STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225054	A. Building B. Wing	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
John Scott House Nursing & Rehabilitation Center	233 Middle Street Braintree, MA 02184

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 Note: The nursing home is disputing this citation.	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 46562 Based on observations, interviews, and records reviewed, for one Resident (#55) of 23 sampled residents, the facility failed to treat each resident with respect and dignity and care for each resident in a manner that promotes maintenance or enhancement of his/her quality of life while recognizing his/her individuality. Specifically, for Resident #55, the facility failed to identify and maintain the Resident's wishes to grow a handlebar mustache. Findings include: Review of the facility's policy titled Resident Right and Organizational Ethics and Resident Rights and Overview, dated 10/17, indicated but was not limited to: -individual rights will be retained by all residents/patients of the facility -this facility will protect and promote the rights of each patient/resident as described below -residents have the right to the quality of life that supports independent expression, choice, and decision-making, consistent with all applicable laws and regulations -residents have a right to perform or refuse to perform tasks in or for the facility -residents have a right to refuse care or treatment as permitted by law Resident #55 was admitted to the facility in July 2017 with diagnoses which included hemiplegia and/or hemiparesis (paralysis on one side of the body) following a stroke and heart disease. Review of the Minimum Data Set (MDS) assessment, dated 3/5/25, indicated Resident #55 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15, had limited range of motion on one side, and was dependent on facility staff for personal hygiene (combing hair, shaving, washing/drying face). Review of Resident #55's Care Plan Report, on 3/27/25, indicated but was not limited to: -personal hygiene/oral care: He/she is totally dependent on staff for personal hygiene and oral care, date 9/26/2018 (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 Note: The nursing home is disputing this citation.	Further review of Resident #55's Care Plans failed to identify his/her wish to grow his/her mustache and preference to not have it trimmed. On 3/27/25 at 9:23 A.M., the surveyor observed Resident #55 with a mustache that was growing out and away from his/her face approximately one inch in length that was curling into his/her mouth while talking. During an interview on 3/27/25 at 9:23 A.M., Resident #55 said sometimes the nursing assistants cut his/her mustache even when he/she tells them he/she does not want it cut. Resident #55 said he/she tells the staff not to cut his/her mustache, but they do it anyway. On 3/31/25 at 1:18 P.M., the surveyor observed Resident #55 with a mustache that had been trimmed and no longer had long pieces growing out and away from his/her face. During an interview on 3/31/25 at 1:18 P.M., Resident # 55 said it happened again over the weekend. When he/she told the nursing assistant to leave his/her mustache, the nursing assistant did not listen. Resident #55 said now there was not much left of his/her mustache and it was almost gone. Resident #55 said it seems like no matter what you want, it was their (the nursing assistants) decision and it was their way or the highway. During an interview on 3/31/25 at 2:05 P.M., Certified Nursing Assistant (CNA) #2 said Resident #55 did not want the facility staff to touch his/her mustache. CNA #2 said sometimes Resident #55 does not always want to complete his/her personal hygiene but she knows the trick and if you get to talk to him/her, he/she will say yes. CNA #2 said she had Resident #55 for the last three days and shaved his/her beard and trimmed the long pieces of his/her mustache. During an interview on 3/31/25 at 2:41 P.M., CNA #1 said Resident #55 does not want his/her mustache touched and will fight if staff try. CNA #1 said the facility does trim his/her mustache to keep it from going into his/her mouth. During an interview on 3/31/25 at 4:30 P.M., Nurse #2 said staff should not touch Resident #55's mustache because he/she does not like it to be touched or trimmed and can be behavioral if you try. During an interview on 3/31/25 at 4:39 P.M., the Infection Control Nurse (covering for the Unit Manager on this date) said if he/she did not want his/her mustache touched it should be care planned and followed.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 49424 Based on observations and interviews, the facility failed to ensure the residents' environment was clean, comfortable, and homelike. Specifically, the facility failed: 1. To ensure two ([NAME] 1 and East 2) out of four units were homelike, comfortable, and in overall good repair; 2. To ensure the Whirlpool tub room and room [ROOM NUMBER] East were free of water damage; and 3. To maintain and clean the window air conditioner in room [ROOM NUMBER] East. Findings include: Review of the facility's policy titled Environment of Care, dated 9/24, indicated but was not limited to the following: -Responsibilities of the maintenance department will include but not to be limited to painting, mechanical repairs (electrical, plumbing), and grounds keeping. -The facility has a program of preventative maintenance and safety, which are to be implemented by the maintenance department. Review of the facility's policy titled Environment of Care- EOC manual, dated 9/24, indicated but was not limited to the following: -The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized homelike setting. These characteristics include: a. Clean, sanitary, and orderly equipment. 1. On 3/27/25 at 8:30 A.M., during the initial tour of the [NAME] 1 unit, the surveyor observed the following: -room [ROOM NUMBER]'s baseboard heater was in two pieces on the floor and was in need of repair. -room [ROOM NUMBER]'s bathroom had molding peeling away from the wall with dark brown areas on the wall, cracks in wall visible under sink and around the toilet. -room [ROOM NUMBER] had an approximately 9-inch round crack in the wall with chipped paint surrounding it. -The unit dining room had scratches along the entirety of one wall. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/31/25 at 12:19 P.M., Residents #95 and #108 said they have never seen anyone from the maintenance department painting on the unit or observed anyone doing preventative maintenance repairs. Resident #108 said he/she has been a Resident for about four months and has noticed that the maintenance department does not care about aesthetics of the building. Resident #95 said he/she tries to not look at the big hole because it is hideous, but it has been there since before he/she was admitted . During an interview on 3/27/25 at 11:30 A.M., Resident #87 said the bathroom in his/her room has been in disrepair for months, he/she said staff have been in there, but the cracks and holes must not have been reported to maintenance. He/She said the bathroom is not looking good and should be fixed to be in better condition. On 3/31/25 at 2:00 P.M., the surveyor observed the director bring a box of completed work orders in a metal box with hundreds of folded pieces of paper inside. Upon review of the work slips in the box, five were found undated and unsigned by the maintenance director, indicating they had not been completed. During an interview on 3/31/25 at 2:37 P.M., the Maintenance Director said he collects work order slips from the unit and places the slips in a box when completed. He said only completed work orders are put in the box and he wasn't sure why there were incomplete ones in there. He said they must have been missed or placed in there accidentally. He said he completes safety rounds and is aware that there is a need for some basic upkeep to the facility, but he must triage concerns based on safety not appearance. On 3/31/25 at 3:50 P.M., during a tour of the East 2 unit, the surveyor observed the following: -room [ROOM NUMBER]- the threshold where the rug meets the resident room was missing -room [ROOM NUMBER]- the threshold where the rug meets the resident room was taped with silver duct tape -room [ROOM NUMBER]- the baseboard was peeling away from the wall -room [ROOM NUMBER]- the toilet seat was broken -The electrical outlet in the hallway was not secured to the wall -The AC box in hallway was not in good repair with moving and unsecured parts within reach -The door to the tub room would not close tightly, it was left ajar approximately 3 inches and unable to be shut -room [ROOM NUMBER] and room [ROOM NUMBER] were missing molding outside of the resident doors (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/1/25 at 1:50 P.M., the Administrator said the areas the surveyor identified should not look the way they do. He said it is the responsibility of all staff members to identify issues in the environment and report them. He said these concerns should be repaired and the residents should have a homelike environment. He said that the maintenance director should be completing the work slips before storing them in the box. He said there should not be any holes in any walls. 36542 2. On 3/27/25 at 8:39 A.M., the surveyor observed Room East 108 with brown discoloration on the edge of the white ceiling, where it meets the wall. The surveyor observed the wall with bumps, bowing in certain spots, and to have cracked plaster. On 4/1/25 at 12:05 P.M., the surveyor observed the Whirlpool tub room, adjacent to the back wall of room East 108. The white ceiling in the room had large chipped and bubbling paint which was discolored brown. During an interview on 4/1/25 at 12:35 P.M., Maintenance Staff #1 said the discolored ceiling in the Whirlpool tub room was related to the tub room upstairs and water getting on the floor. He said he can tell the ceiling had been patched and painted previously, but it kept happening. He said the ceiling in room [ROOM NUMBER] also had water that came down from the tub room above the adjacent tub room. He said parts of the bumpy wall were from previously trying to patch and repaint. He said he did not know if there were any plans to fix the leaking water, the discolored ceilings, or the bowed wall. During an interview on 4/1/25 at 12:40 P.M., the Administrator said he did not know there had been water leaking from the above Whirlpool room and would need to have a plumber take a look. He said he could see the bowed wall in room [ROOM NUMBER] and the cracking plaster. 3. On 3/27/25 at 8:34 A.M., the surveyor observed a window air conditioner in room [ROOM NUMBER], which was actively turned on. The vents where the air came out had visible black spots all over the internal structure of the air conditioner. The air filter was laden with gray dust particles. During an interview on 4/1/25 at 3:57 P.M., the Maintenance Director said all window air conditioners get cleaned prior to being put away for the season. He said if a Resident requested to have their window air conditioner in year-round then the housekeeping staff should notify maintenance when it needed to be cleaned. During an interview with observation on 4/1/25 at 4:00 P.M., the Maintenance Director said the vent where the air comes out had black spots and the filter was dirty. He removed the filter which was observed to be laden with thick dust on both sides of the filter.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36542 Based on observation, interview, and record review, the facility failed to implement the person-centered plan of care for one Resident (#74), out of 23 sampled residents. Specifically, the facility failed to implement the care plan interventions for safe swallowing strategies for a resident with oropharyngeal dysphagia (a condition that affects the movement of food and liquid from the mouth to the esophagus during swallowing). Findings include: Resident #74 was admitted to the facility in February 2025 with diagnoses of dementia and dysphagia. Review of the Minimum Data Set (MDS) assessment, dated 3/4/25, indicated Resident #74 scored 9 out of 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident had a moderate cognitive impairment. The MDS further indicated Resident #74 had a swallowing disorder as presented by complaints of pain or difficulty while swallowing, had a mechanically altered diet and received supervision for eating (helper provides verbal cues or touching assistance as the resident completes the task). Review of the care plans indicated Resident #74 needed assistance with activities of daily living, was independent for eating, but required 1 (staff) to 8 (resident) supervision with intermittent cues. Review of the unit Dining Needs list indicated Resident #74 was independent with eating and required 1:8 supervision with intermittent cues. Review of the Speech Therapy Progress Notes indicated the following: -3/18/25: Resident in bed at lunch, impulsive for rate, benefiting from moderate cues to alternate solids and liquids; Nurse educated on need for supervision during mealtime to decrease impulsivity and increase swallow safety -3/24/25: Resident in bed at lunch, requires minimum cues to promote safe swallow strategy; Speech Language Pathologist (SLP) educated nurse for recommendations of upright and out of bed for all meals -3/26/25: Resident in bed, of note SLP with prior education to staff for {Resident} need to be upright and out of bed for meals; minimum to moderate verbal cues provided in addition to the already placed visual for resident to alternate solids and liquids (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/27/25 at 8:48 A.M., the surveyor observed Resident #74 sitting up in bed, eating breakfast alone. The Resident had a full cup of milk, a full cup of orange juice and a cup of coffee. The Resident was eating scrambled eggs out of a small bowl (as indicated on the meal ticket). The surveyor observed a sign on the overbed table in large writing that said, 1 bite then 1 sip. The Resident was not observed to be taking any sips of liquids while eating eggs, finished the eggs and started eating a yogurt. An additional sign hung in the Resident's room (within eye level of the Resident) that said, Safe Swallow Strategies: small bites, [NAME] sips, take 1 bite, then 1 sip, go slow. During an interview on 3/27/25 at 11:20 A.M., Resident #74 said the sign on the table said to take one bite and one sip and that he/she did this so that they didn't cough. Review of the Speech Therapy Progress Notes indicated the following: -3/28/25: Resident seated in bed despite prior education to nursing staff, SLP re-educated staff for importance of upright and out of bed positioning for swallow safety during mealtime. Resident able to recall safe swallow strategies prior to intake, however, requires moderate verbal cues throughout intake to promote safe swallow strategies. Review of the SLP Discharge Summary, dated 3/31/25, indicated Resident #74 had a goal of being trained safe swallow strategies 80% of the time with minimum to moderate cues and met this goal on 3/31/25 with 85% with moderate cues. Review of the functional skills indicated Resident #74's swallowing abilities required distant supervision and the following strategies were recommended: upright position and out of bed when Resident is able, alternation of liquids/solids, rate modification and size modification (bite size). On 4/1/25 at 8:50 A.M., the surveyor observed Resident #74 in bed alone, finishing his/her breakfast. A staff member was observed to stop at the room and ask if the Resident was finished eating and the Resident replied no, the staff member left the room. On 4/2/25 at 8:33 A.M., the surveyor observed Resident #74 out of bed, in the unit day room for breakfast. The Resident was provided a breakfast tray of French toast. The Resident was observed during the meal cutting up his/her French toast and taking bites. The Resident was not observed to alternate solids and liquids. The staff were not observed to cue the Resident to alternate solids and liquids. The visual aids provided by the SLP were not observed on the table for the Resident. During an interview on 4/2/25 at 9:48 A.M., Certified Nursing Assistant (CNA) #3 said Resident #74 was dependent on two staff members for activities of daily living (such as changing, washing). She said there were times Resident #74 required three staff to get out of bed and that was why the Resident was not out of bed sometimes for breakfast. She said the Resident refuses physical assistance with eating and will say I'm not a baby. She said she had not provided any supervision during meals in which the Resident did not get out of bed. She said sometimes the SLP would be there for meals and watch for swallowing issues. She said if the Resident was in his/her room for a meal, the staff would go back and forth down the hall to see if the Resident had completed the meal. During an interview on 4/2/25 at 9:55 A.M., Nurse #3 said Resident #74 can refuse to get out of bed sometimes and that was why the Resident was in bed during meals. He said Resident #74 will sometimes eat too fast and that was why there were visual aids to remind the Resident to eat slower. He said the Resident does not always need cueing but sometimes did. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/2/25 at 10:05 A.M., Unit Manager #3 said she had been at the facility for two weeks and had not received any education from the SLP during that time or on 3/31/25 when Resident #74 was discharged from Speech Therapy. She said Resident #74's care plan indicated the Resident required 1:8 supervision for eating with intermittent cues. She said she was not sure what those cues were as the care plan did not indicate. She said based on the information in the medical record, if Resident #74 were eating in his/her room then they needed to be supervised. During an interview on 4/2/25 at 10:58 A.M., the SLP said Resident #74 was discharged from Speech Therapy on 3/31/25. She said prior to being admitted to the facility the Resident had a swallow study at the hospital and had been experiencing silent aspiration (a condition where food, liquid, or other substances enter the lungs without the person noticing. It is characterized by the absence of obvious symptoms such as coughing, choking, or difficulty breathing). She said she had initiated swallowing strategies for Resident #74 which included making sure the Resident was sitting upright and the Resident could eat in bed as long as the Resident was upright. She said the Resident did not require constant supervision, but intermittent supervision with cueing from staff. She said the Resident needed verbal cues to take a sip between bites. She said it did not have to be between every single bite, but maybe every couple of bites and that was what staff should be reminding the Resident.

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F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that the resident and his/her doctor meet face-to-face at all required visits. 49428 Based on record review and interview, the facility failed to ensure one Resident (#62), in a sample of 23 residents, had been seen by a physician/Nurse Practitioner (NP) every 60 days. Findings include: Review of the facility's policy titled Essential Guidelines for Licensed Independent Practitioners, dated as reviewed September 2024, indicated but was not limited to the following: -In keeping with Company, State, Federal, and JCAHO (Joint Commission on Accreditation of Healthcare Organizations) regulations for long term care facilities, the following requirements apply to physicians and/or licensed independent practitioners treating patient/residents within facilities; -Patient/Residents require reassessment and an updated medical care plan at a minimum of every 30 days for the first 90 days, every 60 days thereafter, and as needed in between as indicated by clinical condition; -Progress notes and signed and dated physician orders are required at each physician visit. Resident #62 was admitted to the facility in May 2020. Review of Physician's Progress Notes indicated Resident #62 was seen by the Physician on 4/16/24, and by the NP on 7/2/24, indicating 76 days between the visits. During an interview on 4/2/25 at 10:15 A.M., the Clinical Nurse Consultant said she contacted Physician #2 that day to obtain all records of Resident #62's Physician/NP/PA encounters in the past year. The Clinical Nurse Consultant said in addition to the 4/16/24 and 7/2/24 visits, the Physician said she saw the Resident on 10/25/24. The Clinical Nurse Consultant said the Physician had not previously provided the facility documentation of the 10/25/24 visit because the Physician converted to different documentation software and did not know how to print or transfer her documentation to the facility. Review of the Resident's medical record on 4/2/25 indicated Physician #2 completed a medical note in Resident #62's medical record on 4/1/25 with an Effective Date of 10/25/24. Resident #62's medical record indicated 114 days between the NP's visit on 7/2/24 and the Physician's visit on 10/25/24, and that it had been 158 days since the Physician's visit on 10/25/24. During an interview on 4/2/25 at 10:15 A.M., the Clinical Nurse Consultant said Physician #2 could only locate documentation for provider encounters on 4/16/24, 7/2/24, and 10/25/24 and could not locate any documentation of visits after 10/25/24. (continued on next page)

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F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/2/25 at 11:48 A.M., the Clinical Nurse Consultant said Physician visits should occur every 30 days for the first 90 days after admission, and every 60 days thereafter. The Clinical Nurse Consultant said Physician #2 and her NP visited the facility on a weekly basis, however, per documentation, Resident #62 had not been seen by a provider since October 2024. The Clinical Nurse Consultant said the length of time between visits and lack of documentation must have been an oversight.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 49428 Based on observation and interview, the facility failed to follow professional standards of practice for food safety and sanitation to prevent the potential spread of foodborne illness to residents who are at high risk. Specifically, the facility failed to ensure the main kitchen floor and ceiling were maintained in a sanitary and safe condition. Findings include: Review of the 2022 Food Code by the Food and Drug Administration (FDA), revised 1/2023, indicated but was not limited to the following: 1-2 Definitions 1-201 Applicability and Terms Defined 1-201.10 Statement of Application and Listing of Terms. Easily Cleanable. (1) Easily cleanable means a characteristic of a surface that: (a) Allows effective removal of soil by normal cleaning methods; (b) Is dependent on the material, design, construction, and installation of the surface; and (c) Varies with the likelihood of the surface's role in introducing pathogenic or toxigenic agents or other contaminants into food based on the surface's approved placement, purpose, and use. Smooth means: (3) A floor, wall, or ceiling having an even or level surface with no roughness or projections that render it difficult to clean. 6-201.12 Floors, Walls, and Ceilings, Utility Lines. Floors that are of smooth, durable construction and that are nonabsorbent are more easily cleaned. Requirements and restrictions regarding floor coverings, utility lines, and floor/wall junctures are intended to ensure that regular and effective cleaning is possible and that insect and rodent harborage is minimized. 6-201.13 Floor and Wall Junctures, Coved, and Enclosed or Sealed. (A) In FOOD ESTABLISHMENTS in which cleaning methods other than water flushing are used for cleaning floors, the floor and wall junctures shall be coved and closed to no larger than 1 mm (one thirty-second inch). On 3/27/25 at 8:52 A.M. and on 4/1/25 at 11:42 A.M, the surveyor observed the following during the initial tour of the main kitchen: -cracked and/or crumbled floor grout throughout kitchen, including at the floor wall joint and in the walk-in refrigerator; -areas of receded floor grout where tile depth was more apparent than in non-receded areas; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225054	A. Building B. Wing	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
John Scott House Nursing & Rehabilitation Center	233 Middle Street Braintree, MA 02184

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-debris and/or water settled in the cracked, crumbled, and/or receded floor grout. During an interview on 3/27/25 at 8:55 A.M., the Food Service Director (FSD) said the kitchen flooring and grouting, excluding some small areas of repaired grout, was original to the building and about [AGE] years old. On 3/31/25 at 11:50 A.M., the surveyor observed the following in the main kitchen: -uneven and missing wall covering behind the three-bay sink; -openings in the wall area behind the three-bay sink. During an interview on 4/1/25 at 12:10 P.M., the FSD and surveyor observed the walls and flooring in the main kitchen. The FSD said the kitchen walls should have no holes or protruding wall covering, and the flooring should be maintained in a way it could be easily cleaned and not harbor debris or moisture. During an interview on 4/2/25, the Administrator said he expected the kitchen walls and flooring to be in good condition with no holes or compromised areas that could harbor debris and/or moisture. The Administrator said he expected the kitchen to be maintained in a safe and sanitary condition and the walls and flooring should be fixed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225054	A. Building B. Wing	04/02/2025

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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 0924 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Put firmly secured handrails on each side of hallways. 49424 Based on observation and interview, the facility failed to ensure a secure handrail was in place on one Unit (East 2) out of four total Units. Findings include: On 3/31/25 at 2:30 P.M., the surveyor observed and tested the handrails on the East 2 unit. The surveyor was able to move three separate pieces of handrails with minimal effort in three different areas on the unit where the handrails had come loose from the wall. The surveyor observed residents walking in the hallway on the East 2 unit. During an interview on 3/31/25 at 3:35 P.M., the Director of Nurses said all handrails should be affixed securely to the wall. She said the handrails were used by residents and should not be loose or unsecure. During an interview on 3/31/25 at 3:50 P.M., the Administrator said the handrails not being securely fashioned to the walls were a concern and having them repaired was a priority for safety. He said there was not a specific process for identifying broken handrails but he depends on staff to inform the maintenance department when they are loose. He said the handrails in all locations should be securely fashioned to the wall and not be able to be moved so if a resident leans on it or uses it for support it is secure.