not stored appropriately due to not being stored in an Ziploc bag when not in use, but should have been.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, record review, and interview, the facility failed to provide pharmaceutical services that assure accurate acquiring, receiving, dispensing, and administration of medications to meet the needs of each resident for 1 (Hall X) of 2 (Hall X and Hall Z) medication carts reviewed for narcotic reconciliation. Findings:A review of the facility's policy dated 11/2022, titled Controlled Substances, read in part.1) Controlled substance inventory is monitored and reconciled to identify loss or potential diversion in a manner that minimizes the time between loss/diversion and detection/follow-up.2) The system of reconciling the receipt, dispensing, and deposition of controlled substances includes the following:a) Records of personal access and usage;b) Medication administration records;c) Declining inventory records; andd) Destruction, waste, and return to pharmacy records.Review of Resident #80's 08/2025 Physician Orders read in part:- Lorazepam Oral Tablet 2 MG (milligrams), Give 2 mg by mouth every 6 hours as needed for anxiety related to Generalized Anxiety Disorder (with an order date of 08/18/2025)- Lacosamide Oral Tablet 100 MG, Give 1 tablet by mouth two times a day related to Other Seizures (with an order of 08/19/2025)An observation on 08/27/2025 at 11:08 a.m. of Hall X medications cart with S18 LPN revealed the medication blister pack with Resident #80's Lorazepam 2 mg tablets with a count of 18 tablets remaining and a blister pack for Resident #80's Lacosamide 100mg with 50 tablets remaining. Review of Resident #80' narcotic record log for Lorazepam 2mg revealed a total count of 19 tablets remaining, with the last date given notated as 08/19/2025 at 11:44 p.m. Review of Resident #80's Lacosamide 100mg narcotic log revealed a total count of 49 tablets remaining, with the last date given notated as 08/27/2025 at 8:30 a.m.An interview on 08/27/2025 at 11:10 a.m. with S18 LPN confirmed that Resident #80's narcotic log was not completed correctly. S18 LPN stated she gave Resident #80 the PRN Lorazepam 2 MG on 08/27/2025 at 8:30 a.m., but failed to log the administration of the medication on the narcotic log sheet. S18 LPN confirmed that, on accident, she documented that she had given Resident #80's Lacosamide 100 mg on the narcotic log sheet on 08/27/2025 at 8:30 a.m., but the medication had not been given.An interview on 08/27/2025 at 11:12 a.m. with S2 DON confirmed there were 50 tablets of Lacosamide 100 mg remaining in the blister pack and that S18 LPN marked that she had given Resident #80 the medication, but had not. S2 DON confirmed that S18 LPN failed to update the narcotic log for Resident #80's Lorazepam 2 mg, but should have.