STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195481	A. Building B. Wing	10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverbend Nursing and Rehabilitation Center, Inc	13735 Highway 23 Belle Chasse, LA 70037

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081 Based on observation, record reviews, and interviews, the facility failed ensure a resident's right to maintain a homelike environment for 1 (Resident #94) of 1 (Resident #94) sampled residents reviewed for resident's rights. Findings: Review of Resident # 94's medical record revealed, in part, Resident #94 was admitted to the facility on [DATE] with diagnoses of, in part, malignant neoplasm of the lung, Chronic Obstructive Pulmonary Disease (COPD), Nicotine dependence, weakness, anxiety, and Major Depressive Disorder. Review of Resident #94's Minimum Data Set with an Assessment Reference Date of 03/12/2025 revealed, in part, Resident #94's Brief Interview for Mental Status (BIMS) summary score was 12. Review of Resident #94's care plan with a goal date of 12/08/2024 revealed, in part, no care plan for safety or behavior modification with an intervention for locking Resident #94's air conditioning control panel. Observation on 10/07/2024 at 12:52 p.m. revealed the air conditioning unit in Resident # 94's room was not running. Further observation revealed the control panel cover was closed with a lock on it preventing the air conditioning unit's control panel from being opened. In an interview on 10/07/2024 at 12:55 p.m., Resident # 94 indicated he had previously asked the staff to remove the lock from the air conditioner controller cover in his room. Resident #94 further indicated he had cancer, frequently got cold, and preferred the room temperature to be warmer. In an interview on 10/07/2024 at 2:10 p.m., S17Maintenance Supervisor (MS) confirmed the air conditioning unit in Resident #94's room had a lock on the control panel door. S17MS further indicated the lock was placed so Resident #94 could not turn the thermostat up making the room warmer. S17MS further indicated Resident #94 could not control the thermostat as the thermostat cover was locked and only maintenance personnel had the keys to open and adjust the thermostat. In an interview on 10/10/2024 at 11:27 a.m., S18Social Services Director (SSD) indicated the air conditioner control panel in Resident #94's room was locked because Resident #94 likes the room temperature warmer than his roommate. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	In an interview on 10/10/2024 at 2:15 p.m., S1Administrator confirmed there was a lock on Resident #94's air conditioning control panel preventing him from adjusting the temperature in his room. S1Administrator offered no explanation as to why there was no documented evidence for this intervention.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50452 Based on record reviews and interviews, the facility failed to ensure a Level II Pre-Admission Screening and Resident Review (PASARR) was completed to reflect a resident's diagnosis of mental illness for 1 (Resident #28) of 1 (Resident #28) sampled resident reviewed for PASARR. Findings: Resident #28 was admitted to the facility on [DATE] with diagnoses of, in part, Major Depressive Disorder and Bipolar Disorder. Review of Resident # 28's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/30/2024 revealed, in part, Resident #28 had diagnoses of Major Depressive Disorder, Bipolar Disorder and was taking antipsychotics and antidepressants daily. Review of Resident #28's Level I determination dated 05/13/2013 revealed, in part, Resident #28 had no documentation of his mental illnesses. There was no documented evidence, and the facility did not present any documented evidence, the facility completed a Level II PASARR evaluation for Resident #28. Further review revealed a referral for was not made to appropriate state-designated authority for a Level II PASARR evaluation and determination based on Resident #28's diagnoses of Major Depressive Disorder and Bipolar Disorder. In an interview on 10/09/2024 at 10:39 a.m., S4Bookkeeper indicated that based on Resident #28's diagnoses of Major Depressive Disorder and Bipolar Disorder, a Level II referral should have been made to the appropriate authority but was not. In an interview on 10/10/2024/2024 at 9:45 a.m., S2Director of Nursing confirmed a Level II referral should have been made based on Resident #28's diagnoses of Major Depressive Disorder and Bipolar Disorder but was not.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081 Based on record reviews and interviews, the facility failed to ensure physician's orders were followed for 1 (Resident #42) of 1 (Resident #42) sampled residents reviewed for physician order compliance. Findings: Review of Resident #42's Electronic Medical Record (EMR) revealed, in part, Resident #42 was admitted to the facility on [DATE] with diagnoses of, in part, post operative left knee replacement, pyogenic arthritis, and acute pancreatitis. Review of Resident #42's written physician's telephone orders dated 10/08/2024 revealed, in part, an order by S21Medical Director for 1 gram of Ceftriaxone 1 gram intramuscular (IM) twice per day for 1 day. Review of Resident #42's EMR physician's orders dated 10/08/2024 revealed, in part, an order for Ceftriaxone 1 gram IM for 2 doses. Review of Resident #42's Minimum Data Set with an Assessment Reference Date of 09/20/2024 revealed, in part, Resident #42's Brief Interview for Mental Status (BIMS) summary score was 11, which indicated Resident #42 was moderately cognatively impaired. Review of Resident # 42's Electronic Medication Administration Record (eMAR) revealed, in part, Ceftriaxone 1 gram IM was administered on 10/08/2024 at 12:45 p.m. Further review revealed, no documented evidence, and the facility could not provide any documented evidence Resident # 42 was administered a second dose of Ceftriaxone 1 gram IM on 10/08/2024 at 10:00 p.m. as ordered. In an interview on 10/10/2024 at 9:30 a.m., Resident #42 indicated on 10/08/2024 he only received 1 of the 2 doses of Ceftriaxone antibiotic shots the doctor had ordered. In an interview on 10/10/2024 at 1:31 p.m., S16Licensed Practical Nurse (LPN) indicated she was Resident # 42's nurse on 10/08/2024 during the 6 p.m.-6 a.m. shift. S16LPN further indicated she did not administer Resident # 42's Ceftriaxone 1 gram IM as ordered on her shift. In an interview on 10/10/2024 at 1:42 p.m., S2Director of Nursing indicated the facility could not provide any documented evidence Resident #42 was administered 2 doses of Ceftriaxone 1 gram IM as ordered and should have. In an interview on 10/10/2024 at 2:15 p.m., S1Administrator acknowledged Resident #42 was not administered 2 doses of IM Ceftriaxone 1 gram as ordered and should have.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081 Based on observations, interviews, and record reviews, the facility failed to provide nail care for 1 (Resident #51) of 1 (Resident #51) sampled residents reviewed for activities of daily living (ADLs). Findings: Review of the facility's undated policy and procedure titled Care of Fingernails/Toenails revealed, in part, nail care includes daily cleaning and regular trimming. Review of Resident #51's Electronic Medical Record (EMR) revealed, in part, Resident #51 was admitted to the facility on [DATE] with a diagnosis, in part, of severe vascular dementia with psychotic disturbance, lack of coordination, and cerebral palsy. Review of Resident #51's Minimum Data Set with an Assessment Reference Date of 12/08/2024 revealed, in part, Resident #51's Brief Interview for Mental Status (BIMS) summary score was 15, which indicated Resident #51 was cognitively intact. Further review of section GG revealed, Resident #51 was dependent on staff for personal hygiene needs. Review of Resident #51's Care Plan with a goal date of 12/05/2024 revealed Resident #51 was totally dependent on staff for personal hygiene including nail care. Observation on 10/07/2024 at 10:48 a.m. revealed Resident #51's fingernails extended past the tips of her fingers on both hands with visible dirt underneath the portion of the nails that extended past the nailbed. In an interview on 10/07/2024 at 10:55 a.m., Resident #51 indicated her nails have not been trimmed since she has been at the facility. Resident #51 further indicated she wanted to have her nails trimmed and had previously asked staff to have them trimmed. Observation on 10/09/2024 at 9:17 a.m. revealed Resident # 51's fingernails on both hands remained untrimmed with visible dirt underneath the portion of the nail that extended past the nailbed. In an interview on 10/09/2024 at 9:18 a.m., S14Certified Nursing Assistant (CNA) indicated a resident's nails should be trimmed if they extend past the nail bed. In an interview on 10/09/2024 at 11:10 a.m., S13Certified Nursing Assistant Supervisor confirmed Resident # 51's fingernails were too long and should have been cleaned and trimmed.

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F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47487 Based on interviews and record review, the facility failed to ensure a resident's medical record reflected the resident's medical treatment wishes following a cardiopulmonary arrest (sudden unexpected loss of heart function, breathing, and/or consciousness) for 1 (Resident #262) of 4 (Resident #28, Resident #52, Resident #94, and Resident #262) sampled residents investigated for advanced directives. Findings: Review of the facility's undated policy/procedure titled LaPOST (Louisiana Physician Orders For Scope of Treatment), revealed, in part, a LaPOST is a physician order form that translates a resident's end of life wishes and goals of care into physician orders that transfer with the resident across health care settings. Further review revealed, when completing a LaPOST Form with a resident, the LaPOST document must be signed by a physician and by the resident or resident's legally recognized personal health care representative. Review of a LaPOST Fact Sheet dated ,d+[DATE] located on the website https:// la-post.org revealed, in part, the LaPOST document must be signed by a physician and the patient or the patient's personal health care representative in order to be valid. Review of Resident #262's Electronic Medical Record (EMR) revealed, in part, Resident #262 was admitted to the facility on [DATE]. Review of Resident #262's LaPOST dated [DATE] revealed, in part, Resident #262's wishes for his/her code status was Do Not Resuscitate ([DNR] which instructed a healthcare provider not to perform cardiopulmonary resuscitation [CPR] if a resident's heart stops beating or a resident stops breathing). Further review revealed Resident #262's physician had not signed the above mentioned LaPOST. Review of Resident #262's [DATE] physician's orders revealed, in part, no order that reflected Resident #262's wishes for a DNR code status. In an interview on [DATE] at 9:42 a.m., Resident #262's responsible party indicated Resident #262's wishes were to be a DNR code status. In an interview on [DATE] at 11:24 a.m., S2Director of Nursing indicated the LaPOST was the facility's approved method to determine a resident's code status. In an interview on [DATE] at 10:57 a.m., S24Agency Licensed Practical Nurse (LPN) (nurse assigned to Resident #262) indicated per the LaPOST in Resident #262's chart, Resident #262's wishes were to be a DNR. S24Agency LPN confirmed Resident #262's LaPOST was not signed by a physician, and indicated it was not a complete order. S24Agency LPN further indicated that she would perform CPR on Resident #262 due to the LaPOST not being completed. S24Agency LPN acknowledged Resident #262's LaPOST should have been signed by a physician so that her wishes for a DNR code status would be implemented. (continued on next page)

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F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	In an interview on [DATE] at 9:49 a.m., S22Agency LPN (nurse assigned to Resident #262) indicated if a resident wanted their code status to be a DNR on a LaPOST, but it was not signed by a physician, S22Agency LPN would treat the resident as a Full Code (instructed a healthcare provider to perform cardiopulmonary resuscitation [CPR] if a resident's heart stops beating or a resident stops breathing). S22Agency LPN further indicated the facility should have gotten the LaPOST signed by the physician, as that was the resident/resident's responsible party's wishes for a DNR code status.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. 47487 Based on record review and interviews, the facility failed to ensure ongoing communication regarding a resident's condition was completed with the dialysis facility for 1 (Resident #31) of 1 (Resident #31) sampled residents investigated for dialysis services. Findings: In an interview on 10/09/2024 at 2:25 p.m., S10Assistant Director of Nursing (ADON) indicated the facility's staff used the Dialysis Communication sheet to communicate with the dialysis center. Review of the facility's Dialysis Communication sheets for Resident #31 dated 06/03/2024, 06/14/2024, 06/19/2024, 06/28/2024, 07/01/2024, and 08/14/2024 revealed, in part, there was no documented evidence, and the facility did not present any documented evidence of communication from the dialysis center regarding the dialysis treatment provided and the resident's response to the dialysis treatment. Review of the facility's Dialysis Communication sheets for Resident #31, revealed, in part, no documented evidence, and the facility did not present any documented evidence of communication between the facility and the dialysis center regarding Resident #31's condition before and after dialysis on 08/21/2024, 08/28/2024, 08/30/2024, 09/02/2024, 09/04/2024, 09/09/2024, 09/13/2024, 09/18/2024, and 09/23/2024. In an interview on 10/09/2024 at 2:25 p.m., S10Assistant Director of Nursing (ADON) indicated the facility's staff used the Dialysis Communication sheet to communicate with the dialysis center. In an interview on 10/10/2024 at 2:14 p.m., S2Director of Nursing (DON) indicated the facility's Dialysis Communication sheet was the method used for the facility to communicate with the dialysis center. S2DON further indicated there should be a Dialysis Communication sheet completed by the facility for each dialysis treatment for Resident #31. S2DON acknowledged the facility's Dialysis Communication sheets for Resident #31 should be completely filled out with the above missing information and they were not on 06/03/2024, 06/14/2024, 06/19/2024, 06/28/2024, 07/01/2024, and 08/14/2024. S2DON further indicated she was unable to present any documented evidence the facility communicated with the dialysis center regarding Resident #31 on 08/21/2024, 08/28/2024, 08/30/2024, 09/02/2024, 09/04/2024, 09/09/2024, 09/13/2024, 09/18/2024, and 09/23/2024.

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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. 47487 Based on interviews and record review, the facility failed to maintain a system to periodically reconcile controlled drugs for 2 (Medication Cart a and Medication Cart b) of 2 (Medication Cart a and Medication Cart b) medication carts reviewed for the reconciliation documentation of controlled substances. Findings: Review of the facility's undated policy titled, Controlled Substances, revealed, in part, the nursing staff must count controlled medication at the end of each shift. Further review revealed the nurse coming on duty and the nurse going off duty must make the count together. Review of the facility's August 2024 Medication Cart a Controlled Drugs-Count Record revealed, in part, the following shifts had an incomplete reconciliation of controlled drugs by the nurse coming on duty and the nurse going off duty: -08/05/2024 on the 6:00 p.m. to 6:00 a.m. shift; -08/07/2024 on the 6:00 p.m. to 6:00 a.m. shift; -08/09/2024 on the 6:00 p.m. to 6:00 a.m. shift; -08/10/2024 on the 6:00 a.m. to 6:00 p.m. shift; -08/10/2024 on the 6:00 p.m. to 6:00 a.m. shift; -08/12/2024 on the 6:00 a.m. to 6:00 p.m. shift; -08/12/2024 on the 6:00 p.m. to 6:00 a.m. shift; -08/23/2024 on the 6:00 p.m. to 6:00 a.m. shift; -08/24/2024 on the 6:00 a.m. to 6:00 p.m. shift; -08/24/2024 on the 6:00 p.m. to 6:00 a.m. shift; -08/25/2024 on the 6:00 a.m. to 6:00 p.m. shift; -08/25/2024 on the 6:00 p.m. to 6:00 a.m. shift; -08/26/2024 on the 6:00 p.m. to 6:00 a.m. shift; -08/27/2024 on the 6:00 a.m. to 6:00 p.m. shift; (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-08/29/2024 on the 6:00 p.m. to 6:00 a.m. shift; and, -08/30/2024 on the 6:00 a.m. to 6:00 p.m. shift. Review of the facility's September 2024 Medication Cart a Controlled Drugs-Count Record revealed, in part, the following shifts had an incomplete reconciliation of controlled drugs by the nurse coming on duty and the nurse going off duty: -09/01/2024 on the 6:00 a.m. to 6:00 p.m. shift; -09/08/2024 on the 6:00 a.m. to 6:00 p.m. shift; -09/08/2024 on the 6:00 p.m. to 6:00 a.m. shift; -09/11/2024 on the 6:00 a.m. to 6:00 p.m. shift; -09/11/2024 on the 6:00 p.m. to 6:00 a.m. shift; -09/12/2024 on the 6:00 a.m. to 6:00 p.m. shift; -09/12/2024 on the 6:00 p.m. to 6:00 a.m. shift; -09/13/2024 on the 6:00 a.m. to 6:00 p.m. shift; -09/16/2024 on the 6:00 p.m. to 6:00 a.m. shift; -09/17/2024 on the 6:00 a.m. to 6:00 p.m. shift; -09/17/2024 on the 6:00 p.m. to 6:00 a.m. shift; -09/21/2024 on the 6:00 p.m. to 6:00 a.m. shift; -09/22/2024 on the 6:00 p.m. to 6:00 a.m. shift; -09/26/2024 on the 6:00 p.m. to 6:00 a.m. shift; and, -09/27/2024 on the 6:00 a.m. to 6:00 p.m. shift. Review of the facility's October 2024 Medication Cart a Controlled Drugs-Count Record revealed, in part, the following shifts had an incomplete reconciliation of controlled drugs by the nurse coming on duty and the nurse going off duty: -10/01/2024 on the 6:00 p.m. to 6:00 a.m. shift; -10/02/2024 on the 6:00 a.m. to 6:00 p.m. shift; -10/06/2024 on the 6:00 p.m. to 6:00 a.m. shift; and, (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-10/10/2024 on the 6:00 a.m. to 6:00 p.m. shift. In an interview on 10/10/2024 at 10:00 a.m., S22Agency Licensed Practical Nurse (LPN) indicated the facility's Controlled Drugs-Count Record was supposed to be signed by the off-going and on-coming nurse when they verified the narcotic counts. Review of the facility's October 2024 Medication Cart b Controlled Drugs-Count Record revealed, in part, the following shifts had an incomplete reconciliation of controlled drugs by the nurse coming on duty and the nurse going off duty: -10/01/2024 on the 6:00 p.m. to 6:00 a.m. shift; -10/02/2024 on the 6:00 a.m. to 6:00 p.m. shift; -10/02/2024 on the 6:00 p.m. to 6:00 a.m. shift; -10/03/2024 on the 6:00 a.m. to 6:00 p.m. shift; and, -10/07/2024 on the 6:00 p.m. to 6:00 a.m. shift. In an interview on 10/10/2024 at 1:57 p.m., S23LPN indicated there should not have been any undocumented signature areas on the facility's Controlled Drugs-Count Record for off going and on coming nurse signatures. In an interview on 10/10/2024 at 2:13 p.m., S2Director of Nursing indicated the Controlled Drugs-Count Records should have been signed off with completed signatures of the nurses reconciling the narcotics at shift change.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 47081 47487 Based on observations, interviews, and record reviews, the facility failed to ensure: 1. Opened insulin (a medication that lowers blood glucose) pens were dated when opened and discarded as required for 2 (Medication Cart a and Medication Cart b) of 2 (Medication Cart a, Medication Cart b) medication carts observed; and, 2. Heparin (a medication used to prevent blood clots) was stored in a locked compartment and only accessible to authorized personnel. Findings: Review of the facility's undated policy titled, Storage/Handling of Medications, revealed, in part, the facility's nursing staff shall be responsible for maintaining medication storage in a safe manner. Further review revealed, the facility shall not use outdated drugs. 1. Review of the facility's undated policy/procedure titled, Beyond Use Dates of Selected Insulin Products, revealed, in part, Humalog ([Insulin lispro] a type of insulin) pen's beyond use date was after 28 days of the insulin pen being in use. Further review revealed Novolog ([Insulin aspart] a type of insulin) pen's should be discarded after 28 days of use. Observation on 10/10/2024 at 10:00 a.m. of Medication Cart a revealed: -Resident #103's open Insulin aspart pen was not labeled with an opened date; and, -Resident #10's open Insulin lispro pen had an opened date of 08/27/2024. In an interview on 10/10/2024 at 10:00 a.m., S22Agency Licensed Practical Nurse (LPN) confirmed Resident #103's above mentioned insulin pen had been opened and confirmed the above mentioned insulin pen should have been labeled with an opened date. S22Agency (LPN) further confirmed Resident #10's above mentioned insulin pen was dated 08/27/2024 and should have been discarded. Observation on 10/10/2024 at 1:25 p.m. of Medication Cart b revealed Resident #78's Insulin lispro had an opened date of 09/01/2024. In an interview on 10/10/2024 at 1:57 p.m., S23LPN indicated Resident #78's above mentioned insulin pen should have been discarded and not stored in Medication Cart b and available for resident use. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverbend Nursing and Rehabilitation Center, Inc	13735 Highway 23 Belle Chasse, LA 70037

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	In an interview on 10/10/2024 at 2:13 p.m., S2Director of Nursing indicated the above mentioned insulin pens should have been dated when opened and/or discarded per the facility's policy/procedure. 2. Review of the facility's undated policy and procedure titled Medication Pass Administration revealed, in part, medications are not to be left in the resident's room. Review of Resident #42's Minimum Data Set with an Assessment Reference Date of 09/20/2024 revealed, in part, Resident #42's Brief Interview for Mental Status (BIMS) summary score was 11, which indicated Resident #42 was moderately cognatively impaired. Observation of Resident #42's room on 10/07/2024 at 11:00 a.m. revealed an unused blue syringe labeled Heparin 50 units/5milliliters (mL) flush lying on Resident # 42's bedside table. In an interview on 10/07/2024 at 11:05 a.m., Resident #42 indicated the blue flush had been sitting on his bed side table for a couple of days. In an interview on 10/07/2024 at 11:22 a.m., S19Licensed Practical Nurse (LPN) accompanied this surveyor to Resident #42's room and confirmed there was a syringe of 5mL Heparin lying on Resident # 42's bedside table. S19LPN further indicated the syringe of Heparin should not have been left on Resident #42's bedside table. In an interview on 10/08/2024 at 2:45 p.m., S2Director of Nursing indicated a syringe of heparin should not have been left on Resident #42's bedside table. In an interview on 10/10/2024 at 2:15 p.m., S1Administrator acknowledged a syringe of heparin was found on Resident #42's bedside table and should not have been left on Resident #42's bedside table.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50452 Based on record reviews, observations, and interviews, the facility failed to provide a resident with the correct diet to meet the residents needs for 1 (Resident #25) of 1 (Resident #25) sampled residents reviewed for dining services. Findings: Review of facility's Resident Nutrition Services Policy revealed, in part, nursing personnel will inspect food trays delivered to ensure that the correct meal has been delivered. Further review revealed if an incorrect meal is delivered, nursing staff will report it to dietary services so a new tray can be issued. Review of Resident #25's record revealed, Resident#25 was admitted to the facility on [DATE] with diagnoses of, in part, moderate protein-calorie malnutrition, nutritional deficiency, and abnormal weight loss. Review of Resident #25's October 2024 Physician Orders revealed, in part, a diet order for No Added Salt (NAS), mechanical soft with chopped meat. Review of Resident #25's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/31/2024 revealed, in part, Resident #25 was on a mechanically altered diet and therapeutic diet. Review of Resident #25's Certified Dietary Manager's note dated 09/20/2024 at 9:35 a.m., revealed, in part, Resident #25's was a mechanical soft with chopped meat diet. Observation on 10/08/2024 at 12:36 p.m., revealed Resident #25's lunch meal ticket read Resident #25 was to receive a NAS mechanical soft diet with ground meat and was served sliced carrots, white rice, turkey pot roast with gravy, and a moon pie. Further observation revealed Resident #25 was served a regular diet tray for lunch. In an interview on 10/08/2024 at 12:37 p.m., S11Certified Nursing Assistant (CNA) indicated Resident #25 is on a mechanical soft with chopped meat diet. S11CNA confirmed Resident #25 should have been served a mechanical soft chopped meat diet. S11CNA indicated Resident #25's lunch tray was not a mechanical soft diet and further indicated the meat was not chopped. In an interview on 10/08/24 at 1:11 p.m., S12Dietary Supervisor confirmed Resident #25's diet order was a mechanical soft with chopped meat diet. S12Dietary Supervisor indicated Resident #25's turkey pot roast should have been chopped by the kitchen staff before being served and it was not. S12Dietary Supervisor further indicated Resident #25 was not served a diet as ordered.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081 Based on observations, interviews, and record reviews the facility failed to: 1. Ensure opened food products stored in the walk-in cooler were sealed and labeled with the date the product was opened; 2. Ensure prepared food was stored, cooked, and maintained at the correct temperatures; and, 3. Ensure dishes were cleaned at the correct temperatures with the correct sanitizer levels to prevent foodborne illnesses. Findings: 1. Review of the facility's policy and procedure titled Food Label/Dating/Storage Policy dated 08/15/2018 revealed, in part, luncheon meat can be kept for 3-5 days after opening. Further review revealed salad dressing may be kept up to 30 days in the refrigerator or use best by date. Observation on 10/07/2024 at 12:16 p.m. revealed an opened package of [NAME]-O sliced turkey breast in an unsealed bag with no opening date written on the package or bag. Further observation revealed an opened jar of Culinary Secrets Creamy [NAME] Slaw Dressing without an open date written on it. In an interview on 10/07/2024 at 12:17 p.m., S12Dietary Supervisor (DS) confirmed the package of [NAME]-O sliced Turkey breast and the jar of Culinary Secrets Creamy [NAME] Slaw Dressing were opened and not dated and should have been. Observation of the facility's walk in cooler on 10/10/2024 at 8:56 a.m. revealed an opened undated plastic bag containing Hormel Deli sliced ham. In an interview on 10/10/2024 at 9:00 a.m., S12DS confirmed the plastic bag containing Hormel Deli sliced ham in the facility's walk in cooler was opened and undated and should not have been. In an interview on 10/10/2024 at 2:15 p.m., S1Administrator acknowledged the packages of ham and turkey and the jar of dressing were found opened and undated in the walk-in cooler and should not have been. 2. Review of the facility's undated policy and procedure titled Preventing Foodborne Illness-Food Handling revealed, in part, the refrigeration and food temperatures will be monitored at designated intervals throughout the day and documented. Review of the facility's Prepared Food Temperature Record dated 10/2024 revealed no entries. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Review of the facility's Record of Refrigeration Temperatures dated 09/2024 through 10/2024 revealed no documented evidence, and the facility could not provide any documented evidence, the facility's walk-in freezer or walk- in cooler's temperatures were monitored and recorded from 09/03/2024 through 10/06/2024. In an interview on 10/07/2024 at 12:25 p.m., S12Dietary Supervisor (DS) confirmed the facility's walk-in freezer and cooler temperature logs for September and October 2024 were not completed and should have been. S12DS further confirmed the Prepared Food Temperature Record for October 2024 was not completed and should have been. In an interview on 10/10/2024 at 2:15 p.m., S1Administrator acknowledged the facility's walk-in freezer and cooler temperature logs for September and October 2024 were not completed and should have been. S1Administrator further acknowledged the Prepared Food Temperature Record dated 10/01/2014-10/06/2024 was not completed and should have been. 3. Review of the facility's Dish Machine Temperature Log dated 09/2024 revealed, in part, no entries for 9/22/2024, 9/23/2024, 9/27/2024, 9/28/2024, and 9/30/2024. Review of the facility's Dish Machine Temperature Log and Sanitizer Test Log dated 10/2024 revealed no entries. In an interview on 10/07/2024 at 12:25 p.m., S12Dietary Supervisor (DS) confirmed the facility's Dish Machine Temperature Log and the Sanitizer Test Log for October 2024 were not completed and should have been. S12DS further indicated there was no documented evidence, and the facility could not provide any documented evidence the facility's dish machine reached the correct temperature and sanitizer levels to prevent foodborne illness from 10/01/2024 through 10/06/2024. In an interview on 10/10/2024 at 2:15 p.m., S1Administrator acknowledged the facility's Dish Machine Temperature Log and the Sanitizer Test Log dated 10/01/2014-10/06/2024 were not completed and should have been.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 34060 47081 Based on record reviews and interviews, the facility failed to ensure accurate documentation was completed in a resident's record for 1 (Resident #42) of 23 (Resident #25, Resident #28, Resident #31, Resident #35, Resident #39, Resident #42, Resident #26, Resident #48, Resident #51, Resident #52, Resident #57, Resident #60, Resident #92, Resident #93, Resident #94, Resident #95, Resident #100, Resident #107, Resident #109, Resident #110, Resident #111, Resident #262, and Resident #262) sampled residents reviewed for accurate records. Findings: Review of Resident #42's admission orders dated 09/13/2024 and signed by S21Medical Director revealed, in part, flush port of midline every shift with 10 milliliters (mL) of normal saline followed by 3 cubic centimeters (cc) of Heparin. Review of the facility's standing orders dated 07/2024 revealed, in part, central lines and Peripherally Inserted Central Catheter (PICC) lines will be flushed every shift with 10 mL of normal saline followed by 3 cc of Heparin. Review of Resident # 42's Electronic Medical Record (EMR) revealed, in part, no documented evidence, and the facility did not present any documented evidence, Resident #42's midline was flushed with 10 ml of normal saline and/or 3 cc of Heparin on 10/04/2024, 10/05/2024, or 10/06/2024. In an interview on 10/09/2024 at 1:11 p.m., S20Licensed Practical Nurse (LPN) indicated she was Resident #42's nurse on 10/05/2024 and 10/06/2024 during the 6:00 a.m. to 6:00 p.m. shift. S20LPN further indicated she administered 5 cc Heparin flush through Resident # 42's midline during her shift. S20LPN further indicated she could not provide any documented evidence she flushed Resident #42's midline with 5 cc of Heparin. In an interview on 10/10/2024 at 12:45 p.m., S15LPN indicated she was Resident #42's nurse on 10/04/2024, 10/05/2024, and 10/06/2024 during the 6:00 p.m. to 6:00 a.m. shift. S15LPN further indicated she administered a 10 cc normal saline flush and a 3 cc Heparin flush through Resident # 42's midline during her shifts. S15LPN further indicated she could not provide any documented evidence she flushed Resident #42's midline with 10 cc of normal saline and 3 cc of Heparin. In an interview on 10/09/2024 at 12:58 p.m., S2Director of Nursing indicated there was no documented evidence, and the facility could not provide any documented evidence, S15LPN and S20LPN documented the administration of the above mentioned flushes on 10/04/2024, 10/05/2024, or 10/06/2024 in Resident #42's record and should have. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	In an interview on 10/10/2024 at 2:15 p.m., S1Administrator acknowledged there was no documented evidence, and the facility could not provide any documented evidence, S15LPN and S20LPN documented the administration of the above mentioned flushes on 10/04/2024, 10/05/2024, or 10/06/2024 in Resident #42's record and should have.