STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225208	A. Building B. Wing	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Charlwell House Health and Rehabilitation	305 Walpole Street Norwood, MA 02062

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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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31830 Based on interview and record review, the facility failed to ensure a [NAME] Treatment Plan (court approved treatment plan for the administration of antipsychotic medications) was obtained prior to the administration of an antipsychotic medication for one Resident (#8), in a total sample of 20 residents. Findings include: In a [NAME] Guardianship Hearing, the court is being asked to authorize extraordinary treatment or care, such as administering anti-psychotic medications, admitting an adult to a nursing home facility, and other medical care. A guardian cannot make decisions about the use of antipsychotics because use of such medications is considered extraordinary treatment, but rather can monitor the implementation of the court-ordered treatment plan. This procedure was established by the Supreme Judicial Court in a decision entitled [NAME] v. Commissioner of the Department of Mental Health, 390 Mass. 489 (1983) - Massachusetts Guardianship Association (massguardianshipassociation.org) Resident #8 was admitted to the facility in April 2023 with diagnoses which included dementia with agitation and paranoid personality disorder. Review of the clinical record indicated Resident #8 was appointed a permanent Guardian by the Commonwealth of Massachusetts Probate and Family Court on 10/24/22. The document further indicated that the legal guardian only had authority to admit Resident #8 to a nursing facility. The document did not include court authorization for a Treatment Plan for the administration of antipsychotic medication. Further review of the clinical record failed to include a Court Ordered [NAME] Treatment Plan. Review of the Physician's Orders, dated active as of 4/12/24, indicated Quetiapine Fumarate (antipsychotic), 50 milligrams (mg) three times daily, start date, 4/21/23. Review of the Informed Consent for Psychotropic Administration Form for administration of the medication Quetiapine, dated 4/21/23, indicated the consent form was signed by the legal guardian. Additional information on the consent form indicated the legal guardian checked off the box which attested to being the guardian with substituted judgement authority and the [NAME] Monitor has been informed and authorized this medication. (continued on next page)

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

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F 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Medication Administration Record (MAR) for February, March, and April 2024 indicated the Quetiapine was administered three times daily as ordered by the physician on 4/21/23. During an interview on 4/12/24 at 10:44 A.M., the Director of Social Services said Resident #8 had a previous psychiatric hospitalization on e year ago, and upon readmission to the facility, had an antipsychotic medication in place for administration. The Director of Social Services said the guardian had signed Informed Consent for the administration of the antipsychotic without a [NAME] Treatment Plan in place. The Director of Social Services said guardians could not consent to the administration of an antipsychotic medication without a [NAME] Treatment Plan and said the legal process had been initiated for the implementation of a treatment plan, but currently, there was no [NAME] Treatment Plan in place.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. 41106 Based on record review, observation, interview, and policy review, the facility failed to follow professional standards for two Residents (#24 and #219), out of a total sample of 20 residents. Specifically, the facility failed: 1. For Resident #24, to reconcile the Resident's medications from the hospital discharge summary to restart Plavix (Clopidogrel- antiplatelet medication that prevents blood clots from forming) on 10/18/23, resulting in the Resident missing 65 doses of Plavix from 10/18/23 to 12/18/23; and 2. For Resident #219, to ensure the Resident's transparent semi-permeable membrane (TSM) dressing to the left upper extremity midline catheter was changed in accordance with the physician's order following readmission, and in accordance with the facility policy. Findings include: 1. Review of the facility's policy titled Reconciliation of Medications on Admission, revised July 2017, indicated but was not limited to the following: -The purpose of this procedure is to ensure medication safety by accurately accounting for the resident's medications, routes and dosages upon admission or readmission to the facility. -Medication reconciliation is the process of comparing pre-discharge medications to post-discharge medications by creating an accurate list of both prescriptions and over the counter medications that includes the drug name dosage, frequency, route, and indication for use for the purpose of preventing unintended changes or omissions at transition points of care. -Medication reconciliation reduces medication errors and enhances resident safety by ensuring that the medications the resident needs and has been taking continue to be administered without interruption, in the correct dosages and routes, during the admission/transfer process. -Using an improved medication reconciliation form or other record, list all medications from the medication history, the discharge summary, the previous medication administration record (if applicable), and the admitting orders (sources). Review of Davis's Drug Guide for Nurses, 18th edition, indicated but was not limited to the following drug information for Clopidogrel (Plavix): -Classification: Antiplatelet agent -Indications: Patients with established peripheral artery disease, recent MI (heart attack), or recent stroke -Discontinue Clopidogrel five to seven days before planned surgical procedures. If Clopidogrel must be temporarily discontinued restart as soon as possible. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #24 was admitted to the facility in July 2023 with the following diagnoses: Cerebral vascular accident (stroke) with right-sided involvement, myocardial infarction (MI-heart attack), coronary (heart) artery disease with coronary artery bypass graft (CABG), hyperlipidemia (high cholesterol), hypertension (high blood pressure), and spinal stenosis (narrowing of one or more spaces in the spinal column). Review of the most recent Minimum Data Set (MDS) assessment, dated 1/17/24, indicated that Resident #24 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15. During an interview on 4/9/24 at 10:30 A.M., Resident #24 said he/she had spinal surgery in October 2023, and they stopped the Plavix medication before the surgery and they never restarted it until December 2023 when he/she developed blood clots in the right leg. Review of Physician's Orders from July 2023 through April 2024 indicated the following: -Clopidogrel Bisulfate (Plavix) 75 milligrams (mg), give one tablet by mouth one time a day, date initiated 7/12/23, discontinued 10/3/23. -Stop Plavix (Clopidogrel Bisulfate) on 10/3/23 prior to surgery. -Plavix 75 milligrams, give 75 milligrams by mouth one time a day, start date of 12/19/23. -Aspirin 81 mg in the morning for stroke prevention, date initiated 9/20/23 and discontinued 10/18/23. -Aspirin 81 mg, give one tablet by mouth one time a day for supplement, initiated 10/17/23. -May perform Doppler ultrasound (test to check for blood clots) on Right lower extremity to rule out deep vein thrombosis (blood clot), initiated 12/11/23. Review of the Hospital Discharge Summary following spinal surgery (10/11/23), dated 10/17/23, indicated but was not limited to the following discharge medication instructions: -Held Plavix 75 mg daily. This medication was held. Do not restart Plavix until seven days after surgery. Discharge instructions: -You will be able to restart your Plavix in seven days (10/18). (This was underlined in the discharge summary). Review of the venous Doppler extremity results, dated 12/12/23, indicated the duplex (ultrasound) indicated the imaging of the right lower extremity venous circulation was performed. There is lack of compression with diminished flow in the right common femoral vein, right profunda femoral vein, right femoral vein, right popliteal vein through right popliteal vein trifurcation in the calf. Conclusion: Acute extensive right lower extremity deep vein thrombosis (DVT). (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Medication Administration Record (MAR) for October, November, and December 2023 indicated Resident #24 did not receive Plavix from 10/18/23 through 12/18/23, a total of 62 days for the prevention of blood clots, stroke, and MI. During an interview on 4/10/24 at 3:45 P.M., Physician #2 said Resident #24's Plavix was held prior to surgery, and she did not know why the Plavix was not restarted after the surgery. She said she was aware the Plavix was restarted after the Resident #24 developed a DVT in December 2023. Physician #2 said Resident #24 had concerns of increased swelling in the right stroke affected leg previously and had two previous negative ultrasounds for blood clots, the most recent being September 2023. Physician #2 said Plavix is not your normal medication used to prophylactically prevent DVTs and said not being on the Plavix may or may not have had an effect on the development of the DVT. During an interview on 4/12/24 at 8:25 A.M., Resident #24 said he/she missed his/her cardiology appointment prior to surgery due to transportation issues and only saw a cardiologist when he/she was in the hospital. Resident #24 said he/she has been taking Plavix every day for about four years since having two strokes and heart surgery. During an interview on 4/11/24 at 11:05 AM., the Director of Nurses (DON) said Resident #24 only had a cardiology appointment prior to surgery which was canceled due to transportation issues. She said Resident #24 was cleared by cardiology at the hospital for surgery in October and has not seen a cardiologist since the surgery. During an interview on 4/12/24 at 10:06 A.M., Physician #1 said with Resident #24's past medical history of stroke and cardiac history, Resident #24 should have restarted Plavix after surgery unless the cardiologist said not to. The surveyor reviewed with Physician #1 that Resident #24 has not seen a cardiologist since the surgical hospitalization in October 2023. The surveyor also reviewed Resident #24's hospital discharge summary, dated 10/23/23, which indicated the Plavix should be restarted on 10/18/23 (seven days post-surgery). Physician #1 said she agreed the Plavix should have been started on 10/18/23 as recommended in the discharge summary. Physician #1 said sometimes post-surgery, 81 mg of aspirin is enough of an anticoagulant (blood thinner) to prevent blood clots and Resident #24 was on a daily aspirin since returning from the hospital. During an interview on 4/12/24 at 12:45 P.M., the DON said they have a process for admission and readmission and part of the process is a Medication Reconciliation form should be completed with the admission paperwork. The DON said there was no medication reconciliation performed when Resident #24 returned from the hospital in October 2023 and there should have been. The DON said Resident #24 should have re-started on the Plavix as indicated in the discharge summary. 15214 2. Review of the facility's policy titled Peripheral and Midline Dressing Changes, revised 2/2022, included but was not limited to the following: -The purpose of this procedure is to prevent complications associated with intravenous therapy, including catheter related infections associated with contaminated, loosened or soiled catheter-site dressings. General Guidelines (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Perform site care and dressing change at established intervals or immediately if the integrity of the dressing is compromised (e.g. damp, loosened or visibly soiled). -Change the dressing if it becomes damp, loosened or visibly soiled and: -at least every 7 days for TSM dressing; -at least every 2 days for sterile gauze dressing (including gauze under a TSM unless the site is not obscured); or -immediately if the dressing or site appears compromised. Review of the medical record indicated Resident #219 was readmitted to the facility from a community hospital on 4/2/24 following treatment for bacteremia (bacteria in the bloodstream). The Resident had a left upper extremity midline catheter placed at the hospital on 3/31/24 that remained in place upon readmission to the facility. The midline catheter was used to administer intravenous antibiotics. On 4/9/24 (nine days following insertion of the catheter) at 8:30 A.M., the surveyor observed Resident #219 lying in bed. The Resident's left upper arm midline catheter dressing was clean and intact; however, the surveyor did not observe the TSM catheter dressing to be dated to indicate when it was last changed. On 4/10/24 at 4:06 P.M., the surveyor observed Resident #219 lying in bed. The Resident's left upper arm midline catheter TSM dressing remained clean and intact, but it was not dated. Review of the Treatment Administration Record (TAR) on 4/11/24 at 8:11 A.M., indicated a physician's order to change the PICC/Midline: change transparent dressing, extension set and cap on admission. There was no evidence on the TAR that the dressing had been changed upon readmission to the facility. During an interview on 4/11/24 at 9:59 A.M., the DON said that it is the facility's policy to change midline catheter dressings upon readmission, and every seven days thereafter. She said that the policy was not followed. The DON also said that the physician ordered TSM dressing to the midline catheter be changed upon admission and that order was not followed.

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assist a resident in gaining access to vision and hearing services. 41106 Based on record review and interviews, the facility failed to obtain the recommended eye care services in a timely manner to maintain the highest psychosocial well-being of one Resident (#42), out of a total sample of 20 residents. Specifically, the facility failed to ensure follow-up appointments were scheduled for an eye specialist for cataract surgery (indicated when clouding of the normally clear lens of the eye impairs vision and interferes with usual day-to-day activities), after the initial appointment was canceled due to lack of transportation resulting in a four-month delay. Findings include: Review of the facility's policy titled Sensory Impairments-Clinical Protocol, revised March 2018, indicated but was not limited to the following: -As part of the initial assessment, the staff and physician will help identify individuals with sensory impairments including hearing, taste, vision, smell, and touch. -The physician will order appropriate consultations (for example ophthalmology or Podiatry evaluations) to help define causes and complications of sensory impairments. -The staff and physician will identify approaches to help the resident improve or compensate for sensory deficits. For example, they may refer visually impaired individuals for vision evaluation and/or corrective lenses. -The physician and staff will adjust interventions based on the results of these interventions and on subsequent changes in the resident's condition, prognosis, and function. Resident #42 was admitted to the facility in December 2020 with the following diagnosis: age-related nuclear cataract right eye. Review of the most recent Minimum Data Set (MDS) assessment, dated 3/6/24, indicated that Resident #42 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 13 out of 15. Further review indicated Resident #42 had impaired vision: Sees large print, not able to see newspapers/books, and does not use corrective lenses. During an interview on 4/9/24 at 8:55 A.M., Resident #42 said he/she had bilateral cataracts and was seen by the eye doctor approximately eight months ago and was supposed to have the cataracts fixed but the orders disappeared and now he/she must start all over. Review of the facility's consultant eye care group progress note for Resident #42, dated 5/11/23, indicated but was not limited to the following: Assessment: cataract, mixed; moderate; both eyes. -Plan: cataract surgery recommended, referral to ophthalmology for cataract at the Veterans Administration (VA). (continued on next page)

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's consultant eye care group progress note for Resident #42, dated 8/7/23, indicated but was not limited to the following: -Assessment: cataract, mixed; moderate; both eyes -Plan: Wants to proceed with surgery, referral for ophthalmology consult, patient wants and has the right to be taken care of by the VA Health Care system, if transportation continues to be an issue try a local contractor. Follow up on referral given. Review of the facility's Outpatient Referral Form, dated 12/18/23, indicated Resident #42 was seen at the VA's optometry clinic with the following findings: -Visually significant cataracts right greater than left. Plan: Will refer patient for cataract surgery consult. -Peripapillary choroidal neovascularization (new choroidal blood vessels on the nerve head) in the right eye. Plan: will send consults for retina (layer of cells within the eye) evaluation through the VA services. Review of the facility's consultant eye care group progress note for Resident #42, dated 2/23/24, indicated but was not limited to the following: -Assessment: Cataract, mixed; both eyes -patient to continue with ophthalmology. Patient is very happy that he/she was able to receive an appointment with ophthalmology doctor. Review of Resident #42's care plan for vision indicated the following: -Resident has a potential for impaired visual function related to age-related cataracts. -Resident will use appropriate visual devices eyeglasses to promote participation in ADLs and other activities. -Staff to ensure glasses are labeled with name and room number -Ensure eyeglasses are clean and available to support participation in activities. During an interview on 4/11/24 at 10:38 A.M., Assistant Director of Nurses (ADON) said Resident #42 did go out to the VA for the cataract surgery consult and is scheduled to have multiple appointments at the VA, including cataract surgery on both eyes starting later this month. During a follow up interview on 4/11/24 at 9:34 A.M., Resident #42 said he/she has two sets of glasses, but he/she has been unable to read with them for a year. Resident #42 said it is very important for him/her to have the cataract surgery to resume reading the Bible and scriptures again. (continued on next page)

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a telephonic interview on 4/11/24 at 3:42 P.M., the Consultant Optometrist (OP) #1 said he evaluated Resident #42 in May 2023 and again in August 2023, and both evaluations recommended a referral for cataract surgery. OP #1 said he was aware Resident #42 had an appointment at the VA in July 2023, but it had been canceled due to lack of transportation and it was never rescheduled, and it should have been. OP #1 said Resident #42 never wavered on having cataract surgery because reading the Bible made him/her happy. OP #1 said he was in the facility in December 2023 and was informed Resident #42 still had not been scheduled for cataract surgery and he personally got involved to ensure Resident #42 got an appointment at the VA. During an interview on 4/12/24 at 8:46 A.M., Social Worker (SW) #1 said the OP #1 came to him and asked what was going on with Resident #42's cataract appointments, it should have been taken care of a long time ago. SW #1 said he took it upon himself to call the VA and was able to get an appointment within two weeks. He said Resident #42 was seen on 12/18/23, for the initial consultation and Resident #42 has scheduled appointments for cataract surgeries for both eyes in April and May 2024. During an interview on 4/12/24 at 10:03 A.M., the Director of Nurses (DON) said it did take longer than it should have for Resident #42 to have the cataract surgeries scheduled.

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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. 15214 Based on observation, record review, interview, and policy review, the facility failed to ensure that for one Resident (#60), out of a total sample of 20 residents, that care and treatment to the Resident's urinary drainage device was provided in accordance with the facility policy. Specifically, the facility failed to ensure that the Resident's suprapubic catheter bag was positioned in a method to avoid potential contamination. Findings include: Review of the facility's policy titled Catheter Care, Urinary, revised September 2014, included but was not limited to: Infection Control section of the policy, -Be sure the catheter tubing and drainage bag are kept off the floor. Resident #60 was admitted to the facility in April 2023 with diagnoses which included paraplegia and urine retention. Record review indicated that the Resident had a #16 suprapubic catheter to gravity for urinary drainage. Review of the current Physician's Orders indicated: -Suprapubic tube, Foley #16 with a 10 cc balloon, Monitor S/P (suprapubic) site for pain, drainage, signs and symptom of infection, and verify placement, Change Suprapubic drain Bag and tubing (gravity and leg) weekly and as needed. Label, Date and Initial. (8/8/23) On 4/9/24 at 9:30 A.M., the surveyor observed Resident #60 lying in bed and that the Resident's continuous drainage (CD) bag was unsupported (not fastened to the bed) with the drainage port of the CD bag in direct contact with the floor. During an interview on 4/12/24 at 7:44 A.M., the surveyor discussed their observation with Nurse #4. Nurse #4 said that the CD bag should not touch the floor; it should be hung from the bed and positioned so it is not touching the floor. Nurse #4 said, It's an infection control issue. During an interview on 4/16/24 at 3:00 P.M., the Director of Nursing (DON) said that CD bags must always be positioned so that they are off the floor in order to avoid contamination.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 15214 Based on record review, observation, and staff interview, the facility failed to ensure that for one Resident (#40), out of 17 sampled residents, that oxygen delivery equipment was replaced in accordance with the physician's order. Findings include: Resident #40 was admitted in March 2023 with diagnoses which included chronic lung disease. Review of the medical record indicated Resident #40 used Oxygen at 2 liters per minute continuously via an oxygen concentrator through a nasal cannula. Review of the current Physician's Order indicated that the Resident's oxygen tubing be changed every night shift on Sunday. During an observation with interview on 4/9/24 at 9:30 A.M., the surveyor observed Resident #40 in his/her room, in bed, receiving Oxygen via a nasal cannula at 2 liters. The surveyor observed that the Resident's nasal cannula oxygen tubing had a piece of white tape affixed to it indicating that the tubing was last changed on 3/13/24. The Resident said that staff changed the oxygen tubing periodically but he/she did not know how often and did not know when it was changed last. During an interview on 4/12/24 at 7:41 A.M., Nurse #4 said that the 11:00 P.M.-7:00 A.M. nurse was responsible for changing residents' nasal cannula tubing. Nurse #4 said that the Resident's oxygen tubing should have been replaced weekly on Sunday, on the 11:00 P.M.-7:00 A.M. shift, in accordance with the physician's order but was not.

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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** 49425 Based on observation, interview, and policy review, the facility failed to ensure that drugs and biologicals were labeled and stored in accordance with current accepted professional standards. Specifically, the facility failed to ensure medications were properly labeled with a shortened expiration date upon opening and the resident's name was on the medication in two of four medication carts in use by the facility. Findings include: Review of the facility's policy titled Storage of Medications, dated as revised [DATE], indicated but was not limited to the following: -The facility stores all drugs and biologicals in a safe, secure, and orderly manner. -Drug containers that have missing, incomplete, improper, or incorrect labels are returned to the pharmacy. Review of the facility's policy titled Administering Medications, dated as revised [DATE], included but was not limited to the following: -The individual administering the medication checks the label three times to verify the right resident, right medication, right dose, right time and right method of administration before giving the medication. -The expiration/beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date opened is recorded on the container. On [DATE] at 2:02 P.M., the surveyor reviewed the Unit A low side medication cart with Nurse #2, and made the following observations: - One Advair diskus inhaler (used to control wheezing and shortness of breath), removed from foil pouch, and in use. No open date or shortened expiration date on container or outside packaging. -One Trelegy Ellipta inhaler (used to control wheezing and shortness of breath), removed from foil pouch, and in use. No open date or shortened expiration date on container or outside packaging. -One Flonase nasal spray (used to treat allergies), opened and in use. No open date or shortened expiration date on container or outside packaging. - One Breo Ellipta inhaler (used to control wheezing and shortness of breath), removed from foil pouch, and in use. No open date or shortened expiration date on container or outside packaging. (continued on next page)

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Charlwell House Health and Rehabilitation	305 Walpole Street Norwood, MA 02062

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on [DATE] at 2:08 P.M., Nurse #2 said inhalers and nasal sprays should be dated upon opening and are only good for 30 days after removal from the sealed packaging. On [DATE] at 2:18 P.M., the surveyor reviewed the Unit A low side medication cart with Nurse #3, and made the following observations: - One bottle of Latanoprost (used to treat increased pressure inside the eye) eye drops, seal broken, indicating it was in use. No open date or shortened expiration date on bottle or outside packaging. - One Breo Ellipta inhaler (used to control wheezing and shortness of breath), removed from foil pouch, and in use. No open date, no shortened expiration date, no resident name or identifier on container or outside packaging. -Two Flonase nasal sprays (used to treat allergies), opened and in use. No open date or shortened expiration date on container or outside packaging. - One Spiriva inhaler (used to treat difficulty with breathing), opened and in use. No open date, no shortened expiration date, no resident name or identifier on container, and not on outside packaging. During an interview on [DATE] at 2:26 P.M., Nurse #3 said eye drops and inhalers should have the open date on them once the seal is broken. She said she did not open the medications; she has no idea if the medications are expired. She said without a name on the medications, she does not know what resident they are for. During an interview on [DATE] at 11:43 A.M., the Director of Nursing (DON) was made aware of the surveyor's observations. She said her expectation is for medications with a shortened expiration date to be labeled with the open date upon opening. She said if they were not labeled with the open date, they must be discarded, and new ones ordered. The DON said medications such as inhalers and eye drops may only be used for one resident and must be clearly labeled with a name to ensure it is not administered to the wrong resident. She said any medications that are not labeled with the resident's name, must be discarded, and new ones ordered.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. 15214 Based on record review, interview, and policy review, the facility failed, for five of five sampled Residents (#219, #33, #8, #13, and #53), to ensure residents were offered the pneumonia vaccine, unless the immunization was medically contraindicated or the resident had already been immunized. Findings include: Review of the facility's policy titled Pneumococcal Vaccine, revised March 2023, included but was not limited to: -Prior to or upon admission, residents are assessed for eligibility to receive the pneumococcal vaccine series, and when indicated/available, are offered the vaccine series within the facility unless medically contraindicated, awaiting shipments of vaccines, or the resident has already been vaccinated. -Assessment of pneumococcal vaccination status is conducted within thirty (30) days of the resident's admission if not conducted prior to admission. -Residents/representatives have the right to refuse vaccination. If refused, appropriate information is documented in the resident's medical record indicating the date of the refusal of the pneumococcal vaccination. Review of the five sampled Residents' (#219, #33, #8, #13, and #53) immunization records indicated that they had not received or had evidence of being offered the pneumonia vaccination within 30 days of admission. The following was determined: -Resident #219 was admitted to the facility in February 2024. The facility had no record of the Resident being offered or receiving the pneumonia vaccine since admission. -Resident #33 was admitted to the facility in June 2023. The facility had no record of the Resident being offered or receiving the pneumonia vaccine since admission. -Resident #8 was admitted to the facility in April 2023. The facility had no record of the Resident being offered or receiving the pneumonia vaccine since admission. -Resident #13 was admitted to the facility in February 2017. The facility had no record of the Resident being offered or receiving the pneumonia vaccine since admission. -Resident #53 was admitted to the facility in November 2023. The facility had no record of the Resident being offered or receiving the pneumonia vaccine since admission. During an interview on 4/12/24 at 9:40 A.M., the Infection Preventionist (IP) said that she did not have a comprehensive roster of residents who had received, refused, or required the pneumonia vaccine. (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/12/24 at 12:00 P.M., the Director of Nursing (DON) said that she did not have a current pneumonia vaccination roster for residents who are currently in the facility. She said that the facility policy was for residents to be offered the pneumonia vaccine within 30 days of admission. During an interview on 4/16/24 at 8:00 A.M., the DON said that the policy was to assess the residents for receiving the vaccination upon admission, and if the resident elects to receive it, it should be administered within 30 days of admission. During an interview on 4/16/24 at 12:11 P.M., the IP said that back in November 2023, she recognized that pneumococcal vaccines had not been offered to all the residents in the facility. She said, at that time, she shifted her focus to COVID vaccinations, and only recently did she realize that pneumococcal vaccinations had not been offered to each resident in accordance with the facility policy.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 41106 Based on observation, interview, and documentation review, the facility failed to implement an effective pest control program, as evidenced by sanitation concerns, mice sightings, and mice droppings on two of two open resident units (A and B), on one closed resident unit (C), and the laundry room. Findings include: On 4/11/24 at 5:00 P.M., the Director of Nurses (DON) said they do not have a policy for pest control. Review of Unit A's Pest Sighting/Evidence log indicated the last entry was on 2/13/24. Review of Unit B's Pest Sighting/Evidence log indicated the last entry was on 2/21/24. Review of the facility's Pest Binder indicated the last entry for a pest sighting was on 9/7/23. During a Resident Group Meeting with the surveyor on 4/10/24 at 2:00 P.M., the 21 residents in attendance raised the concern of continued observations of mice running in their rooms and running under closet doors to hide. During an interview with observation on 4/9/24 at 10:30 A.M., Resident #42 said there are problems with mice at nighttime and sees mice every night in the room. The surveyor, with the resident's permission, viewed the room and found mice droppings behind the furniture, in the corners of the room, and in the three closets. During an interview with observation on 4/9/24 at 11:08 A.M., Resident #4 said there are mice in the room running around every day. The surveyor observed the resident's room, with the Resident's permission, and found numerous mice droppings around the border of the room and behind the furniture. Additionally, an enormous number of mice droppings were found in the closet, inside slippers and shoes, and on the shelf directly above where the Resident's clothes were hanging. On the shelf there were foil wrappers from chocolate candy that had been eaten with numerous mice droppings present. On 4/9/24 at 11:17 A.M., the surveyor observed the small dining room on Unit A, on a dining room table there were plastics bags that contained staff personal items. Inside the activity closet in the room, the surveyor observed numerous mice droppings visible between the wood slats of the pallet on the floor. During an interview on 4/9/24 at 11:18 A.M., the surveyor observed CNA #4 accessing her personal belongings from one of the plastic bags stored in the dining room. CNA #4 said there is a little problem with mice in the building. CNA #4 said she keeps her personal items including her pocketbook in a plastic bag while in the facility because of the mice problems. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with observation on 4/9/24 at 11:55 A.M., Resident #11 said there are mice in the room and they go under the wall. The Resident said he/she sees them running around every day. The surveyor, with the Resident's permission, observed mice droppings in the corner of the room and the bathroom. During an interview with observation on 4/9/24 at 12:16 P.M., Resident #44 said there have been mice in the room within the last month. The surveyor, with the Resident's permission, viewed the room and found mice droppings in the closet and a mice hole in the wall. During an interview with observation on 4/9/24 at 1:08 P.M., Resident #27 said the mice situation is getting better, but there are still mice at nighttime in the room. The surveyor, with the Resident's permission, observed the resident's room and found mice droppings in the residents' closet room (closet shared by both residents). On 4/9/24 at 2:03 P.M., on Unit A, the surveyor observed the entrance to the tub room and observed a white bookcase with mice droppings and urine stains on the bottom 3 shelves (ground level). There was evidence of mice droppings in the tub room along the walls, the corners and underneath the radiators. There was also a mice sticky pad (trap) on the ground that was soiled with dirt and mice droppings. During an interview with observation on 4/9/24 at 3:52 P.M., Resident #219 said he/she sees 2-3 mice in the room at night, pointing to the floor over by the closet. The surveyor, with the Resident's permission, viewed the room and found mice droppings behind the furniture and in the Resident's closet. During an interview with observation on 4/10/24 at 9:07 A.M., Resident #17 said the mice come out every night in the room. The only time he/she does not see mice at night is when he/she is asleep. The surveyor, with the Resident's permission, observed mice droppings in the corners, behind the dressers, and in the Resident's closet. On 4/10/24 at 2:20 P.M., the surveyor observed the closed Unit C and made the following observations in the unlocked available rooms: -Rooms #50, #51 and #52, there were many mice droppings and yellow stains along the walls, underneath the radiators, and in the closets. In addition, there was a small amount of trash scattered on the floor throughout the room including bottle caps, hangers, and small pieces of paper. -Tub room, there were large amounts of mice droppings along the walls under the radiators around the tub, and the foot plate of the mechanical lift. Mouse sticky traps that were soiled with dirt and mice droppings. During an interview with observation on 4/10/24 at 3:41 P.M., Resident #7 said there are mice around. The surveyor, with the Resident's permission, viewed the room and observed mice droppings in the closet corners. On 4/10/24 at 2:42 P.M., the surveyor observed the laundry room in the basement and found mice droppings in the back right corner and a few mice droppings on top of a blanket covering the red linen cart. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/10/24 at 2:25 P.M., the Housekeeping Manager said she is aware of the mice issue in the building. She said they clean the rooms daily, sweeping the floors, dry mopping the floors and cleaning the bathrooms. She said everyday a room of the day on each unit is cleaned. She said the room of the day cleaning consists of stripping the beds, cleaning the beds, moving the furniture, and cleaning behind the furniture, cleaning the bathrooms, and washing the floors. She said they do not clean in the closets because of the resident's personal items. In addition, she said when unit C was closed a couple weeks ago, all the resident rooms and storage rooms on the unit were cleaned thoroughly and the floors were buffed. She said because unit C is closed, housekeeping walks through the unit and if they see a room is dirty, they clean it. The surveyor informed the Housekeeping Manager of the mice droppings in the resident rooms on Unit C, specifically in the closets and along the border of the room, and mice droppings observed on the closed unit tub room/storage room and equipment stored in the tub room. Review of the Housekeeping complete room calendar for March and April 2024 indicated the following: March 2024: -Resident #7's room was cleaned on 3/19/24. -Resident #4's aromas cleaned on 3/22/24. -Resident #219's room was cleaned on 3/23/24. -Resident #44's room was cleaned on 3/26/24. -Day rooms cleaned 3/20/24. April 2024: -Resident #27's room was cleaned on 4/2/24. -Resident #42's room was cleaned on 4/8/24. -Resident #27's room was cleaned on 4/9/24. -The Tub rooms were not on the complete room cleaning schedule. During an interview on 4/10/24 at 3:30 P.M., Certified Nursing Assistant (CNA) #2 said when he/she has worked the overnight shift you could see mice running from room to room, but it has gotten better. During an interview on 4/10/24 at 3:35 P.M., Nurse #5 said he/she has seen mice at nighttime. Nurse #5 said when you see mice you just tell the DON, and they will follow up. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/10/24 at 5:00 P.M., the Administrator, with the Director of Maintenance present, said he has been tackling the pest control problem since he arrived. The Administrator said if there is an issue with the room, he goes down there personally and plugs all holes and puts down sticky pads. The Maintenance Director said he rounds with the Pest Control Contractor and inspects resident rooms. The Maintenance Director said, when Unit C was closed approximately two weeks ago, the entire Unit was cleaned. The surveyor reviewed pictures with the Administrator and the Director of Maintenance of the above listed resident rooms on Unit A and B (occupied), resident rooms Unit C (unoccupied), tub rooms on Unit A and Unit C, small dining room Unit A, and the laundry room all with significant evidence of mice droppings. The Administrator and the Director of Maintenance were not sure why the residents' closets had not been cleaned, or why there was the number of mice droppings on Unit C if it was just cleaned. The surveyor reviewed the Pest Control Logbooks from Unit A&B which each logbook containing only one entry dated February 2024, and Pest Control Logbook with the last entry September 2023. The Maintenance Director said they were not good about filling out the logbooks and he finds out about mouse sightings by word of mouth. During a telephonic interview on 4/17/24 at 9:59 A.M., the Contracted Pest Control Manager (PCM) said he has been involved with this building since they obtained the contract services in September 2023. The PCM said during the initial consultation in September, there was evidence of mice in the building including in resident's rooms and the closets. He said the facility staff were educated as part of the pest control program to maintain pest sighting logs and to maintain sanitation in the building. The PCM said when mice droppings were found, the facility staff were told that just sweeping up the mice droppings was not sufficient. When mice droppings are found, the area must be scrubbed clean and sanitized with a chemical based cleaner to remove the urine scent, fecal matter, and to remove the pheromone trail (scent trail which attracts other mice). In addition, he said mice droppings need to be cleaned and set and the area sanitized because of the diseases that are carried in the mice droppings.