STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195578	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Evangeline Oaks Guest House		STREET ADDRESS, CITY, STATE, ZIP CODE 240 Arceneaux Road Carencro, LA 70520	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41419 Based on record reviews, observations, and interviews, the facility failed to treat each resident with respect and dignity in a manner that promoted maintenance or enhancement of his or her quality of life by failing to address the resident by her name for 1 (#11) of 2 (#11, #74) sampled residents reviewed for dignity. Findings: Review of the facilities document Quality of Life - Dignity read in part .1. Residents are treated with dignity and respect at all times .7. Staff speak respectfully to resident at all times, including addressing by his or her name of choice and not labeling. Resident #11 Review of the medical record for Resident #11 revealed the resident was admitted on [DATE] with diagnoses including Bipolar disorder, Chronic kidney disease, stage 4, and Type 2 diabetes mellitus. Review of the resident's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident's Brief Interview for Mental Status (BIMS) score was 06, indicating severe cognitive impairment. Review of the resident's care plan dated 03/04/2024 read in part .approach resident warmly and positively and in a calm manner. On 05/21/2024 at 8:30 a.m., while making observation rounds on Hall A, Resident #11 was heard asking S8CNA (Certified Nursing Assistant) for some ice. 8CNA stated I'm busy girl. On 05/21/2024 at 8:31 a.m., an interview was conducted with the Resident #11 who confirmed that when she asked S8CNA for some ice, she stated I'm busy girl. Resident #11 stated that she did not like to be called girl. She added that she was a grown woman and she was [AGE] years old. She stated that she would like for the staff to call her by her name. On 05/21/2024 at 8:45 a.m., an interview was conducted with S8CNA who denied speaking to the resident in a disrespectful way. (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	On 05/22/2024 at 7:30 a.m., an interview was conducted with S2DON who stated the facility's goal was to make the residents feel valued and care for. She added that residents should be treated with dignity and respect at all times. She confirmed that the resident should not have been addressed as girl.

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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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to organize and participate in resident/family groups in the facility. 41419 Based on review of the resident council minute meetings and interviews, the facility failed to organize resident group meetings in the facility monthly. This deficient practice had the potential to affect 95 residents residing in the facility. Findings: Review of the facility Resident Council Meeting Binder revealed on January 2024 and February 2024 Resident Council Meetings were held. Further review of the binder failed to provide further meetings for March 2024 or April 2024. On 05/21/2024 at 9:30 a.m. an interview was conducted with the Resident #56, who was the Resident Council President, and three other residents (Resident #6, #10, #301) who attended the meeting for resident council review. They verbalized that the facility had not been conducting resident council meetings monthly. On 05/21/2024 at 10:15 a.m., an interview was conducted with S10AD (Activity Director) who stated she had been conducting monthly meetings. S10AD was not able to provide documentation that resident council meetings were being conducted monthly.

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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 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure residents have reasonable access to and privacy in their use of communication methods. 41419 Based on record review and interviews, the facility failed to ensure residents received mail on Saturdays. This had the potential to affect 95 residents residing in the facility. Findings: Review of the facility's policy titled, Mail and Electronic Communication revealed the following: Policy Interpretation and Implementation: 4. Mail and packages will be delivered to the resident within twenty-four (24) hours of delivery on premises or to the facility's post office box. 5. The resident's out-going mail will be picked up by postal carriers and/or delivered to the postal service within twenty-four (24) hours of deposit of such mail with the facility, except when there is no regularly scheduled postal delivery and pick-up service. (no pickup/delivery on Saturdays, Sundays and holidays). Review of a document dated 05/21/2024 read in part .this is to attest that the facility does not receive mail from the post office on Saturdays or Sundays, and signed per S1ADM (Administrator). On 05/21/2024 at 9:35 a.m., during the resident council meeting, Resident #301 voiced concerns of not receiving mail on Saturdays. Resident #301 stated residents did not receive mail on Saturdays because S13BO (Business Office) did not work on the weekends. On 05/21/2024 at 10:25 a.m., an interview was conducted with S13BO. She stated the office was closed on weekends and weekend staff did not have a key to the office to retrieve the mail. She stated S10AD (Activity Director) distributed the weekend mail to residents on Mondays. On 05/21/2024 at 10:35 a.m., an interview was conducted with S2DON (Director of Nursing) who stated that she was not aware how the mailed delivery worked on Saturdays since the office was closed on the weekends. On 05/21/2024 at 10:59 a.m., the local post office was called. The postal employee stated someone called and asked that the mail for the nursing home's address not be delivered on the weekends. The postal employee was not able to confirm how long this had been in effect or who put this hold on the weekend mail.

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	195578	A. Building B. Wing	05/22/2024

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Evangeline Oaks Guest House	240 Arceneaux Road Carencro, LA 70520

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47965 Based on observation and interview, the facility failed to provide a homelike environment for 1 (#13) out of 3 (#13, #37, #62) residents investigated for environment, out of a total sample of 34 residents. Findings: On 05/22/2024 a review of the facility's policy titled, Homelike Environment with a review date of 01/01/2024 read in part, Residents are provided with a safe, clean, comfortable and homelike environment . Resident #13 was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, Chronic Pain and Acquired Absence of Right Leg Above Knee. Review of Resident #13's MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 03/13/2024 revealed he had a BIMS (Brief Interview for Mental Status) of 15, indicating his cognition was intact. On 05/20/2024 at 10:15 a.m., an observation and interview was conducted with Resident #13. The ceiling across from the resident's bed was cracked, peeling, and hanging. The resident stated the ceiling had been like that since his admission to the facility. On 05/20/2024 at 2:23 p.m., an interview and observation of the resident's ceiling was conducted with S18MNT (Maintenance). He confirmed the ceiling in the resident's room was in disrepair. S18MNT stated that he was not aware of ceilings being checked in the facility. On 05/22/2024 at 8:35 a.m., an interview and review of the facility's maintenance log was conducted with S19MNTSup (Maintenance supervisor). He stated that he checked only the call lights and beds on maintenance rounds, but had never checked anything else in the facility. Review of the maintenance log revealed that only beds and call lights were being checked.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44269 Based on record review and interview, the facility failed to ensure the resident's Minimum Data Set (MDS) assessment accurately reflected the status of 2 (#63) and (#89) out of 34 sampled residents by failing to ensure that: 1. Resident #63 was coded correctly for medications received; and 2. Resident #89 was coded correctly for use of a restraint. Findings: Resident #63 Review of Resident #63's quarterly MDS assessment with an ARD (Assessment Reference Date) of 04/17/2024 revealed the resident was admitted to facility on 01/06/2023 and was coded as having received an injectable medication for one day. Review of the resident's April 2024 eMAR (electronic Medication Administration Record) revealed there was no injectable medication administered for the entire month of April 2024. On 05/22/2024 at 3:19 p.m., an interview and review of Resident #63's quarterly MDS assessment dated [DATE] was conducted with S15MDSC (Minimum Data Set Coordinator). She was unable to recall which injectable medication the resident had received. S15MDSC reviewed the resident's April 2024 eMAR to verify. S15MDSC verified there was no evidence that the resident received an injection and confirmed the quarterly assessment with an ARD of 04/17/2024 was not accurate. 49134 Resident #89 Review of Resident #89's EMR (Electronic Medical Record) revealed an admitted [DATE] with diagnoses that included Alzheimer's Disease, Congested Heart Failure, Non-traumatic Subdural Hemorrhage, Pain, Muscle Weakness. Review of the Resident #89's MAR (Medication Administration Record) for May 2024 revealed lap tray in place. Monitor Q (every) shift. Release every 2 hours. Review of the Resident #89 active physician orders dated 02/22/2024 revealed lap tray in place. Monitor Q (every) shift. Review of the Resident #89's Care Plan revealed; Potential for functional decline related to use of a restraint. Lap tray in place for poor trunk control. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Resident #89's Pre-Restraint Use Evaluation dated 02/22/2024 revealed After further review by the Interdisciplinary Team, the following recommendations were made: Resident with poor trunk control while sitting in wheelchair .Per hospice direction (RP (responsible party) consented), will attempt lap tray . Will monitor for safety and tolerance. Review of the Resident #89's Quarterly MDS (Minimum Data Set) dated 05/15/2024 revealed under Section P-Restraints, the resident was not coded for the use of any restraints. On 05/21/2024 at 8:36 a.m., an observation was made of Resident #89 sitting at feeder table in wheelchair with lap tray in place. On 05/21/2024 at 8:36 a.m., an observation was made of Resident #89 sitting in at nurse's station in GeriChair with lap tray in place. On 05/21/2024 at 8:36 a.m., an observation was made of Resident #89 eating at feeder table in wheelchair with lap tray in place. On 05/22/2024 at 1:20 p.m., an interview was conducted with S5MDSC (Minimal Data Set Coordinator). S5MDSC confirmed Resident #89 had a lap tray restraint in place for poor trunk control. She reviewed the Quarterly MDS dated [DATE] Section P-Restraints, and confirmed the resident was not coded for use of any restraints and should have been.

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41419 Based on observations, interviews and record reviews, the facility failed to implement a person-centered care plan by failing to: 1. Ensure staff repositioned Resident #198 every 2 hours and provided a notebook and pen so she could make her needs known; and 2. Monitor padding on Resident #82's bedframe. Findings: Resident #198 Review of facility document titled Repositioning dated 01/01/2024 read in part: General Guidelines: 1. Repositioning is a common, effective intervention for preventing skin breakdown, promoting circulation, and providing pressure relief. 3. Repositioning is critical for a resident who is immobile or dependent upon staff for repositioning. Resident #198 was admitted to the facility on [DATE] with a diagnoses including Acute kidney failure, Adult failure to thrive, Pneumonia, Cerebrovascular accident, and Major depressive disorder. Review of the resident's care plan with a start date of 05/16/2024 revealed that she was at risk for skin impairment related to Gastro tube. Intervention - turned and repositioned every two hours while in bed. Difficulty making self-understood related to altered speech pattern due to Cerebrovascular accident. Intervention - provide notebook and pen as alternate means of communication, and provide communication board if needed. On 05/20/2024 at 9:00 a.m., Resident #198 was observed in bed lying on her right side. Resident was awake and alert, gesturing with her hands. No communication board or notebook and pen were observed at the bedside. A second observation was conducted at 11:35 p.m. and the resident observed in bed lying on right side. On 05/20/2024 at 12:43 p.m., another observation was conducted, and Resident #198 was observed on her left side. A second observation was conducted at 3:00 p.m., the resident was observed on her left side. On 05/20/2024 at 12:28 p.m., an observation and immediate interview was conducted with S7LPN (Licensed Practical Nurse) who confirmed that the resident should have been turned on her left side. Further observation did not reveal a notebook and pen or communication board. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/21/2024 at 2:28 p.m., an observation was conducted in the Resident #198's room with S9LPN an S8CNA (Certified Nursing Assistant). The resident was observed moving her arms and hands about, and moving her lips as if she was trying to speak. S9LPN stated I don't know what you want. I can't understand you. No communication board or notebook and pen were observed in resident's room. S9LPN stated she was not aware that the resident was supposed to have a notebook and pen or communication board. On 05/21/2024 at 2:31 p.m., an interview was conducted with S12SS (Social Services) stated that she used a notebook and pen when she communicate with Resident #198. She stated that she bring her own paper and pen, and confirmed that the Resident should have had a communication board or notebook and pen in her room so that could make her needs known. S12SS stated that she was responsible for ensuring that the resident had a way to communicate with the staff. 49134 Resident #82 Review of Resident #82's EMR (Electronic Medical Record) revealed she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Alzheimer's Disease with late onset, Repeated falls, Laceration without foreign body, Hyperlipidemia, Delirium, Hypertension, Aphasia, Anxiety, Osteoarthritis, Depression, Osteoporosis, and Psychosis. Review of Resident #82's physician's orders revealed an order entry with a start date of 04/29/2024 read: Padding on right and left side of bedframe for safety, monitor intact every shift. Review of Resident #82's May 2024 MAR (Medication Administration Record) revealed the following order dated 04/29/2024: Padding on right and left side of bedframe for safety, monitor intact every shift. On 05/20/2024 at 9:00 a.m., an observation was made of Resident #82's room. Padding was on the floor and not attached on the right or left side of bedframe. On 05/20/2024 at 11:30 a.m., a second observation was made of Resident #82's room. Padding was on the floor and not attached on the right or left side of bedframe. On 05/21/2024 at 10:00 a.m., an interview and observation of Resident #82's room was conducted with S17LPN (Licensed Practical Nurse). S17LPN confirmed that the padding was not intact or attached on the right and left side of bedframe and should have been monitored every shift.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47965 Based on interviews and record review the facility failed to ensure that a resident and/or a resident's RP (Responsible Party) was invited to the resident's care planning meeting for 1 (#70) out of a total sample of 34 residents. This deficient practice had the potential to affect a census of 95. Findings: On 05/22/2024, a review of the facility's policy titled Care Planning-Interdisciplinary Team with a review date of 01/01/2024, read in part: Policy Statement. The Interdisciplinary team is responsible for the development of resident care plans. Policy Interpretation and Implementation .3. The resident and Resident Representative are encouraged to participate in the development of and revisions to the resident's care plan. 8. If it is determined that participation of the resident or representative is not practicable for the development of the care plan, an explanation is documented in the medical record. Resident # 70 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Hydronephrosis with Renal and Ureteral Calculous Obstruction, Obstructive and Reflux Uropathy, Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms, Chronic Kidney Disease, and Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms. A review of Resident #70's quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 04/24/2024 revealed he had a BIMS (Brief Interview for Mental Status) score of 14, suggesting his cognition was intact. On 05/20/2024 at 9:52 a.m., an interview was conducted with resident #70. The resident stated that his catheter had been in over a year. He stated that he had been asking the nurses why he still needed it, but the nurses hadn't been telling him anything. On 05/22/2024 at 11:30 a.m., an interview was conducted with Resident #70. The resident stated he had never been invited to a care plan meeting. He further stated that if he was invited he would have attended. 05/22/2024 at 11:54 a.m., an interview and review of resident's care plan review sign in sheet was conducted with S15MDSC (Minimum Data Set Coordinator). She stated they do not usually send an invitation to the residents for the care plan meeting, but they sent one to the RP. She stated that the CNAs (Certified Nursing Aides) usually tell the residents about the meetings, and if they refused to attend, a note is made in the note section of the meeting sign in sheet. A review of the sign in sheet for Resident #70 revealed only staff members signed in and the resident or RP were not listed. Further review revealed the note section on the sign in sheet was blank. 05/22/2024 at 2:37 p.m., an interview was conducted with Resident #70's RP. She stated that she had never received a letter from the facility inviting her to the care plan meeting to discuss the resident's care. She further stated she would have attended if she was invited.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41419 Based on record review, observations and interviews, the facility failed to ensure activities were provided based on the care plan for 1 (#198) of 1 residents investigated for activities out of a final sample of 34 residents. Findings: Review of Resident #198's record revealed she was admitted to the facility on [DATE] with diagnoses including: Major Depressive Disorder, Pneumonia, Cerebrovascular accident, and Adult failure to thrive. Review of Resident #198's plan of care revealed in part activities of choice - will encourage resident to participate in at least one activity per week. Intervention - find out resident's activity preferences; assist to activities as needed. On 05/22/2024 at 9:49 a.m., review of the activity director's binder for room visits did not reveal that Resident #198 had been seen or engaged in activates since her return from the hospital on 05/15/2024. On 05/20/2024 at 9:00 a.m., an observation was conducted in Resident #198's room. Resident #198 was observed awake and alert. No television or radio was on at that time. After exiting the resident's room, an observation of the facility chapel revealed a group of residents participating in reciting the rosary. On 05/22/2024 at 9:40 a.m., a second observation was made in the facility chapel revealed a group of residents reciting the rosary while other residents were observed watching TV in the television room. Resident #198 was observed in her room. On 05/22/2024 at 10:00 a.m., an interview was conducted with S12SS (Social Services) who confirmed that Resident #198 had not participated in activities since her return from the hospital. S12SS stated that staff had not been getting her up. She added that prior to the resident going into the hospital, the resident was always up and out of her room. On 05/22/2024 at 11:58 a.m., an interview was conducted with S10AD (Activity Director) who stated she was not aware of the resident's return from the hospital until the next day (05/16/2024) and confirmed they were not ensuring resident participated in activates.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47965 Based on observations, record review and interviews, the facility failed to provide appropriate treatment and care for 1(#70) of 3 (#30, #41, and #70) residents investigated for Urinary Catheter or UTI (Urinary Tract Infection) out of 34 sampled residents. Findings: On 05/22/2024, a review of the facility's policy titled Catheter Care, Urinary with a review date of 01/01/2024 read in part, Purpose. The purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections .Preparation 1. Review the resident's care plan to assess for any special needs of the resident. Resident # 70 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Hydronephrosis with Renal and Ureteral Calculous Obstruction, Obstructive and Reflux Uropathy, Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms, Chronic Kidney Disease, and Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms. A review of Resident #70's quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 04/24/2024 revealed he had a BIMS (Brief Interview for Mental Status) score of 14, suggesting his cognition was intact. A review of Resident #70's plan of care revealed a potential for UTI related to the presence of indwelling catheter. Further review revealed an intervention to tape catheter to thigh. On 05/21/2024 at 8:36 a.m., an observation was made of Resident #70 in his bed. His catheter bag was hung on the bed rail below his waist. The resident did not have tape or a leg strap securing the tubing to his thigh. On 05/22/2024 at 12:12 p.m., a second observation was made of the resident in his room. The resident was sitting up in his chair with his catheter collection bag in a privacy bag hung on the chair below his waist. The resident's catheter was not taped to his thigh. On 05/22/2024 at 12:20 p.m., an observation of Resident #70's catheter and interview was conducted with S14LPN (Licensed Practical Nurse). She confirmed that the resident's catheter was not taped to secure it to his leg. On 05/22/2024 at 12:27 a.m., an interview was conducted with S15MDS. She stated that all nurses have access to the care plan and are responsible for checking it to make sure that all interventions are implemented.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 41419 Based on observations, interviews, and record reviews, the facility failed to ensure that their medication error rate was less than five percent, by failing to administer medications at the right time for 2 (#51, #90) of 5 (#11, #51, #74, #83, #90,) residents observed during morning medication pass. There were 32 opportunities with 2 errors observed during medication pass with a calculated error rate of 6.25%. This deficient practice had the potential to affect a census of 95 residents. Findings: On 05/20/2024, a review of the facility's policy titled Medication Administration Schedule with a revision date of 01/01/2024, read in part: Policy Interpretation and Implementation: 3. Scheduled medications are administered within two (2) hours before or after their prescribed time. A review of the facility's medication pass schedule revealed Med Pass Times: .BID (twice a day): 8 a.m., and 8 p.m. On 05/20/2024 beginning at 9:50 a.m., an observation was made of S7LPN (Licensed Practical Nurse) during morning medication pass on Hall A. As she was preparing the resident's medications, the EMARs (Electronic Medical records) revealed the following residents' names highlighted in red which indicated the medications were being administered late: Resident #51: A review of current physician's orders revealed an order for Rivastigmine 6 mg (milligrams) two times a day at 8 am and 8 pm. A review of the medication audit report revealed on 05/20/2024, Rivastigmine 6 mg was administered by S7LPN at 10:20 a.m. Resident #90 A review of current physician's orders revealed an order for Gabapentin 100 mg. Give 1 tablet by mouth two times a day. A review of the medication audit report revealed that on 05/20/2024, Gabapentin 100 mg was administered by S7LPN at 10:27 a.m. On 05/13/2024 at 10:06 a.m., an interview was conducted with S7LPN who confirmed that the medications were being administered late. There were 32 opportunities with 2 errors observed during medication pass with a calculated error rate of 6. 25%.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49176 Based on review of policy and procedure, observations, and interviews, the facility failed to store food in accordance with professional standards by failing to follow appropriate food handling practices as evidenced by: 1. Expired foods observed in the kitchen's walk in cooler and dry storage area; 2. Opened food items not labeled with the date and time; and 3. Absent temperature logs for the kitchen's reach in cooler, walk in cooler, and walk in freezer for the week of [DATE]-[DATE]. This deficient practice had the potential to affect the 93 residents who consumed food from the kitchen. Findings: On [DATE], a review of the facility's policy titled, Refrigerators and Freezers, with a review date of [DATE], revealed in part, This facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitation and will observe food expirations guidelines. 7. Expiration dates on unopened food will be observed and use by dates are indicated once food is opened .8. Supervisors will be responsible for ensuring food items in pantry, refrigerators, and freezers are not expired or past perish dates . On [DATE], a review of the facility's policy titled, Food Receiving and Storage, with a review date of [DATE], revealed in part, Foods shall be received and stored in a manner that complies with safe food handling practices. 7.All foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date) .11. Functioning of the refrigeration and food temperatures will be monitored at designated intervals throughout the day by the Food Service Manager or designee and documented according to state-specific requirements. On [DATE] at 8:40 a.m., a tour of the facility's kitchen was conducted with S16DS (Dietary Supervisor), who stated she was responsible for the day to day management of the kitchen. On [DATE] at 9:00 a.m., an observation of the walk-in cooler was conducted with S16DS and revealed the following: 6 unopened containers of yogurt with an expiration date of [DATE]; and 3 unopened containers of orange jello with an expiration date of [DATE]. Further observation of the cooler revealed the following items were opened but were not labeled with the date and time that they were opened: 1. (1) large container or ranch dressing 2. (2) large containers of sliced jalapenos (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. (1) large container of sliced pickles 4. (1) large container of mayonnaise 5. (1) large container of sour cream 6. (1) large container of honey mustard 7. (1) bottle of lemon juice 8. (1) bottle of yellow mustard; and 9. (1) gallon of milk At this time, S16DS confirmed the food items were expired and should have been removed from the walk in cooler then discarded. She also confirmed the food items listed above were opened, not labeled with the date and time that they were opened, but should have been. On [DATE] at 9:08 a.m., an observation of the counter top was conducted with S16DS which revealed two squeeze bottles of grape jelly. Both bottles were opened, but were not labeled with the date and time that they were opened. S16DS confirmed the bottles of grape jelly were opened, but not labeled with the date and time that they were opened and should have been. On [DATE] at 9:20 a.m., an observation of the dry storage room was conducted with S16DS and revealed the following: 1. (1) plastic gallon bag with an opened bag of pasta dated [DATE] 2. (1) plastic gallon bag with an opened bag of chocolate cake mix dated [DATE] 3. (1) plastic gallon bag with an opened bag of bread crumbs dated [DATE] 4. (1) plastic gallon bag with an opened bag of taco seasoning dated [DATE]; and 5. (1) plastic opened container of peanut butter dated [DATE] At this time, S16DS confirmed the food items were expired and should have been discarded. On [DATE] at 10:12 a.m., an interview and review of the temperature log binder for the kitchen coolers and freezer was conducted with S16DS who stated temperatures for the reach in cooler, walk-in cooler and walk-in freezer were to be checked and logged daily. S16DS confirmed temperatures were not taken for the week of [DATE] - [DATE] and should have been.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 39826 Based on data review and interviews, the facility failed to ensure accurate payroll data information was submitted for direct care staffing as required. The facility's census was 95. Findings: Review of the facility's Payroll Base Journal (PBJ) Staffing Data Report 1705D Fiscal Year Quarter 1 2024 (October 1, 2023 - December 31, 2023) revealed the facility failed to submit staffing data that verified 8 consecutive hours of Registered Nurse (RN) coverage during the weekend days on 10/14/2023, 10/15/2023, 10/28/2023, 10/29/2023, 11/11/2023, 11/12/2023, 11/25/2023, 11/26/2023, 12/09/2023,12/10/2023, and 12/23/2023 during the quarter. On 05/20/24 at 10:10 a.m., an interview was conducted with S18CAdm (Consultant Administrator), S1ADM (Administrator) and S19OM (Office Manager) stated that PBJ staffing data reporting had been completed and submitted by the office manager with verification it was received by Centers for Medicare and Medicaid Services (CMS). On 05/20/2024 at 2:00 p.m., S19OM (Office Manager) stated that she tried to communicate with CMS to correct the missing Registered Nurse hours through a phone call, but had no documentation or evidence CMS had been contacted. She then provided the RN clock-in data used by the facility for review of the days in question on the PBJ report in the first quarter that revealed a Registered Nurse was not in the facility at least 8 hours on each of the flagged weekend days. As we reviewed the information, S19OM stated she thought there must have been an error with the RN's PBJ number as to why there was a transmission error. S19OM stated she couldn't specifically identify the problem, but acknowledged the PBJ Staffing [NAME] Report 1705D marked the RN coverage data as an infraction on the weekend dates as identified which confirmed the facility failed to submit staffing data to CMS as required.

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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** 41419 Based on record review, observation, and interview, the facility failed to maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections as evidenced by staff failing to remove PPE (Personal Protective Equipment) prior to exiting Resident #12's room who was on contact isolation precautions. Findings: Review of the facility policy and procedure Isolation-Categories of Transmission-Based Precautions read in part: Contact Precautions .1. contact precautions are implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces .7. staff and visitors wear gloves (clean, non sterile) when entering the room. A. while caring for a resident, staff will change gloves after having contact with infective material. b. gloves are removed and hand hygiene performed before leaving he room .8. Staff and visitors wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed. Review of Resident # 12's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses in part .Schizoaffective disorder, Bipolar disorder, Chronic obstructive pulmonary disease. Review of Resident #12's current physician's orders revealed an order dated 05/16/2024 that read in part: Contact Isolation precautions for duration of antibiotic due to diagnoses of Extended-spectrum beta-lactamase (ESBL) in urine. On 05/21/2024 at 11:46 a.m., an observation was conducted on the exterior door of Resident #12's room which read in part. to enter room, a glown, gloves and mask must be worn prior to entering room. On 05/21/2024 at 11:45 a.m. an observation was conducted outside the room of Resident #12, which revealed that S11HSK (Housekeeper) was observed entering the contact isolation room with gloves, gown, mask and a mop. A few minutes later, S11HSK was observed outside of Resident #12's room wearing soiled gloves and a soiled gown, rinsing her mop head before reentering the contact isolation room. On 05/21/2024 at 11:46 a.m., an interview was conducted with S9LPN (Licensed Practical Nurse) who confirmed that used, soiled PPE should be properly removed prior to exiting a contact isolation room. At this time, S9LPN observed S11HSK attempting to exit the contact isolation room again wearing PPE before she was stopped by S9LPN. S11HSK had exited halfway outside of the contact isolation room with soiled gloves and soiled gown. On 05/21/2024 at 11:47 a.m., an interview was conducted with S11HSK who asked, I have to change each time I go in and out? S9LPN stated yes. On 05/21/2024 at 11:50 a.m., an interview was conducted with S2DON/IP (Director of Nursing/Infection Control Preventionists) who confirmed that S11HSK should not have exited a contact isolation room with soiled gown and gloves.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41419 Based on observation, interviews and record review, the facility failed to provide a call system to allow residents to call staff for assistance for 3 (#37, #62, #83) of 3 residents investigated for call devices, by failing to: 1. Place the call bell within reach of Residents #37 and 62; and 2. Provide a usable call bell for Resident #83. Findings: On 05/22/2024, a review of the facility's policy titled, Call System, Resident with review date of 01/01/2024 read in part: Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized station Policy Interpretation and Implementation .1. Each resident is provided with a means to call staff directly for assistance from his/her bed .4. If a resident has a disability that prevents him/her from making use of the call system, an alternative means of communication that is usable for the resident is provided . Resident #37 Resident #37 was admitted on [DATE] with diagnoses that included, Type 2 diabetes mellitus, Chronic kidney disease, Atherosclerotic heart disease, and Weakness. Review of Resident #37's care plan dated 12/05/2023 read in part .potential for fall related to Hypertension, Diabetes, and Cardiac history. Intervention - keep call bell in reach when in room. On 05/20/2024 at 8:46 a.m., an observation of Resident #37 in her room revealed, she was awake and alert. The resident was attempting to pour water into her cup that was sitting on her bedside table. The resident accidently spilled water on her bedside table, and was unable to locate or reach her call bell. On 05/20/2024 at 9:26 a.m., an observation and immediate interview was conducted with S7LPN (Licensed Practical Nurse) who stated that the call bell was not supposed to be clamped to the curtain. S7LPN confirmed that the call bell was not within reach of the resident. Resident #62 Resident 62 was admitted on [DATE] with diagnoses that included End stage renal disease, Type 2 diabetes mellitus, and Peripheral vascular disease. Review of Resident #62's care plan dated 02/27/2024 read in part .self-care deficit routine care needs. Interventions - respond to call light promptly. Keep call bell within reach. (continued on next page)

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/20/2024 at 2:25 p.m., an observation was conducted in Resident #90's room. The resident was observed sitting in her wheelchair. Further observation revealed the resident's call bell in the middle of her bed, but not within reach of the resident. Resident #90 stated that she was hungry, and that she had been in dialysis all day. The resident was asked if she called staff for assistance in obtaining a meal tray. The resident stated that she could not reach the call bell. On 05/20/2024 at 2:30 p.m., an interview was conducted with S8CNA (Certified Nursing Assistant) who confirmed that the call bell was not within reach of the resident, and it should have been. 47965 Resident #83 Resident #83 was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, Acute Embolism and Thrombosis of Unspecified Deep Veins of Lower Extremity and Major Depressive Disorder. A review of Resident #83's current plan of care revealed a potential for contractures r/t (related to): fingers on both hands drawn in toward palm. Further review revealed self-care deficit/routine care needs with an intervention to respond to call light promptly and keep call bell within reach. On 05/21/2024 at 7:53 a.m., an observation was made of Resident #83 in her bed. The resident stated that she has been hollering for help for a long time and nobody has come in. A call bell with a push button was attached to the resident's bed railing. Further observation revealed the resident's hands were contracted and clenched in a fist. The resident stated she is unable to use the call bell to call for help. On 05/21/2024 07:57 an interview was conducted with S20CNA (Certified Nursing Assistant) as she walked into the room to feed the resident her breakfast. S20CNA stated that she had to feed the resident her meals because she is unable to feed herself. She also confirmed the resident was unable to use the press button to call for help. On 05/21/2024 at 8:07 a.m., an observation of Resident #83 and interview was conducted with S2DONIP (Director of Nursing, Infection Preventionist). S2DONIP observed the resident's hands and her call button and asked the resident if she could press the button. The resident stated she could not. S2DONIP confirmed that Resident #83 was unable to use the call bell and agreed that the push button call bell was inappropriate for her.