STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44965 Based on observations, interviews, and record review, the facility failed to accommodate a resident's needs for tube feeding management for 1 (#19) of 3 (#1, #19, and #72) residents reviewed for tube feeding. Findings: Review of Resident #19's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Cerebral Infarction, Muscle Wasting and Atrophy, Dysphagia, and Gastrostomy Status. Review of Resident #19's Annual MDS with an ARD of 04/12/2024 revealed, in part, a BIMS of 11, which indicated moderate cognitive impairment. Review of Resident #19's current Care Plan revealed the following, in part: Problem: I am at risk for adequate nutrition; I have a PEG tube; I have a diagnosis of Dysphagia; and I am NPO. Interventions: Provide feedings per MD order. Problem: I am NPO; I require tube feeding; I am at risk for aspiration related to my diagnosis of Dysphagia.; and I am disconnected from my tube feeding as ordered due to I like to propel myself around facility at times. Interventions: Provide resident with feeding and fluids as ordered Further review of Resident #19's care plan revealed no documentation Resident #19 refused enteral feedings. Review of Resident #19's current Physician Orders revealed the following, in part: Diet: Nothing by mouth; Two Cal HN 0.08 gram - 2 KCAL/mL run at 40 mL/hr for 20 hours from 6:00 p.m. - 2:00 p.m. via PEG tube; and (continued on next page)

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

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Stop tube feeding 4 hours a day from 2:00 p.m. to 6:00 p.m. An observation was made of Resident #19 on 06/24/2024 at 8:43 a.m. Her PEG tube feeding was not connected or infusing. An interview was conducted with Resident #19 on 06/24/2024 8:45 a.m. She stated sometimes the staff did not connect her tube feeding as scheduled. An observation was made of Resident #19 on 06/24/2024 at 12:33 p.m. She was in the hallway in her wheelchair with no PEG tube feeding infusing. An interview was conducted with Resident #19 on 06/26/2024 at 2:11 p.m. She stated she liked to propel herself around the facility. She stated she wanted something on her chair so she could have her PEG tube feedings while she propelled around the facility. An interview was conducted with S32LPN on 06/26/2024 at 1:38 p.m. She stated Resident #19's PEG tube feedings were scheduled to connect at 6:00 p.m. and disconnect the following day at 2:00 p.m. She confirmed there were some days, including 06/24/2024, Resident #19 did not receive her PEG tube feedings for the physician ordered time frame. She stated once Resident #19 got out of bed, she did not want to have the tube feeding connected. She confirmed sometimes Resident #19 requested to have her tube feeding disconnected so she can propel around the facility. She confirmed Resident #19's wheelchair did not accommodate her tube feeding and should have. An interview was conducted with S31CNA on 06/26/2024 at 2:21 p.m. She stated she was frequently assigned to Resident #19. She confirmed Resident #19 had a PEG tube she gets feeding through, and she did not consume any calories by mouth. She stated the nurse was responsible to connect and disconnect the tube feeding. She stated when she would get Resident #19 up in the morning, Resident #19 would ask the nurse to disconnect the tube feeding so she could propel through the facility. She stated Resident #19 usually got back in bed around 11:30 a.m. and the nurse would reconnect her PEG tube feeding. She stated during the time frame of her being up, she was not connected to her tube feeding. She stated Resident #19 was cognitively intact and never refused feedings or care. She stated Resident #19 wanted her PEG tube feedings disconnected because her wheelchair did not accommodate her tube feeding. An interview was conducted with S30CNA on 06/27/2024 at 8:43 a.m. She stated Resident #19 received PEG tube feedings. She stated Resident #19 liked to get out of bed around 10:00 a.m. and would ask the nurse to disconnect her tube feeding. She stated Resident #19 usually stayed out of her room and propelled herself around the facility. She stated on Monday, she got Resident #19 out of bed around 10:00 a.m., and she did not go back to her room on her shift, which meant she did not have her tube feeding. She stated she left her shift at 2:00 p.m., and Resident #19 was still up in her wheelchair and not in her room. She stated Resident #19 was compliant with her care. She stated Resident #19 was not the type of resident to refuse things. She stated the reason Resident #19 requests to have her tube feeding disconnected is because she wants to roam the facility, and her wheelchair did not accommodate her PEG tube feedings. (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted with S26LPN on 06/27/2024 at 8:52 a.m. She confirmed Resident #19 had continuous PEG tube feeding ordered from 6:00 p.m. to 2:00 p.m. the following day, which meant it was held from 2:00 p.m. to 6:00 p.m. daily. She stated Resident #19 often asked the nurse to disconnect the tube feeding because she wanted to propel through the facility. She stated Resident #19 was compliant with her care and was not the type of resident to refuse care. She confirmed Resident #19's wheelchair did not accommodate her PEG tube feeding. She confirmed Resident #19 should be able to propel through the facility as she wished and still have her tube feeding administered as ordered. A telephone interview was conducted with S33RD on 06/27/2024 at 10:46 a.m. She stated she was very familiar with Resident #19 and monitored her weights and nutrition status closely. She stated Resident #19 was on continuous tube feeding for 20 hours per day. She stated Resident #19 often asked the staff to disconnect her PEG tube feedings so she could roam throughout the facility. She stated Resident #19 liked her freedom and the staff would disconnect it for her to allow her to have her freedom. She stated Resident #19's wheelchair did not accommodate her PEG tube feedings. An interview was conducted with S3ADON on 06/27/2024 at 9:04 a.m. She stated Resident #19 had tube feeding scheduled 6:00 p.m. to 2:00 p.m. She confirmed Resident #19's tube feeding should have been administered as ordered. She stated Resident #19 had the right to propel through the facility with her scheduled tube feeding. She stated the tube feeding should not keep her locked up or hinder her from leaving her room. An interview was conducted with S2DON on 06/27/2024 at 9:17 a.m. He stated residents on tube feeding should be able to leave their room and propel through the facility with the tube feeding. A telephone interview was conducted with S12NP on 06/27/2024 at 9:52 a.m. She confirmed she was the medical provider for Resident #19. She stated Resident #19 had continuous tube feedings with an order to hold for four hours a day. She confirmed Resident #19 enjoyed propelling herself throughout the facility and sitting outside of her room. She confirmed Resident #19's wheelchair should accommodate her PEG tube feedings.

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50093 Based on record review and interview, the facility failed to ensure a Discharge MDS assessment was completed and transmitted timely for 1 (#105) of 2 (#100 and #105) residents reviewed for Resident Assessment. Findings: Review of the facility's policy dated May 2023 and titled MDS 3.0 Completion revealed, in part the following: Policy: Policy Explanation and Compliance Guidelines: 2. Types of OBRA Assessments. f. Discharge Assessment - completed using the discharge date as the ARD. Must be completed within 14 days of the discharge date /ARD. 7. Transmission Requirements: a. All assessments must shall be transmitted to the designated CMS system (QIES ASAP) within 14 days of completion. Review of Resident #105's clinical record revealed the resident was admitted to the facility on [DATE] and discharged from the facility on 02/23/2024. Further review revealed the resident did not have an electronically transmitted discharge MDS assessment. An interview was conducted on 06/27/2024 at 12:20 p.m. with S21MDS. She stated she was responsible for completing and transmitting MDS assessments. She reviewed Resident #105's record and confirmed a Discharge MDS Assessment was not completed and should have been. An interview was conducted on 06/27/2024 at 12:23 p.m. with S2DON. He confirmed a Discharge MDS Assessment was not completed for Resident #105 and should have been.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270 Based on record review and interviews, the facility failed to coordinate assessments with the resident's Pre-Admission Screening and Resident Review (PASARR) Level II by failing to: 1. Refer all Level II residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for Level II resident review after expiration of 6 month temporary effective period for 1 (#5) of 5 (#5, #12, #37, #46 and #131) residents reviewed for PASARR; and 2. Incorporate a PASARR Level II determination and recommendations into a resident's care plan for 1 (#37) of 5 (#5, #12, #37, #46 and #131) residents reviewed for PASRR. Findings: 1. Review of Resident #5's Clinical Record revealed she was admitted to facility on [DATE] with diagnoses, which included in part Unspecified Dementia, Unspecified Severity without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety, Other Bipolar Disorders, and Depression. Review of Resident #5's quarterly MDS with ARD of [DATE] revealed a BIMS of 12, which indicated the resident was moderately impaired. Louisiana Department of Health and Hospitals Medicaid Program Notice Of Medical Certification was reviewed and revealed Resident #5 was approved for admission by Level II Authority for a temporary period effective [DATE] through [DATE]. There was no documentation found that a Level II screening had been resubmitted after expiration. Further review revealed there was no documentation of recommendations from PASARR II determination. On [DATE] at 10:05 a.m., an interview was conducted with S11SSD. She confirmed the PASARR for Level II for Resident #5 was expired and had not been resubmitted. On [DATE] at 10:09 a.m., an interview was conducted with S10AA. She stated Resident #5's Level II PASARR was not resubmitted after expiration. She stated PASARR would only be resubmitted if/when private pay ended or if there was a significant change with a resident. She stated no recommendations were given at the time of Resident #5's temporary approval due to COVID 19. She confirmed the PASARR was expired and had not been resubmitted. She also confirmed the PASARR was never resubmitted after COVID, therefore recommendations were never received. 2. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #37's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Other Sequelae of Cerebral Infarction, Unspecified Mood Affective Disorder and Recurrent Severe Major Depressive Disorder with Psychotic Symptoms. Further review revealed she was approved for admission by Level II Authority for a temporary period effective [DATE] through [DATE]. Review of Resident #37's current Care Plan revealed no documentation of Level II PASARR recommendations. On [DATE] at 12:30 p.m., an interview was conducted with S11SSD. She stated she was responsible for PASARRs at the facility. She stated Resident #37 was approved for Level II services in [DATE]. She stated MDS was responsible for updating resident care plans. She stated she notified the MDS nurses when a resident was approved for Level II services. She stated Resident #37's care plan had not been updated with the Level II recommendations because she had not notified S14LPN and should have. On [DATE] at 1:28 p.m., an interview was conducted with S14LPN. She stated she was responsible for resident care plans. She stated S11SSD notified her when a resident was approved for a Level II PASARR and she updated the resident care plan. She stated she was not aware Resident #37 was approved for Level II services. She confirmed Resident #37 was not care planned for a Level II PASARR and should have been. On [DATE] at 2:45 p.m., an interview was conducted with S2DON. He stated S11SSD was responsible for resident PASARR's. He stated the MDS nurses were responsible for updating resident care plans. He confirmed S14LPN should have notified when S11SSD received Resident #37's Level II determination and the care plan should have been updated. 47546

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270 Based on record review and interviews, the facility failed to ensure: 1. A record of the Level 1 Pre-admission Screening and Resident Review (PASRR) form was maintained in the resident's record for 1 (#37) of 5 (#5, #12, #37, #46 and #131) residents reviewed for PASRR; and 2. A resident with a mental disorder had an accurate Pre-admission Screening for 1 (#46) of 5 (#5, #12, #37, #46 and #131) residents reviewed for PASRR. Findings: 1. Review of Resident #37's clinical record revealed she was admitted to the facility on [DATE] with diagnoses, which included Other Sequelae of Cerebral Infarction, Unspecified Mood Affective Disorder, and Recurrent Severe Major Depressive Disorder with Psychotic Symptoms. Review of Resident #37's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/26/2024, revealed the provider assessed the resident as having a Brief Interview of Mental Status (BIMS) of 11, indicating the resident was moderately cognitively impaired. Review of Section I - Active Diagnoses revealed Resident #37 had a triggered diagnosis of Depression listed. Review of Resident #37's Pre-admission PASRR Level 1 Screening and Determination Review Form was attempted with no documentation available from the facility. On 06/27/2024 at 12:30 p.m., an interview was conducted with S11SSD. She confirmed Resident #37 did not have a Level 1 Pre-admission Screening and Resident Review form on file. On 06/27/2024 at 12:50 p.m., an interview was conducted with S10AA. She confirmed Resident #37 did not have a Level 1 Pre-admission Screening and Resident Review form on file. 2. Review of Resident #46's clinical record revealed she was admitted to the facility on [DATE] with diagnoses, which included Anxiety Disorder, Depression, and Bipolar Disorder. Review of the annual MDS with ARD of 05/23/2024, revealed the provider assessed the resident as having a BIMS of 14, which indicated the resident was cognitively intact. Review of Section A - Identification Information revealed Resident #46 was not considered for a Level II PASRR for having a serious mental illness. Review of Section I - Active Diagnoses revealed Resident #46 had a triggered diagnosis of Bipolar Disease listed. (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #46's Notice of Medical Certification dated 05/21/2024 revealed Resident #46 was approved for Medicaid medical eligibility services for a temporary period effective 05/21/2024 through 08/29/2024 for skilled therapies. No documentation regarding the Level II PASRR evaluation was completed despite Resident #46 having had active diagnoses of Depression and Bipolar Disorder. Review of Resident #46's Level 1 Pre-admission Screening and Resident Review completed by a social worker at a local hospital dated 05/21/2024, indicated Resident #46 did not have presently or at any point a mental disorder which could have led to chronic disability. Review of Resident #46's Care Plan revealed the following: Onset: 05/23/2024 Problem: At risk for inattention, depressed mood, sleep changes, anxiety, suspiciousness, withdrawal, unusual thoughts and beliefs, delusions, hallucinations, disorganized speech, and difficulty functioning secondary to diagnosis of Bipolar. Intervention: Administer medications as ordered; Observe for effectiveness; Notify MD as needed. Review of the facility Provider Admission Progress Note dated 05/24/2024 for Resident #46 revealed the following: admitted to facility from local hospital for skilled care due to generalized weakness on 05/23/2024. Continue Buspar, Effexor, Trazodone for Bipolar 1 Disorder, monitor mood and consult psych NP if needed. Signed by: S12NP. On 06/25/2024 at 1:35 p.m., an interview was conducted with S11SSD. She stated she was in charge of Level II PASRR's for the facility's residents. She stated all residents who are newly admitted to the facility are required to have a Level I Pre-admission Screening and Resident Review and Notice of Medical Certification prior to physical entry into the facility. She stated when she received the Notice of Medical Certification, she looked to see if a determination was needed for Level II PASRR to be completed. If the determination had been made for the Level II to be completed, she ensured the proper paperwork had been submitted to the proper offices for their evaluation and decision. She stated she did not enter diagnoses for residents upon admission to the facility, so she assumed the person who had filled out the Level I Pre-admission Screening form prior to the resident's arrival to the facility filled the form out correctly for the Level II determination to be made correctly. S11SSD stated she would assume the person who was completing the Level I Pre-admission Screening would fill the screening form out correctly to ensure the resident was properly screened prior to admission and arrival to the nursing facility. (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/25/2024 at 1:40 p.m., an interview was conducted with S21MDS and S22MDS. S21MDS stated she was the coordinator responsible for completing the MDS for Resident #46. She stated she was aware Resident #46 had a diagnosis of Bipolar Disorder and also did not have a Level II PASARR completed. S21MDS stated she did not question not having a Level II PASRR for Resident #46 despite her having a diagnosis of Bipolar because a Level II was not always required. S22MDS stated her and S21MDS do not do anything with regards to ensuring accuracy or completion of the Level I and/or Level II PASRRs, they just document in the MDS if one was required based on the list provided by S11SSD. If a PASRR Level II was required, S22MDS stated either her or S21MDS would ensure the resident was care planned accordingly. S22MDS and S21MDS agreed they would assume the person who was completing the Level I Pre-admission Screening would fill the screening form out correctly to ensure the resident was properly screened. 48537

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48537 Based on observations, interviews, and record reviews, the facility failed to ensure services were provided by the facility to meet quality professional standards. The facility failed to ensure documentation of weekly nurses' notes were filed as documented on the TAR for 1 (#46) of 32 residents investigated in the final sample. Findings: Review of Resident #30's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Type 2 Diabetes Mellitus, Essential Primary Hypertension, Rheumatoid Arthritis, Supraventricular Tachycardia, Vascular Dementia, Metabolic Encephalopathy, Cognitive Communication Deficit, and Bilateral Hearing Loss. Review of Resident #30's Physician's Orders revealed the following: 04/27/2023 Weekly Nurses note should be performed every Friday on 2:00-10:00 p.m. shift Review of Resident #30's TAR for May and June 2024 revealed the following: Task: Weekly Nursing Note Further review revealed the task had a checkmark, which indicated the task was completed on the following dates: 05/03/2024, 05/10/2024, 05/24/2024, 05/31/2024, 06/07/2024, 06/14/2024 and 06/21/2024. Review of Resident #30's Nurses' Notes for May and June 2024 revealed there was no evidence nurses notes had been documented on the following dates: 05/03/2024, 05/10/2024, 05/24/2024, 05/31/2024, 06/07/2024, 06/14/2024 and 06/21/2024. An interview was conducted with S17LPN on 06/26/2024 at 2:35 p.m. He stated a checkmark on the TAR meant a nursing task had been acknowledged. He stated the checkmark on the nursing task for weekly nurses' note dated on 06/07/2024 by him indicated he was aware and acknowledged the task to document a weekly nurses' note. He reviewed Resident #30's nursing notes and stated he did not document a nurses' note on 06/07/2024 and should have. An interview was conducted with S27LPN on 06/27/2024 at 9:55 a.m. She stated a checkmark on the TAR meant a nursing task had been acknowledged. She stated the checkmark on the nursing task for weekly nurses' notes dated on 05/03/2024, 05/10/2024, 05/24/2024, 05/31/2024, 06/14/2024 and 06/21/2024 by her indicated she was aware and acknowledged the task to document a weekly nurses' note. She reviewed Resident #30's nursing notes and stated she did not document a nurses' notes on 05/03/2024, 05/10/2024, 05/24/2024, 05/31/2024, 06/14/2024 and 06/21/2024 and should have. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted with S4ADON on 06/26/2024 at 2:40 p.m. He stated a check mark on the TAR meant the staff was acknowledging and were aware of the order. He confirmed there were no nurses' notes documented on 05/03/2024, 05/10/2024, 05/24/2024, 05/31/2024, 06/07/2024, 06/14/2024 and 06/21/2024. An interview was conducted with S2DON on 06/26/2024 at 2:55 p.m. He stated if a Physician's Order for weekly nurses' notes was placed for a resident, he would expect nursing staff to document a note despite if the resident had any changes or not. He stated a checkmark on the TAR for weekly nurses' note indicated the staff member had acknowledged and was aware of the task to complete the nurses' note during the shift. He confirmed Resident #30 had a Physician's Order for weekly nurses' noted on Fridays during the 2:00 p.m. -10:00 p.m. shift. He confirmed the TAR revealed a check mark documentation from nursing staff for every Friday during May and June 2024 indicating nursing staff were aware and acknowledged the task for a weekly nurses' note to be completed. He confirmed there were no nurses' notes documented on 05/03/2024, 05/10/2024, 05/24/2024, 05/31/2024, 06/07/2024, 06/14/2024 and 06/21/2024. He confirmed the expectation was for nursing staff to document at least weekly on a resident and they had not for Resident #30.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270 Based on observations, interviews, and record review, the facility failed to maintain acceptable parameters of nutritional status by failing to implement interventions after weight loss for 1 (#45) of 5 (#17, #19, #45, #52, and #132) residents reviewed for nutrition. Findings: Review of Resident #45's clinical record revealed he was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses, which included Osteomyelitis, Stage 3 Pressure Ulcer Of Sacral Region, Stage 4 Pressure Ulcer Of Right Ankle, Stage 3 Pressure Ulcer Of Other Site, Stage 4 Pressure Ulcer Of Other Site, Stage 3 Pressure Ulcer Of Right Ankle, Stage 2 Pressure Ulcer Of Sacral Region, Type 2 Diabetes Mellitus Without Complications, and Dysphagia. Review of Resident #45's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/17/2024, revealed the provider assessed the resident as having a BIMS of 12, which indicated the resident was moderately cognitively impaired. Review of Resident #45's current care plan revealed the following, in part: I am at risk for weight loss related to my diet Interventions: Supplements as ordered Review of Resident #45's weights from May 2024 to June 2024 revealed the following: 04/2024- 204 pounds 5/28/2024- 177 pounds 6/14/2024- 170 pounds Review of Resident #45's current Physician Orders revealed the following, in part: Start date 06/02/2024 Boost with meals for Maintenance Review of Resident #45's MAR dated June 2024 revealed no documentation a Boost supplement or equivalent was administered to Resident #45. On 06/25/2024 at 8:30 a.m., an observation was made of Resident #45 in bed eating breakfast. Review of Resident #45's meal card revealed no documentation he received a Boost. He did not have a Boost on his meal tray. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/25/2024 at 1:30 p.m., an interview was conducted with S35CNA. He said he was assigned to Resident #45 and set up his meal trays. He said he never saw a Boost supplement on Resident #45's meal trays. He verified the Boost supplement was not printed on Resident #45's meal tickets. On 06/26/2024 at 8:39 a.m., an observation was made of Resident #45 in bed eating breakfast. Review of Resident #45's meal card revealed no documentation he received a Boost. He did not have a Boost supplement on his meal tray. On 06/26/2024 at 9:00 a.m., an interview was conducted with Resident #45. He said he never received a Boost on his meal trays. He said he would like a Boost with his meals and would drink it if it was provided. He said he needed all the protein he could get to help his wounds heal. On 06/26/2024 at 9:02 a.m., an observation was made of Resident #45 with S36CNA present. S36CNA said she was assigned to Resident #45. S36CNA observed Resident #45's meal tray and confirmed there was no supplement or Boost on the meal tray. S36CNA reviewed Resident #45's meal ticket and confirmed there was no documentation a Boost or supplement was required on the meal tray. On 06/26/2024 at 9:18 a.m., an interview was conducted with S15LPN. She said she was assigned to Resident #45, who had pressure ulcers. She said the dietician made recommendations for supplements. She said the facility did not carry Boost supplements. She reviewed Resident #45's current physician orders and verified, on 06/02/2024, he was ordered Boost with all meals. She said the order for Boost was entered under dietary, not under the MAR, so the nurses were not triggered to ensure Resident #45 received the Boost. She said the supplement should have been provided by nursing staff. She confirmed Resident #45 was ordered a Boost supplement for weight loss and he should have received it. On 06/26/2024 at 11:30 a.m., an interview was conducted with S37RD. She said Resident #45 had a 16% weight loss in 60 days, with an additional 4% weight loss over the last 30 days. She said she followed Resident #45's weights monthly because he had wounds and weight loss. She said she made recommendations for Resident #45 to receive Boost with all meals due to his weight loss. She said she was not aware Resident #45 was not receiving the Boost supplement, and the resident reported he wanted them. She said she saw Resident #45 on 06/24/2024 and sent recommendations on 06/25/2024 to continue the Boost supplement or house equivalent with all meals due to his weight loss. On 06/26/2024 at 12:30 p.m., an interview was conducted with S12NP. She said Resident #45 had wounds and weight loss, and the dietician was following him. She said she was aware Resident #45 was ordered Boost supplements for his wounds and weight loss, but was not aware he was not receiving them. She said Resident #45 should have been receiving the Boost supplement as ordered. On 06/27/2024 at 1:45 p.m., an interview was conducted with S5ADON. She said the dietician assessed the residents and provided recommendations. She said the dietician's recommendations were sent to S12NP to approve, and the floor nurses or administrative nurses entered the orders. She reviewed Resident #45's physician order dated 06/02/2024 for Boost with meals and confirmed the order did not trigger for nursing or dietary staff. She said ordered supplements should have been offered and provided. She reviewed and confirmed Resident #45 had a 7 pound weight loss documented from 05/28/2024 to 06/14/2024. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/26/2024 at 9:35 a.m., an interview was conducted with S2DON. He said S37RD made recommendations for supplements and S12NP reviewed and approved them. He said supplements were either provided from dietary or nursing. He said ordered supplements should have been provided. He reviewed Resident #45's weights dated May 2024 to June 2024 and confirmed Resident #45 had significant weight loss. He confirmed Resident #45 not receiving the Boost supplement or an equivalent as ordered could have contributed to his continued weight loss.

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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 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** 44965 Based on observations, interviews, and record review, the facility failed to ensure a resident received enteral feedings as ordered by the physician for 1 (#19) of 3 (#1, #19, and #72) residents reviewed for tube feeding. Findings: Review of Resident #19's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Cerebral Infarction, Muscle Wasting and Atrophy, Dysphagia, and Gastrostomy Status. Review of Resident #19's Annual MDS with an ARD of 04/12/2024 revealed, in part, a BIMS of 11, which indicated moderate cognitive impairment. Further review revealed Resident #19 did not exhibit rejection of care. Review of Resident #19's current Care Plan revealed the following, in part: Problem: I am at risk for adequate nutrition; I have a PEG tube; I have a diagnosis of Dysphagia; and I am NPO. Interventions: Provide feedings per MD order. Problem: I am NPO; I require tube feeding; I am at risk for aspiration related to my diagnosis of Dysphagia; and I am disconnected from my tube feeding as ordered due to I like to propel myself around facility at times. Interventions: Provide resident with feeding and fluids as ordered Further review of Resident #19's care plan revealed no documentation Resident #19 refused enteral feedings. Review of Resident #19's current Physician Orders revealed the following, in part: Diet: Nothing by mouth; Two Cal HN 0.08 gram - 2 KCAL/mL run at 40 mL/hr for 20 hours from 6:00 p.m. - 2:00 p.m. via PEG tube; and Stop tube feeding 4 hours a day from 2:00 p.m. to 6:00 p.m. Review of Resident #19's MAR dated June 2024 revealed no documentation tube feeding was held or refused during the scheduled administration times of 6:00 p.m. to 2:00 p.m. (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #19's Nurses' Notes dated February 2024 through 06/27/2024 revealed no documented refusals of PEG feedings. Further review revealed no documentation PEG feedings were held. An observation was made of Resident #19 on 06/24/2024 at 8:43 a.m. Her PEG tube feeding was not connected or infusing. An interview was conducted with Resident #19 on 06/24/24 8:45 a.m. She stated sometimes the staff did not connect her tube feeding as scheduled. An observation was made of Resident #19 on 06/24/2024 at 12:33 p.m. She was in the hallway in her wheelchair with no PEG tube feeding infusing. An interview was conducted with S32LPN on 06/26/2024 at 1:38 p.m. She stated Resident #19's PEG tube feedings were scheduled to connect at 6:00 p.m. and disconnect the following day at 2:00 p.m. She confirmed there were some days, including 06/24/2024, Resident #19 did not receive her PEG tube feedings for the physician ordered time frame An interview was conducted with Resident #19 on 06/26/2024 at 2:11 p.m. She confirmed her PEG tube feedings were to start at 6:00 p.m. and disconnect at 2:00 p.m. the following day. She stated she never refused her PEG tube feedings. She stated sometimes the staff did not reconnect her PEG tube feedings when they were due. An interview was conducted with S31CNA on 06/26/2024 at 2:21 p.m. She stated she was frequently assigned to Resident #19. She confirmed Resident #19 had a PEG tube she gets feeding through, and she did not consume any calories by mouth. She stated the nurse was responsible to connect and disconnect the tube feeding. She stated when she would get Resident #19 up in the morning, Resident #19 would ask the nurse to disconnect the tube feeding so she could propel through the facility. She stated Resident #19 usually got back in bed around 11:30 a.m. and the nurse would reconnect her PEG tube feeding. She stated during the time frame of her being up, she is not connected to her tube feeding. She stated Resident #19 was cognitively intact and never refused feedings or care. An interview was conducted with S30CNA on 06/27/2024 at 8:43 a.m. She stated Resident #19 received PEG tube feedings. She stated Resident #19 likes to get out of bed around 10:00 a.m. and will ask the nurse to come disconnect her tube feeding. She stated Resident #19 usually stays out of her room and propels herself around the facility. She stated on Monday, she got Resident #19 out of bed around 10:00 a.m., and she did not go back to her room on her shift, which meant she did not have her tube feeding. She stated she left her shift at 2:00 p.m., and Resident #19 was still up in her wheelchair and not in her room. She stated Resident #19 was compliant with her care. She stated Resident #19 was not the type of resident to refuse things. She stated the reason Resident #19 requests to have her tube feeding disconnected is because she wants to roam the facility. An interview was conducted with S26LPN on 06/27/2024 at 8:52 a.m. She confirmed Resident #19 had continuous PEG tube feeding ordered from 6:00 p.m. to 2:00 p.m. the following day, which meant it was held from 2:00 p.m. to 6:00 p.m. daily. She stated Resident #19 often asked the nurse to disconnect the tube feeding because she wanted to propel through the facility. She stated Resident #19 was compliant with her care and was not the type of resident to refuse care. (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted with S3ADON on 06/27/2024 at 9:04 a.m. She stated Resident #19 had tube feeding scheduled 6:00 p.m. to 2:00 p.m. She confirmed Resident #19's tube feeding should have been administered as ordered. She stated there should have been documentation if tube feedings were not administered as ordered and there was not.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Post nurse staffing information every day. 50093 Based on observations, interviews and record review, the facility failed to post nurse staffing data on a daily basis which included the total resident census number, and total number and actual hours worked for licensed and unlicensed nursing staff. This deficient practice had the potential to affect any of the 142 residents currently residing in the facility. Findings: Review of the facility's policy dated June 2024 and titled Nurse Staffing Posting Information revealed in part, the following: Policy: It is the policy of this facility to make nurse staffing information readily available in a readable format to residents and visitors at any given time. Policy Explanation and Compliance Guidelines: 1. The Nurse Staffing Sheet will be posted on a daily basis and will contain the following information: c. Facility's current resident census d. The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: i. Registered Nurses ii. Licensed Practical Nurses/Licensed Vocational Nurses iii. Certified Nurse Aides 4. b. Staffing shall include all nursing staff who are paid by the facility. An observation was made on 06/24/2024 at 1:27 p.m. of the nurse staffing data sheets for licensed and unlicensed nursing staff dated 06/24/2024 posted at Nursing Station K revealed it did not include the resident census, the total number of hours worked for Certified Nurse Aides and Licensed Practical Nurses, and the total number and the actual hours worked for Registered Nurses. An observation was made on 06/24/2024 at 1:36 p.m. of the nurse staffing data sheets for licensed and unlicensed nursing staff dated 06/24/2024 posted at Nursing Station L revealed it did not include the resident census, the total number of hours worked for Certified Nurse Aides and Licensed Practical Nurses and the total number and the actual hours worked for Registered Nurses. (continued on next page)

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	An observation was made on 06/24/2024 at 1:45 p.m. of the nurse staffing data sheets for licensed and unlicensed nursing staff dated 06/24/2024 posted at Nursing Station J revealed it did not include the resident census, the total number of hours worked for Certified Nurse Aides and Licensed Practical Nurses and the total number and the actual hours worked for Registered Nurses. An interview was conducted on 06/24/2024 at 1:38 p.m. with S4ADON. S4ADON stated he was responsible for posting the nurse staffing data sheet for licensed nursing staff at Nursing Station L. S4ADON confirmed the resident census number and the total number and actual hours worked for Registered Nurses were not included on the nurse staffing data sheet for licensed nursing staff and he was not aware it should have been included. S4ADON stated the format of posting the hours worked by Licensed Practical Nurses met the requirements of posting both the total number and actual hours worked for Licensed Practical Nurses. An interview was conducted on 06/24/2024 at 2:16 p.m. with S3ADON. She stated she was responsible for posting the nurse staffing data sheet for licensed nursing staff at Nursing Station K. S3ADON confirmed the nurse staffing data sheet should include the resident census number, the total number of hours worked for Licensed Practical Nurses, and the total number and actual hours worked for Registered Nurses and it did not. An interview was conducted on 06/24/2024 at 2:22 p.m. with S5ADON. She stated she was responsible for posting the nurse staffing data sheet for licensed nursing staff at Nursing Station J. S5ADON confirmed the resident census number and the total number and actual hours worked for Registered Nurses was not included on the nurse staffing data sheet for licensed nursing staff and she was not aware that it should have been included. An interview was conducted on 06/24/2024 at 2:28 p.m. with S29CNAS. She stated she was responsible for posting nurse staffing data sheets for unlicensed nursing staff at Nursing Stations J, K, and L. She confirmed the resident census number and the total number of hours worked for Certified Nurse Aides were not included on the nurse staffing data sheets for unlicensed nursing staff. S29CNA stated she was not aware this data should have been included. An interview was conducted on 06/24/2024 at 2:35 p.m. with S2DON. S2DON confirmed the resident census number, the total number of hours worked for Licensed Practical Nurses and Certified Nurse Aides and the total number of hours worked and actual hours worked for Registered Nurses were not included on the nurse staffing data sheets and he was not aware it should have been.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44965 Based on interviews and record review, the facility failed to ensure: 1. Physician ordered narcotic pain medication was available for administration for 1 (#132) of 5 (#5, #12, #45, #78, and #132) residents reviewed for pain management; and 2. As needed narcotic pain medication was documented as administered on the MAR for 1 (#132) of 5 (#5, #12, #45, #78, and #132) residents reviewed for pain management. Findings: 1. Review of the facility's Medication Reordering policy with an approval date of May 2023 revealed the following, in part: Policy: it is the policy of this facility to accurately and safely provide or obtain pharmaceutical services including the provision of routine and emergency medications and biologicals in a timely manner to meet the needs of each resident. Policy Explanation and Compliance Guidelines: 1. The facility will utilize a systematic approach to provide or obtain routine and emergency medications and biologicals in order to meet the needs of each resident. 3. Each time a nurse is administering medications and observes 6 or less doses left of one kind, that nurse will reorder the medication, time permitting. Review of Resident #132's Clinical Record revealed he was admitted to the facility on [DATE] and had diagnoses, which included Acquired Absence of Right Leg Below Knee, Acquired Absence of Left Leg Below Knee, and Other Chronic Pain. Review of Resident #132's Current Care Plan revealed the following, in part: Problem: I am at risk for pain. Resident complains of phantom pain to bilateral leg amputations Interventions: Administer medication as ordered Review of Resident #132's Quarterly MDS with an ARD of 05/06/2024 revealed he had a BIMS Summary Score of 15, which indicated he was cognitively intact. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #132's Physician Orders revealed the following, in part: Start: 05/01/2024, Discontinued: 06/14/2024 Endocet (Oxycodone HCl-Acetaminophen) Tablet 10-325 mg 1 tablet by mouth every 6 hours as needed for pain; and Start: 06/14/2024 Percocet (Oxycodone-Acetaminophen) 10-325 mg every 8 hours as needed for pain. Review of Resident #132's Individual Narcotic Record for Oxycodone-Acetaminophen revealed the following, in part: 06/13/2024 at 2:30 a.m. - amount on hand - 1; amount given - 1; amount remaining - 0; name of person giving - S23LPN Further review revealed Resident #132's Oxycodone-Acetaminophen 10-325 mg was refilled on 06/14/2024 and administered on 06/14/2024 at 1:49 p.m. by S26LPN Review of Resident #132's Nurses' Notes January 2024 through 06/25/2024 revealed the following, in part: 06/13/2024 at 7:00 a.m. by S26LPN: Resident expressed his pain was a level 6. Resident was given Tylenol 325mg x 2 upon request An interview was conducted with Resident #132 on 06/24/2024 at 9:43 a.m. He stated the facility ran out of his narcotic pain medication last week. He stated he requested his pain medication every eight hours related to phantom pain from his bilateral below knee amputations. A telephone interview was conducted with S23LPN on 06/26/2024 at 9:05 a.m. She confirmed she was assigned to Resident #132 on 06/12/2024 from 10:00 p.m. to 6:00 a.m. and 06/13/2024 from 10:00 p.m. to 6:00 a.m. She confirmed she administered Resident #132's last dose of Oxycodone-Acetaminophen on 06/13/2024 at 2:30 a.m. She stated when she worked with Resident #132 on 06/13/2024 from 10:00 p.m. to 6:00 a.m., he requested his Oxycodone-Acetaminophen. She stated there was not any available to administer. An interview was conducted with S26LPN on 06/26/2024 at 3:11 p.m. She confirmed she was assigned to Resident #132 on 06/13/2024 and 06/14/2024 from 6:00 a.m. to 10:00 p.m. She stated Resident #132 ran out of his Oxycodone-Acetaminophen during this time. She stated Resident #132 was out of his pain medication for a whole day. She stated Resident #132 requested his pain medication, she went to administer the medication, and there was none available. She stated the facility should not have run out of Resident #132's pain medication. An interview was conducted with S12NP on 06/26/2024 at 12:44 p.m. She stated the facility was responsible to notify her when they were running low on any resident's narcotic pain medication. She explained narcotic pain medications required a hard script be sent to the pharmacy. She stated her process was to write the medication order and have S25MD sign off on the hard script, and then she sent it to the pharmacy. She stated she was not notified Resident #132 was running low on his Oxycodone-Acetaminophen until he only had two pills left. She stated the facility did not notify her in enough time to have the medication to the facility prior to Resident #132 running out. She confirmed since the medication was ordered as needed, it should have been available as needed. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A telephone interview was conducted with S24P on 06/26/2024 at 12:36 p.m. He stated the pharmacy received the hard script for Resident #132's Oxycodone-Acetaminophen on 06/14/2024 at 7:00 a.m. and the medication was filled and delivered to the facility on [DATE]. An interview was conducted with S3ADON on 06/26/2024 at 3:47 p.m. She stated she was aware Resident #132 ran out of his pain medication in June 2024. She confirmed the facility should not have run out of Resident #132's narcotic pain medication and it should have been available for administration. 2. Review of the facility's Controlled Substance Administration & Accountability policy with an approval date of May 2024 revealed the following, in part: Policy Explanation and Compliance Guidelines: 1. General Protocols: f. All controlled substances are accounted for in one of the following ways: ii. All controlled substances obtained from a non-automated medication cart or cabinet are recorded on the designated usage form. g. In all cases, the dose noted on the usage form or entered into the automated dispensing system must match the dose recorded on the Medication Administration Record (MAR), Controlled Drug Record, or other facility specified form and placed in the patient's medical record. Review of Resident #132's Clinical Record revealed he was admitted to the facility on [DATE] and had diagnoses, which included Acquired Absence of Right Leg Below Knee, Acquired Absence of Left Leg Below Knee, and Other Chronic Pain. Review of Resident #132's Physician Orders revealed the following, in part: Start: 05/01/2024, Discontinued: 06/14/2024 Endocet (Oxycodone HCl-Acetaminophen) Tablet 10-325 mg 1 tablet by mouth every 6 hours as needed for pain; and Start: 06/14/2024 Percocet (Oxycodone-Acetaminophen) 10-325 mg every 8 hours as needed for pain. Review of Resident #132's Individual Narcotic Record for Oxycodone revealed the following, in part: 06/10/2024 at 4:00 a.m. - amount on hand - 8; amount given - 1; amount remaining - 7; name of person giving - S23LPN 06/11/2024 at 10:00 a.m. - amount on hand - 7; amount given - 1; amount remaining - 6; name of person giving - S23LPN 06/12/2024 at 2:00 a.m. - amount on hand - 5; amount given - 1; amount remaining - 4; name of person giving - S23LPN (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	06/12/2024 at 8:00 a.m. - amount on hand - 4; amount given - 1; amount remaining - 3; name of person giving - S23LPN 06/12/2024 at 2:00 p.m. - amount on hand - 3; amount given - 1; amount remaining - 2; name of person giving - S23LPN 06/13/2024 at 2:30 a.m. - amount on hand - 1; amount given - 1; amount remaining - 0; name of person giving - S23LPN Review of Resident #132's MAR dated June 2024 revealed no documentation Resident #132 received his Oxycodone/Acetaminophen 10-325 mg on the following dates and times: 06/10/2024 at 4:00 a.m., 06/11/2024 at 10:00 a.m., 06/12/2024 at 2:00 a.m., 06/12/2024 at 8:00 a.m., 06/12/2024 at 2:00 p.m., and 06/13/2024 at 2:30 a.m. A telephone interview was conducted with S23LPN on 06/26/2024 at 9:05 a.m. She confirmed if she signed Resident #132's Oxycodone-Acetaminophen out on the narcotic record, she administered it to Resident #132. She stated she sometimes forgets to document administration of pain medication on the MAR. She stated if she documented administration of Resident #132's Oxycodone-Acetaminophen, it would have been on the MAR. She confirmed she should have documented it on the MAR. An interview was conducted with S3ADON on 06/26/2024 at 3:47 p.m. She reviewed Resident #132's June 2024 MAR and Narcotic Record from 06/09/2024 through 06/13/2024. She confirmed Resident #132's Oxycodone-Acetaminophen was removed from the medication cart on the above listed dates and times and was not documented administered on Resident #132's MAR and should have been.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270 Based on record review and interviews, the facility failed to ensure a resident's drug regimen was free from unnecessary psychotropic medications by failing to ensure there was an acceptable diagnosis for antidepressant and anti-anxiety medications for 1 (#72) of 5 (#10, #46, #72, #117 and #132) residents reviewed for unnecessary medications. Findings: Review of the facility's policy titled Use of Psychotropic Drugs with a revision date of 10/2020 revealed the following, in part: Policy: Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record . 1. Psychotropic drugs include, but are not limited to the following categories: antipsychotics, antidepressants, anti-anxiety, and hypnotics. Review of Resident #72's clinical record revealed he was admitted to the facility on [DATE] with diagnoses, which included Cerebral Infarction and Unspecified Dementia without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance and Anxiety. Review of Resident #72's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/09/2024, revealed the following, in part: Section N- Medications Antianxiety (is taking) - Checked Antianxiety (indication noted) - Checked Antidepressant (is taking) - Checked Antidepressant (indication noted) - Checked Review of Resident #72's current Physician Orders revealed the following, in part: Start date 05/31/2024 Escitalopram Oxalate 20 mg give one tablet via peg tube one time a day for Dementia. Start date 05/31/2024 Lorazepam 1 mg give one tablet via peg tube one time a day for Unspecified Dementia. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #72's MAR dated May 2024 - June 2024 revealed he received Escitalopram Oxalate daily at 8:00 p.m. with a diagnosed condition of Dementia for the use of the psychotropic medication. Further review revealed he received Lorazepam daily at 5:00 a.m. with a diagnosed condition of Unspecified Dementia for the use of the psychotropic medication. On 06/25/2024 at 1:17 p.m., an interview was conducted with S12NP. She said she reviewed all resident physician orders, including medications, once monthly. She reviewed Resident #72's list of diagnoses and current physician orders. She verified Resident #72's Escitalopram Oxalate and Lorazepam were ordered with a documented diagnosis of Dementia. She confirmed Dementia was not an acceptable diagnosis for these psychotropic medications. On 06/25/2024 at 2:10 p.m., an interview was conducted with S15LPN. She reviewed Resident #72's current physician orders and verified he was prescribed Escitalopram Oxalate and Lorazepam daily with a documented diagnosis of Dementia. She confirmed Dementia was not an acceptable diagnosis for these psychotropic medications. On 06/25/2024 at 3:15 p.m., an interview was conducted with S2DON. He reviewed Resident #72's current physician orders and verified he was prescribed Escitalopram Oxalate and Lorazepam daily with a documented diagnosis of Dementia. He confirmed Escitlopram and Lorazepam were psychotropic medications and Dementia was not an acceptable diagnosis for these medications.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47546 Based on observations, interviews, and record reviews, the facility failed to ensure all drugs and biologicals were stored in accordance with currently accepted professional principles. The facility failed to ensure medications were in locked compartments permitting only authorized personnel to have access for 1 (#28) of 34 residents observed during initial screening of residents upon facility entrance. Findings: Review of the facility's policy titled Medication Administration Storage dated 04/2022 revealed the following: Policy Explanation and Compliance Guidelines: 1.General Guidelines: a.All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) . b.During medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage areas/cart. Review of Resident #28's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses which included Age-Related Cognitive Decline, Shortness of Breath, Essential (Primary) Hypertension, Unspecified Atrial Fibrillation, and Heart Failure. Review of Resident #28's quarterly MDS with an ARD of 03/18/2024 revealed a BIMS of 14, which indicated resident was cognitively intact. Review of Resident #28's active Physicians Orders revealed the following in part: Diltiazem HCl Tab 60mg - Give 60 mg orally on time a day. Acetaminophen Tab 325mg - Give 2 tablets orally two times a day for Pain Oyster Shell 250 mg-D3 3.12mcg - Give 1 capsule orally two times a day On 06/24/2024 at 9:04 a.m., an observation was made of Resident #28 sitting in her room in a wheelchair with granddaughter at her side. 3 loose pills were noted on top of Resident #28's bedroom refrigerator. No nursing staff were observed in the room at this time. Resident #28 verified the medications on top of the refrigerator were her medications. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/24/2024 at 9:06 a.m., an observation was made of Resident #28's room with S18LPN. 3 loose pills were noted on top of Resident #28's bedroom refrigerator. S18LPN identified the 3 pills on the refrigerator as Oscal Vit D, Diltiazem, and Tylenol. S18LPN confirmed pills should not have been stored on the refrigerator. On 06/25/24 at 4:07 p.m., an interview was conducted with S3ADON. She confirmed the nurse should never leave the medication at the bedside.

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44965 Based on observation, interview, and record review, the facility failed to ensure a resident received a therapeutic diet as ordered by the physician for 1 (#132) of 3 (#102, #131, #132) residents reviewed for food. Findings: Review of the facility's policy last approved May 2023 and titled, Therapeutic Diet Orders revealed the following, in part: Policy: The facility provides all residents with foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician, and/or assessed by the interdisciplinary team to support the resident's treatment/plan of care, in accordance with his/her goals and preferences. 5. Dietary and nursing staff are responsible for providing therapeutic diets in the appropriate form and/or the appropriate nutritive content as prescribed. Review of Resident #132's Clinical Record revealed he was admitted to the facility on [DATE] and had diagnoses, which included Muscle Wasting and Atrophy, Acquired Absence of Right Leg Below Knee, Acquired Absence of Left Leg Below Knee, and Type 2 Diabetes Mellitus. Review of Resident #132's Current Physician Orders revealed, in part, a diet order for double portions of protein and vegetables with all meals. Review of Resident #132's Quarterly MDS with an ARD of 05/06/2024 revealed he had a BIMS Summary Score of 15, which indicated he was cognitively intact. An interview was conducted with Resident #132 on 06/24/2024 at 10:11 a.m. He stated he was supposed to receive double portions of proteins and vegetables. He stated he frequently did not receive his ordered double portions. An observation was made of Resident #132's lunch tray and meal ticket on 06/24/2024 at 2:05 p.m. Resident #132's lunch tray had one serving of red beans and rice, sausage, and greens. Resident #132 did not have double portions of protein and vegetables. Resident #132's lunch meal ticket dated 06/24/2024 revealed he should have received double portions of protein and vegetables with all meals. An observation was made of Resident #132's lunch tray on 06/24/2024 at 2:16 p.m. with S6DM present. An interview was conducted with S6DM at that time. S6DM confirmed Resident #132 was served single portions of all lunch meal items and should have been served double portions of sausage and greens.

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. 44965 Based on observations, interviews, and record review, the facility failed to ensure meals were served at regular times comparable to normal times in the community for 1 (Hall B) of 3 (Hall A, Hall B, and Hall C) halls observed for dining. Findings: Review of the facility's policy last approved May 2023 and titled, Frequency of Meals revealed the following, in part: Policy: The facility will ensure that each resident receives at least three meals daily without extensive time lapses between meals. Policy explanation and compliance guidelines: 1. The facility has scheduled three regular meal times, comparable to normal meal times in the community, per day . Review of the facility's listed meal times revealed 200 Hall should be served lunch at 12:30 p.m. An interview was conducted with Resident #132 on 06/24/2024 at 10:11 a.m. He resided toward the end of Hall B. He stated meals are often served late. He stated sometimes he received lunch at 2:00 p.m. An observation was made of Resident #132 on 06/24/2024 at 12:35 p.m. He did not have his lunch tray yet. An observation was made of Resident #132 on 06/24/2024 at 1:32 p.m. He did not have his lunch tray yet. An observation was made of the kitchen serving Hall B trays on 06/24/2024 at 1:42 p.m. An observation was made of a CNA delivering Resident #132's lunch tray on 06/24/2024 at 2:05 p.m. During the resident council meeting on 06/24/2024 beginning at 2:06 p.m., Resident #103 stated her lunch tray did not come until 2:00 p.m. today and she resided on Hall B. An interview was conducted with S6DM on 06/24/2024 at 2:16 p.m. She confirmed Hall B should receive their lunch trays at 12:30 p.m. She confirmed lunch was late today and should not have been. She stated 2:00 p.m. lunch was too late. (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted with S1ADM on 06/25/2024 at 3:23 p.m. He stated there had been issues in the past with residents complaining of not being served their meals on time. He stated there had not been any complaints recently. He was made aware the end of Hall B received their lunch trays around 2:00 p.m. yesterday and Resident #132 was served lunch at 2:05 p.m. He stated that was not acceptable.

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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. 39121 Based on observations, record review, and interviews, the facility failed to store, prepare, and distribute foods under sanitary conditions. This had the potential to effect 141 residents who were served from the kitchen. Findings: Review of the policy titled Staff Attire with a revision date of 09/2017 revealed the following, in part: Procedures: 1. All staff members will have their hair off the shoulders, confined in a hair net or cap, and facial hair properly restrained. Review of the policy titled Food Storage: Cold Foods with a revision date of 04/2018 revealed the following, in part: Policy Statement All Time/Temperature Control for Safety (TCS) foods, frozen and refrigerated, will be appropriately stored in accordance with guidelines of the FDA Food Code. Procedures 5. All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination. Review of the policy titled Food Storage: Dry Goods with a revision date of 09/2017 revealed the following, in part: Policy Statement All dry goods will be appropriately stored in accordance with guidelines of the FDA Food Code. Procedure: 5. All packaged and canned food items will be kept clean, dry, and properly sealed 6. Storage areas will be neat, arranged for easy identification, and date marked as appropriate. Review of the policy titled Date Marking for Food Safety with a revision date of 10/2021 revealed the following, in part: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Policy: The facility adheres to a date marking system to ensure the safety of ready-to-eat, time/temperature control for safety food. Policy Explanation and Compliance Guidelines for Staffing: 1. Refrigerated, ready-to-eat, time/temperature control for safety food (i.e. perishable food) shall be held at a temperature of 41F or less than a maximum of 7 days. On 06/24/2024 at 8:10 a.m., an observation was made of S7C in the kitchen. S7C had facial hair on his chin. S7C was not wearing a facial hair restraint. On 06/24/2024 at 1:43 p.m., an observation was made of S6DM in the dishwashing area of the kitchen. S6DM confirmed she was not wearing a hairnet. On 06/25/2024 at 12:38 p.m., an interview was conducted with S6DM. S6DM was made aware of the observation of S7C not wearing a facial hair restraint. S6DM confirmed hair nets and facial hair restraints should be worn at all times in the kitchen. On 06/24/2024 at 8:12 a.m., an initial tour of the kitchen was conducted with S6DM. S6DM observed and confirmed the following findings: Refrigerator: A milk crate containing two dented / damaged single serve cartons of milk and an empty 20oz bottle of purple soda 1 unlabeled sandwich in a sandwich bag 1 bag of unsealed grapes 2 opened unsealed bags of lettuce 1 salad covered with cellophane with no date 1 container of peaches with a date of 06/13/2024 1 container of chocolate pudding with a date of 06/04/2024 2 dried spots of a white liquid were on the floor near the door to the refrigerator Dry Goods Storage: 1 bulk storage container of rice with the scoop laying in the rice The following items were scattered on the floor: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5 loose single serve packets of sugar 5 loose single serve packets of yellow sweetener 1 opened single serve butter packet Several loose red colored beans The bottom shelves of the food preparation tables stored the following items: 1 empty bulk tub of peanut butter 1 opened unsealed packet of brown gravy mix 1 uniform shirt in a plastic retail bag Drink Dispensing Table: Juice machine dispensing spouts were hanging down loose and uncovered x2 On the bottom shelf of the drink machine table the following was observed: A dried reddish colored substance on the air compressor for the drink machine A large lidded pot was sitting in a puddle of light brownish liquid The covering over the bottom shelf of the table was peeled up and exposed a reddish colored surface beneath Food Preparation Area: A round large trash barrel without a lid and large areas of all sides discolored by a reddish brown substance Near the Bread Rack An approximately 1 reddish brown insect crawling down the wall and across the floor to another wall Food Serving Area: Top shelf of a 3 tiered metal wire cart had a blackish substance on the top shelf A scoop was laying in the ice of the ice machine Several loose packets of salt and pepper and pieces of cardboard were scattered on the floor The serving line steam table: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Splotches of a brown substance were noted on the back wall of the table's storage compartment and on the controls for the table Crumbs were on the bottom shelf of the steam table On 06/24/2024 at 8:12 a.m., an interview was conducted with S6DM. S6DM confirmed food in the refrigerator could only be held for 7 days. S6DM stated the dried white spots on the floor of the refrigerator were probably milk. S6DM confirmed the scoop should not be laying in the rice. S6DM confirmed the packet of gravy mix should be sealed and not under the food preparation table. S6DM confirmed the juice machine drink spouts should not dangle and should be covered. S6DM confirmed the trash barrel should have a lid. S6DM confirmed the insect was a roach. S6DM confirmed the ice scoop should not be lying in the ice. On 06/24/2024 at 9:00 a.m., an observation was made of the food preparation tables in the kitchen. Two large silver metal tables with bottom shelves. The longest table had a grate on the preparation surface. The grate contained the following: 1 plastic coated paper clip 1 bread twist tie A large amount of crumbs On 06/24/2024 at 9:06 a.m., an interview was conducted with S7C. S7C confirmed the tables in the kitchen were for food preparation. S7C observed and confirmed the contents inside the grate. S7C stated the grate should be cleaned every day. S7C confirmed the grate did not get that dirty overnight and had been that way for a while. On 06/25/2024 at 3:26 p.m., an interview was conducted with S1ADM. S1ADM was made aware of the aforementioned findings. S1ADM stated he would expect food items to be sealed labeled and dated. S1ADM confirmed kitchen staff should wear hair nets and facial restraints.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48537 Based on record review and interviews, the facility failed to ensure all medical records regarding the resident's code status consistently reflected the resident's wishes for 1 (#30) of 36 residents reviewed in the initial screening for advanced directives. Findings: Review of the facility's policy with a last approved date of ,d+[DATE] titled Residents' Rights Regarding Treatment and Advance Directives revealed the following: Policy: It is the policy of this facility to support and facilitate a resident's right to . formulate an advance directive. Policy Explanation and Compliance Guidelines: 3. Should the resident have an advance directive, copies will be made and placed on the chart as well as communicated to the staff. Review of Resident #30's clinical record revealed she was admitted to the facility on [DATE]. Review of the quarterly MDS with an ARD of [DATE] revealed Resident #30 had a BIMS of 1, which indicated she had severe cognitive impairment. Review of Resident #30's Advanced Directive in her physical chart dated [DATE] revealed the following: A. Cardiopulmonary Resuscitation (CPR): Box checked - DNR/Do Not Attempt Resuscitation (Allow Natural Death) D. Summary: Discussed with Personal Health Care Representative (PHCR); the basis for these orders is: Box Checked - Patient's Personal Health Care Representative (Qualified Patient without Capacity) Signed by: Resident #30's PHCR and Hospice physician on [DATE] Review of Resident #30's Care Plan revealed the following: Onset: [DATE] Problem: Resident is a DNR Intervention: Alert staff of DNR status; Keep copy of advanced directives on chart; Honor resident/family wishes in regards to DNR code status (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #30's [DATE] and [DATE] Physician's Orders revealed the following: [DATE] Code Status: Full Code On [DATE] at 1:20 p.m., an interview was conducted with S17LPN. He stated Resident #30 was a DNR. He confirmed Resident #30's Physician's Orders in her electronic medical record stated full code. He stated he would go by what was in the Resident's hard copy chart. On [DATE] at 3:28 p.m., an interview was conducted with S15LPN. She stated for a resident's code status she would look in the computer orders and then double check the hard chart to confirm. She stated if the code status in the hard chart and computer did not match, she would go by the signed forms in the hard chart. On [DATE] at 12:35 p.m., an interview was conducted with hospice nurse from Resident #30's local hospice company. She stated Resident #30 was a DNR as of [DATE] when her sister/RP signed a new advanced directive document. She stated a copy of the new advanced directive was provided to the facility, and was also kept in her hospice binder at the facility. She stated she would expect the facility's EHR orders for code status to match what the paper copy in the hard chart was. On [DATE] at 9:55 a.m., an interview was conducted with S27LPN. She stated Resident #30's Physician's Orders in her electronic medical record stated full code. She stated she would go by what was in the Resident's hard copy chart. On [DATE] at 11:25 a.m., an interview was conducted with S2DON. He stated the expectation was for staff to check the paper chart for a resident's code status in the case of an emergency. He reviewed Resident #30's advanced directive dated [DATE] in her hospice binder, facility hard chart, and also the Physician's Orders from the EHR for May and June of 2024. He confirmed the advanced directive dated on [DATE] was signed by the hospice MD provider and Resident #30's responsible party designating Resident #30 as a DNR. He confirmed the Physician's Orders from the EHR for both May and [DATE] stated Resident #30 was a full code. He confirmed both the EHR and hard chart code statuses should match and they did not.

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	195483	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48537 Based on record reviews and interviews, the facility failed to coordinate hospice care services to ensure a system was in place to update hospice binder with current orders, certification period and care plans for 1 (#30) of 4 (#28, #72, #30 and #78) residents reviewed for hospice care. Findings: Review of the Hospices Services Agreement with an effective date of 10/01/2020 between the facility and local hospice company revealed the following: Article III Facility Services Section 3.5 Facility shall: d) The Facility's designated interdisciplinary team member is responsible for the following: 4) Obtaining the following information from the hospice: (A) The most recent hospice plan of care specific to each patient; (C) Physician certification and recertification of the terminal illness specific to each patient; (F) Hospice medication information specific to each patient; and (G) Hospice physician and attending physician (if any) orders specific to each patient. Review of the facility's policy last approved 05/2023 titled Hospice Services Facility Agreement revealed the following: Policy: Policy Explanation and Compliance Guidelines: 6. The designated member of the facility working with hospice representative is responsible for: d. Obtaining the following information from the hospice: i. The most recent hospice plan of care specific to each resident iii. Physician certification and recertification of the terminal illness specific to each resident vi. Hospice medication information specific to each resident vii. Hospice physician and attending physician (if any) orders specific to each resident Review of Resident #30's clinical record revealed she was admitted to the facility on [DATE] and was admitted into hospice services on 01/10/2024. Review of Resident #30's current Physician's Orders revealed the following: (continued on next page)

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	01/10/2024 Consult and admit to local hospice agency for Vascular Dementia, RA and DM2 Review of Resident #30's current Care Plan revealed the following: Onset: 03/11/2024 Problem: Resident #30 has chosen to receive hospice care from St. [NAME] hospice as of 02/02/2024. Review of Resident #30's Nurses' Notes revealed the following: 02/02/2024 7:44 p.m. Hospice nurse from local hospice agency arrived at facility to admit resident to hospice. Signed by: S28LPN Review of Resident #30's Hospice Medical Records maintained by the facility revealed no plan of care, hospice staff assessments, physicians' orders (current or standing), or physician certification/recertification for terminal illness. On 06/26/2024 at 11:30 a.m., an interview was conducted with S2DON. He stated he was responsible for ensuring each hospice resident's binder was up to date in partner with the hospice care team. S2DON reviewed Resident #30's hospice binder and confirmed there was no plan of care, physician certification/recertification for terminal illness, current/standing orders or hospice care team assessments in her hospice medical binder and there should have been. On 06/26/2024 at 12:35 p.m., an interview was conducted with Resident #30's hospice nurse who stated Resident #30 was currently admitted to the local hospice agency. The hospice nurse reviewed Resident #30's hospice medical record and confirmed it did not contain a plan of care, physician certification/recertification for terminal illness, current/standing orders or hospice care team assessments plan of care and it should have.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270 Based on record reviews, observations, and interviews, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection. The facility failed to ensure S13TN and S16CNA wore proper Personal Protective Equipment while providing care for 1 (#72) of 3 (#1, #19, and #72) sampled residents reviewed for peg tube care. Findings: Review of the facility's policy titled Enhanced Barrier Precautions with a revision date of 03/2024 revealed the following, in part: Policy: It is the policy of this facility to implement Enhanced Barrier Precautions for the prevention of transmission of multidrug-resistant organisms. Definitions: Enhanced Barrier Precautions refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and gloves use during high contact resident care activities. 3. Implementation of Enhanced Barrier Precautions: b. PPE for enhanced barrier precautions is only necessary when performing high-contact care activities . High-contact resident care activities include: Device care or use: (feeding tubes) Review of Resident #72's clinical record revealed he was admitted to the facility on [DATE] with diagnoses, which included Malignant Neoplasm of Larynx and Gastrostomy Status. On 06/26/2024 at 8:39 a.m., an observation was made of a sign on Resident #72's door, which stated Enhanced Barrier Precautions Required. On 06/26/2024 at 8:40 a.m., an observation was made of peg tube care for Resident #72 with S13TN and S16CNA. S13TN did not don a gown and performed peg tube care and repositioning of Resident #72 in bed. S16CNA assisted S13TN with peg tube care and repositioning Resident #72 in bed and did not don a gown or gloves. On 06/26/2024 at 8:50 a.m., an interview was conducted with S13TN. She said Resident #72 had a peg tube and was on Enhanced Barrier Precautions to prevent infections. She confirmed she should have worn a gown and S16CNA should have worn a gown and gloves when providing care to Resident #72. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/26/2024 at 8:56 a.m., an interview was conducted with S16CNA. She said Resident #72 had a peg tube and was on Enhanced Barrier Precautions. She confirmed she did not don a gown or gloves when providing care for Resident #72 and should have. On 06/26/2024 at 9:30 a.m., an interview was conducted with S2DON. S2DON stated Enhanced Barrier Precautions were used for any resident with an indwelling device or wounds to prevent infections. He verified Resident #72 had a peg tube and was on Enhanced Barrier Precautions. He confirmed S13TN and S16CNA should have donned a gown and gloves when providing care to Resident #72.

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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. 44965 Based on observations and interviews, the facility failed to maintain an effective pest control program by failing to ensure the facility was free of pests and insects. This deficient practice had the potential to affect 142 residents who currently reside in the facility. Findings: On 06/24/2024 at 8:31 a.m., an observation was made of a live roach the size of an almond outside of the bathroom in Room K. On 06/24/2024 at 8:31 a.m., an observation was made of a live roach the size of an almond outside Resident #78's bathroom. An interview was conducted with Resident #78 at that time. He stated he sees roaches often. On 06/24/2024 at 8:42 a.m., an observation was made of a small live roach noted on the wall just outside of Room F. On 06/24/2024 at 8:43 a.m., an observation was made of Resident #3's bathroom. There was one large brown, live roach approximately 3 inches in length. An interview was conducted with Resident #3 at that time. Resident #3 stated he saw live roaches often in his room and bathroom. He stated he sprayed and the pest control company sprayed, but he had not done it in a while. On 06/24/2024 at 8:43 a.m., an interview was conducted with Resident #28. She stated she saw a roach in her room on 06/23/2024. On 06/24/2024 at 9:15 a.m., an observation was made of small live roach in Room G. On 06/24/2024 at 9:17 a.m., an interview was conducted with Resident #7. She stated she saw a roach on 06/23/2024. She stated staff were aware of bugs in the facility. On 06/24/2024 at 9:20 a.m., an interview was conducted with Resident #47. He stated he had seen a bug in his room on 06/23/2024. On 06/24/2024 at 10:05 a.m., an observation was made of Resident #20 asleep in bed with black flies swarming the room, and one fly on her right arm. On 06/24/24 at 10:22 a.m., an interview was conducted with Resident #46. She stated roaches were crawling the walls of the facility and staff were spraying in residents' rooms if they were not allergic. On 06/24/2024 at 10:24 a.m., an interview was conducted with Resident #453. She stated there were flies, house roaches, and cockroaches in the facility. She stated staff were aware of bugs in the facility. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/24/2024 at 12:37 p.m., an observation was made of an almond size, dead roach, outside of Hall B whirlpool room. There was also a gnat flying around. On 06/25/2024 at 8:00 a.m., an observation was made of a fly flying in Hall A. On 06/25/2024 at 8:10 a.m., an observation was made of a small brown roach crawling across the floor in Room D. On 06/25/2024 at 8:25 a.m., an observation was made in Room F of small roach on a styrofoam cup on top of the refrigerator. On 06/25/2024 at 8:40 a.m., an observation was made of a gnat flying in hallway outside Room H. On 06/25/2024 at 8:42 a.m., an observation was made of a fly flying in Hall A. On 06/25/2024 at 8:47 a.m., an observation was made of one fly and two gnats flying around Resident #12 while he was lying in bed. An interview was conducted with Resident #12 at that time. He stated he had been having gnats and flies flying around in his room. On 06/25/2024 at 9:09 a.m., an observation was made of a gnat flying around Resident #132. An interview was conducted with Resident #132 at that time. He stated there were gnats in his room all the time, and they were really aggravating. On 06/25/2024 at 9:12 a.m., an observation was made of a gnat was flying around outside Room I. On 06/25/2024 at 10:43 a.m., an observation was made of a dead insect on the floor of Hall A. On 06/25/2024 at 12:00 p.m., an observation was made of a fly flying around a medication cart on Hall C. On 06/26/2024 at 8:36 a.m., an observation was made of an almond sized live roach in Room D. On 06/26/2024 at 8:50 a.m., an observation was made of ants crawling on the floor of Room E. On 06/26/2024 at 9:15 a.m., an observation was made of a small brown roach crawling on the floor underneath a resident's wheelchair on Hall A. On 06/27/2024 at 8:30 a.m., an observation was made of small live roach on the wall in Room E. On 06/27/2024 at 8:30 a.m., an observation was made of a small live roach in Nursing Station J. On 06/27/2024 at 10:00 a.m., an observation was made of a small black roach flying around Room D. On 06/27/2024 at 10:04 a.m., an observation was made of a small roach flying around in Room D. On 06/27/2024 at 12:51 p.m., an observation was made of two live roaches inside Room E. One roach was the size of a grain of rice and one was the size of a black bean. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/27/2024 at 11:34 a.m., a telephone interview was conducted with a representative from a local pest control company. He stated the entire facility was treated for pests annually. He stated annual treatment was scheduled for 06/17/2024, but was not completed due to the facility not being prepared. On 06/27/2024 at 12:51 p.m., an interview was conducted with S1ADM. He stated, It's that time of year for pests. He stated the pest control company came out last Monday to treat the entire facility, but the facility did not have enough staff to remove all residents from rooms so the entire building could be treated. 45270 47546