STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195517	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Jude's Health & Wellness Center	450a S Claiborne Ave, FL 6 New Orleans, LA 70112

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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	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 47487 Based on observations, interviews, and record reviews, the facility failed to maintain a resident's right to make choices regarding smoking for 1 (Resident #32) of 3 (Resident #26, Resident #32, Resident #45) sampled residents reviewed for smoking. Findings: Review of the facility's undated Resident Rights policy and procedure revealed, in part, residents should be encouraged to exercise their rights as a resident and citizen, and be treated courteously, fairly, and with the fullest measure of dignity. Further review revealed residents had the right to use tobacco in accordance with applicable policies, rules, and laws. Review of the facility's undated Smoking policy and procedure, revealed, in part, residents were allowed to smoke only in the designated smoking areas located outside the building. Further review revealed no documented evidence of a set time for smoking hours. There was no documented evidence, and the facility did not present any documented evidence the facility and residents had any agreed upon facility rules restricting a resident's right to smoke. Review of the facility's list of smokers revealed, in part, Resident #32 was identified as a safe smoker. Review of Resident #32's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/15/2025 revealed, in part, Resident #32 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #32 was cognitively intact. In an interview on 01/27/2025 at 10:37AM, Resident #32 indicated the staff member who worked at the front desk would not let him go outside to smoke after 7:00PM. In an interview on 01/29/2025 at 10:29AM, Resident #32 indicated the facility's smoking times were only from 7:00AM to 7:00PM, and residents were not allowed to go outside to smoke after 7:00PM until 7:00AM. Resident #32 further indicated he wanted to go outside to smoke between 7:00PM and 7:00AM. (continued on next page)

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

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 01/29/2025 at 10:30AM., S6SmokingAide indicated residents were only allowed to smoke from 7:00AM to 7:00PMbecause that was the time frame the facility's Smoking Aide worked. S6SmokingAide further indicated even residents identified as safe smokers were only allowed to smoke from 7:00AM to 7:00PM. In an interview on 01/29/2025 at 10:35AM, S7Receptionist indicated the residents were only allowed to smoke from 7:00AM to 7:00PM, and a security guard sat at the back door of the facility to ensure no resident was able to go outside to smoke after 7:00PM. In an interview on 01/30/2025 at 3:40PM, S8Certified Nursing Assistant (CNA)/Receptionist indicated residents were only allowed to go outside to smoke from 7:00AM to 7:00PM. S8CNA/Receptionist further indicated that she did not let residents go outside to smoke after 7:00PM and diverted the residents away from the door to the smoking area, even if the residents were identified as safe smokers. In an interview on 01/29/2025 at 3:09PM, S2Director of Nursing indicated the facility's smoking hours were only from 7:00AM to 7:00PM. In an interview on 01/29/2025 at 3:13PM, S1Administrator indicated the facility's smoking times were from 7:00AM to 7:00PM. S1Administrator acknowledged the facility's security guard/staff should not be stopping residents from going outside to smoke after 7:00PM and before 7:00AM.

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F 0563 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to receive visitors of his or her choosing, at the time of his or her choosing. 47081 Based on interviews and record review, the facility failed to allow residents unrestricted visitation. Findings: Review of the facility's undated visitation policy and procedure, revealed, in part, residents and families are encouraged to have visitors between the hours of 8:00AM and 8:00PM. Further review revealed exceptions to these hours must be cleared by the Administrator and/or Director of Nursing. There was no documented evidence, and the facility was unable to present any documented evidence, the limitations placed on the residents' right to visitation was based on a clinical or safety concern. In an interview on 01/28/2025 at 10:10AM, Resident #37 indicated residents were not allowed to have visitors after 8:00PM. In an interview on 01/29/2025 at 11:00AM, S7Receptionist indicated the facility's visiting hours were from 8:00AM to 8:00PM. S7Receptionist further indicated residents are not allowed visitors before 8:00AM or after 8:00PM. In an interview on 01/29/2025 at 3:40PM, S8Certified Nursing Assistant (CNA)/Receptionist confirmed visitors were not allowed to enter the facility between the hours of 8:00PM and 8:00AM. S8CNA/Receptionist further indicated there were no exceptions to the visitor's policy. In an interview on 01/30/2025 at 1:45PM, S1Administrator indicated residents should be allowed unrestricted visitation.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47487 Based on record review and interviews, the facility failed to ensure a resident's code status documented in the resident's medical record was consistent with the resident's wishes for 1 (Resident #81) of 25 (Resident #1, Resident #3, Resident #4, Resident #8, Resident #11, Resident #12, Resident #15, Resident #24, Resident #26, Resident #31, Resident #32, Resident #33, Resident #38, Resident #45, Resident #51, Resident #55, Resident #56, Resident #59, Resident #61, Resident #70, Resident #73, Resident #75, Resident #76, Resident #78, Resident #81) sampled residents included in the initial pool. Findings: Review of Resident #81's chart/medical record revealed a notification signed and dated on [DATE] which indicated Resident #81's wished to be a Full Code (which indicated in the event she no pulse or no breath, medical interventions would take place). Review of Resident #81's Electronic Medical Record (EMR) revealed, in part, Resident #81's code status was Do Not Resuscitate ([DNR] code status that instructed a healthcare provider not to perform cardiopulmonary resuscitation ([CPR] an emergency procedure that combines chest compressions and rescue breathing to keep blood circulating) and if a resident's heart stopped beating or a resident stopped breathing). Review of Resident #81's [DATE] physician's orders revealed, in part, an order dated [DATE] which indicated Resident #81's code status was DNR. Review of Resident #81's care plan, created on [DATE] revealed, in part, Resident #81's code status was DNR. Further review revealed Resident #81's advance directive would be followed according to the resident's wishes. In an interview on [DATE] at 9:49AM, S11Licensed Practical Nurse (LPN) indicated she would use a resident's chart/medical record to verify their code status in the event of an emergency. S11LPN confirmed per Resident #81's chart/medical record, Resident #81's code status was Full Code, and she would perform CPR on her in the event of an emergency. S11LPN further acknowledged Resident #81's EMR indicated Resident #81's code status was DNR. S11LPN further indicated there should not have been a discrepancy in Resident #81's code status. In an interview on [DATE] at 9:54AM, S2Director of Nursing (DON) indicated the facility's staff could use both the resident's chart/medical record and the resident's EMR to verify a resident's code status. S2DON further confirmed Resident #81's code status in her chart/medical record was Full Code as of [DATE], but a physician's order for Resident #81 to have a DNR code status was entered into Resident #81's EMR on [DATE]. S2DON further indicated there should not be a discrepancy in Resident #81's code status.

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081 Based on interviews and record reviews, the facility failed to ensure the Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNFABN), Form Centers for Medicare and Medicaid Services (CMS)-10055 and/or the Notice of Medicare Non-Coverage (NOMNC) Form (CMS-10123) notices were given, explained, and/or signed by residents prior to the discontinuation of Medicare Part A services (short term skilled nursing care and/or rehabilitation) for 3 (Resident #62, Resident #68, Resident #234) of 3 (Resident #62, Resident #68, Resident #234) sampled residents reviewed for termination of Medicare Part A services. Findings: Resident #62 Review of Resident #62's medical record revealed, in part, Resident #62 was admitted to the facility on [DATE]. Review of Resident #62's Skilled Nursing Facility Beneficiary Protection Notification Review, Form CMS-20052, completed by the facility, revealed, in part, Resident #62's last day of Medicare Part A Services was on 07/29/2024. Review of Resident #62's NOMNC Form CMS-10123 revealed, in part, there was no documented evidence, and the facility was unable to present any documented evidence, Resident #62 received a copy, was explained, and/or signed Form CMS-10123 prior to Medicare Part A services being terminated by the facility on 07/29/2024. In an interview on 01/28/2025 at 1:00PM, S1Administrator confirmed the facility could not provide any documented evidence NOMNC Form CMS-10123 was explained to and signed by Resident #62 or Resident #62's responsible party (RP) and should have been. S1Administrator further indicated SNFABN Form CMS-10055 was signed by Resident #62's RP inadvertently without the facility explaining the SNFABN Form CMS-10055. Resident #68 Review of Resident #68's medical record revealed, in part, Resident #68 was admitted to the facility on [DATE]. Review of Resident #68's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/20/2024 revealed, in part, Resident #68 had a Brief Interview for Mental Status (BIMS) score of 03, which indicated Resident #68 had severe cognitive impairment. Review of Resident #68's Skilled Nursing Facility Beneficiary Protection Notification Review, Form CMS-20052, completed by the facility, revealed, in part, Resident #68's last day of Medicare Part A Services was on 08/07/2024. (continued on next page)

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	195517	A. Building B. Wing	01/30/2025

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #68's NOMNC Form CMS-10123 revealed, in part, there was no documented evidence, and the facility was unable to present any documented evidence, Resident #68 received a copy, was explained, and/or signed Form CMS-10123 prior to Medicare Part A services being terminated by the facility on 08/07/2024. In an interview on 01/28/2025 at 1:00PM, S1Administrator confirmed the facility could not provide any documented evidence NOMNC Form CMS-10123 was explained to and signed by Resident #68 or Resident #68's responsible party (RP) and should have been. S1Administrator further indicated SNFABN Form CMS-10055 was signed by Resident #68 inadvertently without the facility explaining the SNFABN Form CMS-10055. Resident #234 Review of Resident #234's medical record revealed, in part, Resident #234 was admitted to the facility on [DATE]. Further review revealed Resident #234 was discharged home on 12/09/2024. Review of Resident #234's Skilled Nursing Facility Beneficiary Protection Notification Review, Form CMS-20052, completed by the facility, revealed, in part, Resident #234's last day of Medicare Part A Services was on 12/09/2024. Review of Resident #234's NOMNC Form CMS-10123 revealed, in part, there was no documented evidence, and the facility was unable to present any documented evidence, Resident #234 received a copy, was explained, and/or signed the CMS-10123 form prior to Medicare Part A services being terminated by the facility on 12/09/2024. In an interview on 01/28/2025 at 1:00PM, S1Administrator confirmed the facility could not provide any documented evidence the NOMNC Form CMS-10123 was acknowledged and signed by Resident #234 or Resident #234's responsible party (RP) and should have been.

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	195517	A. Building B. Wing	01/30/2025

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081 Based on observation, interviews, and record reviews the facility failed to conduct an accurate comprehensive assessment for 2 (Resident #61, Resident #75) of 2 (Resident #61, Resident #75) sampled residents reviewed for comprehensive dental status assessment. Findings: Resident #61 Review of Resident #61's medical record revealed, in part, Resident #61 was admitted to the facility on [DATE]. Review of Resident #61's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/27/2024 revealed, in part, A Brief Interview for Mental Status (BIMS) score of 11, which indicated moderate cognitive impairment. Further review revealed Resident #61 was assessed to have no oral and dental issues identified. Observation on 01/27/2025 at 11:12AM revealed Resident #61 had several upper and lower teeth missing. In an interview on 01/27/2025 at 11:15AM, Resident #61 indicated he was missing teeth when he was admitted to the facility. In an interview on 01/30/2025 at 1:30PM, S1Administrator could offer no explanation as to why the above mentioned MDS assessment was not accurate for Resident #61's dental status. Resident #75 Review of Resident #75's medical record revealed, in part, Resident #75 was admitted to the facility on [DATE]. Review of Resident #75's admission MDS with an ARD of 10/16/2024 revealed, in part, A BIMS score of 15, which indicated cognition was intact. Further review revealed Resident #75 was assessed to have no oral and dental issues identified. Observation on 01/27/2025 at 11:54AM revealed Resident #75 had several upper and lower teeth missing. In an interview on 01/27/2025 at 11:56AM, Resident #75 indicated he was missing teeth when he was admitted to the facility. In an interview on 01/30/2025 at 10:53AM, S13Licensed Practical Nurse (LPN) indicated Resident #75 was missing several upper and lower teeth when he was admitted to the facility in October 2024. (continued on next page)

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	195517	A. Building B. Wing	01/30/2025

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 01/30/2025 at 10:55AM, S12LPN confirmed Resident #75 was missing several upper and lower teeth when he was admitted to the facility in October 2024. In an interview on 01/30/2025 at 1:30PM, S1Administrator could offer no explanation as to why the above mentioned MDS assessment was not accurate for Resident #75's dental status.

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	195517	A. Building B. Wing	01/30/2025

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 42708 Based on record review and interviews, the facility failed to provide documentation of a resident's Level II Pre-Admission Screening and Resident Review (PASARR) for 1 (Resident #8) of 3 (Resident #8, Resident #59, Resident #70) sampled residents reviewed for PASARR. Findings: Review of Resident #8's medical record revealed, in part, Resident #8 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Schizophrenia, Bipolar Disorder and Unspecified Dementia on 02/15/2022. Review of Resident #8's Form 142 revealed Resident #8 was approved by the Office of Behavioral Health Level II Appointing Authority for admission for the time period of 11/08/2024 through 11/07/2025. There was no documented evidence and the facility was unable to present any documented evidence, that the facility had received, reviewed and/or maintained Resident #8's Level II PASARR which was completed by the Office of Behavioral Health. In an interview on 01/30/2025 at 1:45PM, S3SocialServices acknowledged Resident #8's Level II PASSAR documentation was not maintained in her medical and it should have been. In an interview on 01/30/2025 at 2:35PM, S1Administrator acknowledged Resident #8's Level II PASSAR documentation was not maintained in her medical record and it should have been.

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	195517	A. Building B. Wing	01/30/2025

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081 Based on observation, interviews, and record reviews, the facility failed to ensure safe smoking interventions were carried out for a resident identified by the facility as being an unsafe smoker for 1 (Resident #45) of 3 (Resident #26, Resident #32, Resident #45) sampled residents reviewed for safe smoking. Findings: Review of the facility's Unsafe Smoker List revealed, in part, Resident #45 was listed as being an unsafe smoker. Review of Resident #45's medical record revealed, in part, Resident #45 was admitted to the facility on [DATE] with diagnoses, in part, of vascular dementia, tremors, and epilepsy. Review of Resident #45's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/18/2024 revealed, in part, Resident #45 had a Brief Interview for Mental Status (BIMS) score of 03 which revealed Resident #45 had severe cognitive impairment. Review of Resident #45's Care Plan with a start date of 12/04/2025 and a review date of 04/01/2025 revealed, in part, a care plan for unsafe smoking with interventions which included Resident #45 required supervision while smoking and Resident #45 would obtain smoking supplies from the smoke aide. Observation on 01/29/2025 at 12:44PM revealed S6Smoking Aide was sitting down approximately 10 to 15 feet away from Resident #45 and Resident #45's back was turned toward S6Smoking Aide. Observation on 01/29/2025 at 12:45PM revealed Resident #45 was given a cigarette to smoke by Resident #34 and Resident #15 lit Resident #45's cigarette with a lighter. Further observation revealed Resident #45 was facing away from S6Smoking Aide with the lit cigarette. In an interview on 01/29/2025 at 12:46PM, S6Smoking Aide confirmed Resident #45 was an unsafe smoker. S6Smoking Aide further indicated he did not witness how Resident #45 obtained a lit cigarette. In an interview on 01/30/2025 at 9:40AM, S10Certified Nursing Assistant (CNA) confirmed Resident #45 was an unsafe smoker. S10CNA further indicated Resident #45 must be directly visualized while smoking. In an interview on 01/30/2025 at 2:00PM, S1Administrator indicated the smoking attendant on duty should be able to visualize unsafe smokers smoking to ensure they were not exhibiting any unsafe behaviors. S1Administrator further indicated unsafe smokers should not be allowed to obtain smoking material from other residents.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. 47487 Based on interview and record reviews, the facility failed to ensure: 1. A resident's dialysis access site was assessed and vital signs were obtained upon the resident's return from dialysis (Resident #32); and, 2. The facility communicated with a resident's dialysis center regarding the residents condition (Resident #32) This deficient practice was identified for 1 (Resident #32) of 1 (Resident #32) sampled residents reviewed for dialysis. Findings: Review of Resident #32's January 2025 physician's orders revealed, in part, an order dated 12/11/2024 for Resident #32 to attend dialysis every Tuesday, Thursday, and Saturday, and to obtain post dialysis vital signs of blood pressure, pulse, respirations, and temperature. Review of Resident #32's dialysis communication sheets revealed, in part: -No documented evidence the facility communicated with the dialysis center on 12/03/2024; -No documented evidence Resident #32's dialysis access site was assessed or Resident #32's vital signs were obtained after he returned from dialysis on 12/05/2024; -No documented evidence the facility communicated with the dialysis center on 12/10/2024; -No documented evidence Resident #32's dialysis access site was assessed or Resident #32's vital signs were obtained after he returned from dialysis on 12/12/2024; -No documented evidence Resident #32's dialysis access site was assessed or Resident #32's vital signs were obtained after he returned from dialysis on 12/17/2024; -No documented evidence Resident #32's dialysis access site was assessed or Resident #32's vital signs were obtained after he returned from dialysis on 12/28/2024; -No documented evidence Resident #32's dialysis access site was assessed or Resident #32's vital signs were obtained after he returned from dialysis on 12/30/2024; -No documented evidence Resident #32's dialysis access site was assessed or Resident #32's vital signs were obtained after he returned from dialysis on 01/02/2025; -No documented evidence Resident #32's dialysis access site was assessed after he returned from dialysis on 01/07/2025; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195517	A. Building B. Wing	01/30/2025

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-No documented evidence Resident #32's dialysis access site was assessed after he returned from dialysis on 01/09/2025; -No documented evidence the facility communicated with the dialysis center on 01/14/2025; -No documented evidence Resident #32's vital signs were obtained after he returned from dialysis on 01/16/2025; -No documented evidence Resident #32's dialysis access site was assessed or Resident #32's vital signs were obtained after he returned from dialysis on 01/18/2025; -No documented evidence Resident #32's dialysis access site was assessed or Resident #32's vital signs were obtained after he returned from dialysis on 01/20/2025; - No documented evidence Resident #32's dialysis access site was assessed after he returned from dialysis on 01/24/2025; and, -No documented evidence Resident #32's vital signs were obtained after he returned from dialysis on 01/28/2025. In an interview on 01/27/2025 at 10:30AM, Resident #32 indicated the facility's staff does not check his dialysis access site when he returned to the facility from the dialysis center. In an interview on 01/28/2025 at 2:00PM, Resident #32 indicated he had returned from dialysis around 12:00PM today. Resident #32 further indicated no staff member had taken his vital signs since he returned to the facility. In an interview on 01/28/2025 at 2:15PM, S11Licensed Practical Nurse (LPN) indicated she had not obtained Resident #32's vital signs when he returned to the facility from dialysis today (01/28/2025). S11LPN further indicated the vital signs documented at the bottom of the dialysis communication sheets were from when Resident #32 left to go to dialysis. In an interview on 01/29/2025 at 3:09PM, S2Director of Nursing (DON) indicated it was the facility's process to use the dialysis communication sheets to communicate with a resident's dialysis center. S2DON further indicated staff should have been assessing Resident #32's dialysis access site and obtaining Resident #32's vital signs upon his return from dialysis, and documenting all of this information on the dialysis communication sheets.

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	195517	A. Building B. Wing	01/30/2025

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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. 47487 Based on interview and record reviews, the facility failed to ensure a resident's psychotropic medication was not ordered on an as needed basis for greater than 14 days for 1 (Resident #55) of 5 (Resident #1, Resident #15, Resident #33, Resident #55, Resident #70) sampled residents reviewed for unnecessary medications. Findings: Review of Resident #55's January 2025 physician's orders revealed, in part, an order dated 09/28/2024 for Resident #55 to be administered 1 tablet of Lorazepam (a psychotropic medication used to treat anxiety) 0.5 milligrams (mg) every eight hours as needed. There was no documented evidence, and the provider did not present any documented evidence, Resident #55's physician gave a clinical rational for continuation, or provided a duration of Resident #55's order dated 09/28/2024 to administer Resident #55 1 tablet of Lorazepam 0.5 mg every eight hours as needed. In an interview on 01/30/2025 at 1:00PM, S2Director of Nursing indicated the facility should have clarified a duration and clarified the physician's rational for the continuation of Resident #55's order for 1 tablet of Lorazepam 0.5 mg every eight hours as needed.

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	195517	A. Building B. Wing	01/30/2025

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47487 Based on interviews and observation, the facility failed to ensure: 1. Opened insulin pens were labeled with the date the pen was opened; and, 2. Expired insulin pens were not available for resident use. This deficient practice was identified for 1 (Medication Cart a) of 2 (Medication Cart a, Medication Cart b) medication carts reviewed for the storage of medications. Findings: Observation of Medication Cart a on [DATE] at 12:44PM revealed: -Resident #10's open Humulin R insulin pen (a medication used to lower blood sugar) had an opened date of [DATE]; -Resident #36's open Humulin R insulin pen had an opened date of [DATE]; -Resident #36's open Lantus insulin pen (a long acting medication used to lower blood sugar) had an opened date of [DATE]; -Resident #40's open Novolog insulin pen (a medication used to lower blood sugar) had an opened date of [DATE]; and, -Resident #40's open Humulin ,d+[DATE] vial (a medication used to lower blood sugar) was not dated with an opened date. In an interview on [DATE] at 12:46PM, S16Licensed Practical Nurse (LPN) confirmed Resident #40's Humulin ,d+[DATE] was opened and not dated. S16PN further indicated the facility's policy was that insulin should be discarded 30 days after it was opened and not available for resident use. S15LPN further confirmed the above mentioned medications were opened over 30 days ago. In an interview on [DATE] at 11:28AM, S2Director of Nursing indicated the nurses should dispose of insulin 28 days after it was opened, and all insulin should be labeled with the date it was opened.

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F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47487 Based on interview and record reviews, the facility failed to ensure a physician was notified laboratory tests were not completed as ordered for 1 (Resident #55) of 1 (Resident #55) sampled resident reviewed for laboratory services. Findings: Review of Resident #55's pharmaceutical consultant report dated 12/10/2024 revealed, in part, a recommendation for a Complete Blood Count ([CBC] a commonly ordered blood test that measured several blood components to evaluate a person's overall health and detect a wide range of disorders) to be completed on Resident #55 every 6 months. Review of Resident #55's January 2025 physician's orders revealed, in part, an order dated 01/03/2025 to complete a CBC for Resident #55 every 6 months beginning 01/07/2025. Review of Resident #55's chart/medical record and Electronic Medical Record (EMR) revealed no documented evidence, and the facility did not present any documented evidence, a CBC was completed in January 2025 as ordered for Resident #55. Review of Resident #55's laboratory results dated [DATE] revealed, in part, Resident #55's CBC was not completed due to the laboratory being unable to obtain a blood specimen. Further review revealed no documented evidence Resident #55's CBC was completed. Review of Resident #55's laboratory results dated [DATE] revealed, in part, Resident #55's CBC was not completed due to the laboratory being unable to obtain a blood specimen. Further review revealed no documented evidence Resident #55's CBC was completed. There was no documented evidence, and the facility did not present any documented evidence, Resident #55's physician was notified a CBC was not completed for Resident #55 as ordered. In an interview on 01/30/2025 at 1:00PM, S2Director of Nursing indicated if Resident #55's CBC was not completed, the physician should have been notified, and the facility should have documentation of the physician's notification.

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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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081 Based on observation, interviews, and record review, the facility failed to ensure residents received dental services for 2 (Resident #61, Resident #75) of 2 (Resident #61, Resident #75) sampled residents reviewed for dental services. Findings: Review of the facility's undated Dentist policy and procedure revealed, in part, the facility will ensure residents are seen by the dentist as needed. Further review revealed the facility will assure the dental needs of the resident were met. Resident #61 Observation on 01/27/2025 at 11:12AM revealed Resident #61 was missing several upper and lower teeth. In an interview on 01/27/2025 at 11:15AM, Resident #61 indicated he wanted to see the dentist. Resident #61 further indicated he did not have dentures, but wanted them. Review of Resident #61's medical record revealed, in part, Resident #61 was admitted to the facility on [DATE]. Further review revealed there was no documented evidence, and the provider could not provide any documented evidence, Resident #61 was evaluated for dental services since admit. Review of the facility's resident dental treatment schedule dated 12/05/2024 revealed, in part, Resident #61 was not listed on the schedule to receive dental services. In an interview on 01/28/2025 at 1:00PM, S3Social Services confirmed Resident #61 had not been evaluated by dental services and could not explain why. In an interview on 01/30/2025 at 1:30PM, S1Administrator could not provide a reason Resident #61 was not evaluated for dental services since admit. Resident #75 Observation on 01/27/2025 at 11:54 AM revealed Resident #75 was missing several upper and lower teeth. In an interview on 01/27/2025 at 11:56AM, Resident #75 indicated he was missing teeth when he was admitted to the facility. Resident #75 further indicated he had not seen a dentist since arriving at the facility and would like to. Resident #75 further indicated he did not have dentures, but wants them. Review of Resident #75's medical record revealed, in part, Resident #75 was admitted to the facility on [DATE]. Further review revealed there was no documented evidence, and the provider could not provide any documented evidence, Resident #75 was evaluated for dental services since admit. (continued on next page)

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's resident dental treatment schedule dated 12/05/2024 revealed, in part, Resident #75 was not listed on the schedule for dental services. In an interview on 01/28/2025 at 1:00PM, S3Social Services confirmed Resident #75 had not been evaluated by dental services since admission and could not explain why. In an interview on 01/30/2025 at 1:30PM, S1Administrator could not provide a reason Resident #75 was not evaluated for dental services since admission.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. 34060 Based on observations and interviews, the facility failed to ensure the facility's dumpster was maintained in a sanitary manner. Findings: Observation on 01/28/2025 at 10:35AM revealed the facility's dumpster was missing a lid and open to air. Further observation revealed loose trash was on the ground around the dumpster. Observation on 01/28/2025 at 12:40PM revealed the facility's dumpster was missing a lid and open to air. Further observation revealed loose trash was on the ground around the dumpster. In an interview on 01/28/2025 at 12:48PM, S4Dietary Manager indicated she was aware the dumpster's right side lid was missing, and it should not have been. In an interview on 01/30/2025 at 11:46AM, S1Administrator indicated the facility's dumpster's right side lid was missing, and the trash should have been contained. S1Administrator further indicated the facility's dumpster and the area around the dumpster was not maintained in a sanitary manner, and it should have been.

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081 Based on interview and record review the facility failed to ensure the facility assessment included active involvement from direct care staff, residents, and residents' representatives in its development. Findings: Review of the facility's facility assessment dated [DATE] revealed, in part, there was no documented evidence direct care staff including a Licensed Practical Nurse (LPN) and a Certified Nursing Assistant (CNA) were involved in the development of the facility's facility assessment. Further review revealed there was no documented evidence a resident and/or a resident representative was involved in the development of the facility's facility assessment. In an interview on 01/30/2025 at 1:00PM, S1Administrator confirmed the facility could not present any documented evidence direct care staff, residents, and residents' representatives were involved in the development of the facility's facility assessment dated [DATE].

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. 49259 Based on record review and interview, the facility failed to administer the pneumococcal (a bacterial infection caused by Streptococcus pneumonia bacterial) vaccine for 2 (Resident #43, Resident #81) of 5 (Resident #30, Resident #43, Resident #77, Resident #80, Resident #81) sampled residents investigated for pneumococcal vaccines. Findings: Resident #43 Review of Resident #43's vaccine consent form revealed Resident #43 signed a consent to receive the pneumococcal vaccine on 04/05/2024. There was no documented evidence and the facility did not present documented evidence the pneumococcal vaccine was medically contraindicated for Resident #43 or that the pneumococcal vaccine was administered to Resident #43 as per the consent signed on 04/05/2024. In an interview on 1/30/2025 at 9:16AM, S1Administrator confirmed the consent for the pneumococcal vaccine was signed for Resident #43, but there was no documented evidence the pneumococcal vaccine was medically contraindicated for Resident #43 or administered to Resident #43. Resident #81 Review of Resident #81's vaccine consent form revealed Resident #81's responsible party signed a consent for Resident #81 to receive the pneumococcal vaccine on 10/11/2024. There was no documented evidence and the facility did not present documented evidence the pneumococcal vaccine was medically contraindicated for Resident #81 or that the pneumococcal vaccine was administered to Resident #81 as per the consent signed on 10/11/2024. In an interview on 01/30/2025 at 9:15AM, S1Administrator confirmed the consent for the pneumococcal vaccine was signed for Resident #81, but there was no documented evidence the pneumococcal vaccine was medically contraindicated for Resident #81 or administered to Resident #81.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. 49259 Based on record review and interview, the facility failed to ensure the COVID-19 (an infectious disease caused by the SARS-CoV-2 virus) vaccine was administered for 1 (Resident #81) of 5 (Resident #30, Resident #43, Resident #70, Resident #80, Resident #81) sampled residents investigated for COVID-19 vaccines. Findings: Review of Resident #81's vaccine consent revealed Resident #81's responsible party signed a consent for Resident #81 to receive the COVID-19 vaccine on 10/11/2024. There was no documented evidence and the facility did not present documented evidence the COVID-19 vaccine was medically contraindicated for Resident #81 or that the COVID-19 vaccine was administered as per the consent signed on 10/11/2024. In an interview on 01/30/2025 at 9:15AM, S1Administrator confirmed the consent for the COVID-19 vaccine was signed by Resident #81's responsible party, but there was no documented evidence the COVID-19 vaccine was medically contraindicated or administered to Resident #81.