STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225218	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oxford Rehabilitation & Health Care Center	689 Main Street Haverhill, MA 01830

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, record review, and interview the facility failed to appropriately monitor the effective use of a low temperature dish machine. Specifically, the facility failed to document the parts per million (PPM) of the sanitizing solution, to ensure effective sanitization. Findings include: Review of the current manufacturer's guidelines, for the facility's contracted dish machine maintenance company, indicated that chemical sanitization PPM should be checked with daily test strips. During an observation on 2/11/26 at 11:56 A.M., the dish machine in the kitchen ran a wash cycle at 126 degrees Fahrenheit and a rinse cycle at 176 degrees Fahrenheit. The staff member in the dish machine area said that the dish machine used chemicals to clean the dishes in the machine. During an interview on 2/11/26 at 12:00 P.M., the Food Service Director said that she believes the dish machine was a low temp machine and used chemicals to clean the dishes. The Food Service Director said that the last time she recorded the PPM, with a test strip, was over a month ago and was unaware that she needed to test the PPM of the machine. Review of the dish machine temperature log for February 2026 indicated wash temperatures between 150 and 156 degrees Fahrenheit and rinse temperatures between 180 and 182 degrees Fahrenheit. There was no indication that the facility tested the PPM of the chemical machine to assess proper sanitization. During an interview on 2/11/26 at 12:05 P.M., the Food Service Director said that the reason the temperature is so high is because she requested the maintenance company to increase the temperature, otherwise the machine would run at too low of a temperature. The Food Service Director was unaware that a low temperature machine is to be run between the temperatures of 120-140 degrees Fahrenheit and needed to be tested with PPM test strips. During an interview on 2/12/26 at 7:25 A.M., the service technician for the dish machine said that, for a low temperature machine, PPM should be recorded to ensure it is sanitizing properly.

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 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** Based on observations, record reviews and interviews, the facility failed to ensure a comfortable environment on two floors where residents reside. Specifically, the facility failed to ensure that the residents' comfort was maintained and comfortable temperatures were present, resulting in residents wearing jackets, hats, gloves inside and throughout the day and night, even when extra blankets and hot beverages were available. Findings include: a.) During the initial tour on the second-floor unit on 2/10/26 between 7:39 A.M., through 2/10/26 at 8:26 A.M, the surveyor observed several residents wearing winter gloves, winter hats, and winter coats, the surveyor received the following complaints from residents: - its friggen freezing. - I'm so cold, I am wearing gloves. The Haverhill Board of Health came in last week because they 'got lots of calls', look at the temperature in my room it is 58.7 degrees. The Maintenance man 'doesn't bleed the system' and it is 'too cold to shower'. - My room is so cold, there are no mice lately it is too cold in this room for mice. - It's freezing here and they are doing nothing. - We haven't had heat forever; I am wearing a hoodie it's cold like crazy. - it's cold in my room. On 2/10/26 at 8:30 A.M., the surveyor observed the temperature outside to be 18 degrees Fahrenheit (F). On 2/10/26 at 8:34 A.M., the surveyors requested to check room temperatures with a facility representative. The Administrator said that the low temps on the unit was because of extreme weather, and she said the Maintenance Director would obtain temperatures with the surveyors. On 2/10/26 at 9:01 A.M., the surveyor and the Maintenance Director obtained the following temperatures using an infrared thermometer: room [ROOM NUMBER]: 65.1 degrees Fahrenheit (F.) room [ROOM NUMBER]: 63.3 degrees F. room [ROOM NUMBER]: 64.2 degrees F. room [ROOM NUMBER]: 63.8 degrees F, and 59.3 degrees F on the exterior wall. room [ROOM NUMBER]: 61.1 degrees F, and 60.9 degrees F. room [ROOM NUMBER]: 68 degrees F. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	room [ROOM NUMBER]: 67.4 degrees F, and 68 degrees F. room [ROOM NUMBER]: 65.3 degrees F, and 63.6 degrees F. room [ROOM NUMBER]: 68.7 degrees F, and 64.5 degrees F. room [ROOM NUMBER]: 68.0 degrees F, and 68.0 degrees F. b.) During the initial tour of the second-floor units on 2/10/26 at 8:30 A.M., the following complaints were received by residents: - The heat does not work; it is always cold in here. - My room is always cold. - It is always cold in this building; the pipes are old. During a walkthrough of the second-floor unit on 2/10/26 at 9:29 A.M., with the Maintenance Director, the following room temperatures were obtained by using an infrared thermometer (temperature at bedroom door/temperature by bedroom window): room [ROOM NUMBER]: 66.2 F/ 66.0 F room [ROOM NUMBER]: 65.8 F/ 65.3 F room [ROOM NUMBER]: 64.0 F/ 68.0 F room [ROOM NUMBER]: 67.0 F – with a window heater on room [ROOM NUMBER]: 63.5 F/ 62.4 room [ROOM NUMBER]: 61.7 F/60.9 F room [ROOM NUMBER]: 63.6 F/ 63.3 F room [ROOM NUMBER]: 63.5 F/ 63.0 F During an interview on 2/10/26 at 9:43 A.M., the Maintenance Director said the building has large, drafty windows and there is not much that can be done about it. c.) During the initial tour and interviews on 2/10/26 at 8:47 A.M., with residents on the first floor (Rooms in the 100's) the following was observed and reported: -A resident with a portable electric heater that was on, in his/her room said the heater was brought in because the room was freezing. -A resident said he/she is cold, and that there has been no heat on this floor. The radiator in the room felt cold to touch. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	d). During a walk through with the Maintenance Director on 2/10/26 at 9:00 A.M., the following room temperatures were obtained: room [ROOM NUMBER]: 59 degrees F. room [ROOM NUMBER]: 65 degrees F. room [ROOM NUMBER]: 61 degrees F. e.) During the initial observations and interviews on 2/10/26 at 7:33 A.M., with residents on the first floor the following was observed and reported: -A resident with a portable electric space heater that was on in his/her room said the space heater was brought in because it has been very cold for weeks, and that we (nodding to his/her roommate) are wearing jackets to bed. The radiator on the wall was slightly warm to touch on the left side of the unit. The right side of the radiator was not warm to touch. -A resident said we have not had heat all winter. The resident said we just keep getting lip service about what they are doing to fix the heat. At night it is very cold and we use extra blankets. I have called AgeSpan (ombudsman program) about the heat and we still not see any improvement. When the surveyor touched the radiator in the room it had minimal heat on the left side and the right side of the radiator did not have any heat emanating from the unit. -A resident said we have a problem of it being cold here like my roommate said. -A resident was observed with a portable electric space heater that was on. The resident said when it gets to be under 68 degrees, he/she is uncomfortable, especially his/her legs because he/she has hardware in his/her legs. The radiator in the room had minimal heat emanating from the left side of the radiator and the right side had no warmth to touch. When the surveyor opened the door to another resident room, the room was cold. The resident in the room said they say (the room) is 67 degrees, but it is cold and has been cold all winter. -The next resident room was cold upon entry. A resident was observed covered in bed wearing a hood. The resident said it has been this way (cold) for a while now, they (staff) say they have fixed it, but it is still cold and it is not fixed. f.) During the initial observations and interviews on 2/10/26 at 10:52 A.M., with residents on the second floor the following was observed and reported by residents: -A resident observed in bed, small and frail in stature, wearing gloves and a coat in bed. The resident said I think there is something wrong with the heat. The room felt cold. -Another resident room was cold upon entering. -A resident said he/she is cold, and that there has been no heat on this floor (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During the Resident Group Meeting conducted with the surveyors on 2/10/26 at 1:20 P.M., seven out of eight residents who participated said they have concerns over the lack of heat in the building. The residents continued to say that the heat has been a concern for at least a couple of weeks, and it is always cold in the building. One resident said it is getting as cold as 58 degrees F. in his/her room. Further, the residents said they have observed staff members wearing jackets while working. Review of the Resident Council Concern Follow-Up document dated 1/29/26 indicated the nature of the concern: the rooms are very cold. First floor would like a portable heater and fix the latch on the first-floor day room window. Department Head Resolution: Weather sealed and screwed window shut. Despite the Department Head Resolution response residents continue to say they are cold both day and night. During an interview on 2/10/26 at 1:58 P.M., the Administrator said that the regulation for temperatures in a facility certified after 1990 are required to have temperatures between 71 degrees and 81 degrees Fahrenheit or that the residents are reasonably comfortable, when the temperature is 67 degrees Fahrenheit. The Administrator said she was made aware of the residents being cold early January. The Administrator said building is old with drafty windows and that the heating system is only about three years old. The Administrator said they have been temping the rooms, offering blankets and hot beverages. The Administrator said she was not sure if the heating service provider has been in to review the heating system operation. During an interview on 2/10/26 at 2:29 P.M., the Ombudsman said residents have been reporting they are cold since early January. The Ombudsman said the facility has patched spaces around the windows, and the air conditioning units, and that it remains cold to the residents. The Ombudsman said the residents tell her after the sun goes down it is very cold and the residents report to her, they wear hats, jackets and hoodies to bed. g.) During an interview and observation on 2/10/26 at 4:18 P.M., Administrator #2 said he came to the facility today from another facility to help and has not been in the facility recently. Administrator #2, using an infrared thermometer gun obtained the following temperatures: room [ROOM NUMBER], internal wall 59.6 degrees Fahrenheit, 69 degrees Fahrenheit on the radiator. The resident in the B bed, said he/she was cold. room [ROOM NUMBER] exterior wall 62.9 degrees Fahrenheit, behind the beds 64.7 degrees Fahrenheit. room [ROOM NUMBER] exterior wall 62.9 degrees Fahrenheit, wall above beds 67.8 degrees Fahrenheit, room [ROOM NUMBER] exterior wall 60 degrees Fahrenheit, slit wall across from beds 62.6 degrees Fahrenheit room [ROOM NUMBER], the resident in the room said it is cold and it gets colder at night. Exterior wall 59.8 degrees Fahrenheit, wall above the beds 60 degrees Fahrenheit, interior wall 62 degrees Fahrenheit. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	room [ROOM NUMBER] exterior wall 63 degrees Fahrenheit, interior wall behind the beds 66 degrees Fahrenheit, wall across from the beds 64.7 degrees Fahrenheit. The resident in the room said it should be warmer here. room [ROOM NUMBER] exterior wall 57 degrees Fahrenheit, wall behind the beds 60 degrees Fahrenheit, Wall across from the beds 59.3 degrees Fahrenheit. The resident in the room said it is ice cold in here. room [ROOM NUMBER] exterior wall 57.7 degrees Fahrenheit, behind the bed wall 61.8 degrees Fahrenheit, the wall across the beds 61.5 degrees Fahrenheit. room [ROOM NUMBER] exterior wall 63.5 degrees Fahrenheit, bed wall 64 degrees Fahrenheit, wall across from beds 65.6 degrees Fahrenheit. Administrator #2 said there seemed to not be enough flow through the radiators. Administrator #2 said all the rooms' ambient temperature would be a few degrees higher than the infrared thermometer readings. Administrator #2 said he could not deny the rooms were cool. During an interview on 2/10/26 at 8:33 A.M., Certified Nursing Assistant (CNA) #5 said he usually works the overnight shift. CNA #5 said the residents are cold, especially at night. CNA #5 said he was not sure if they were fixing the heat, and said the residents ask for more blankets, which he said he provided. During an interview on 2/10/26 at 4:51 P.M., CNA #1 (evening shift CNA) said that residents complain that the building is too cold especially when the sun goes down. During an interview on 2/10/26 at 4:52 P.M., CNA #2 (evening shift CNA) said that residents complain that the building is too cold. During an interview on 2/11/26 6:56 A.M., CNA #3 (night shift CNA) said that the facility has been cold a couple months, and residents have been complaining for months, he said they brought in a space heater in the hallway, and staff are encouraged to keep the residents' doors open but it only does so much. CNA #3 said that Resident rooms [ROOM NUMBERS] are extremely cold. During an interview on 2/11/26 at 3:47 P.M., the Maintenance Director said he was just taking into consideration that it was a cold winter with extreme outside temperatures, that the windows are drafty, and some beds were against the radiators as to why the facility was running cold. The Maintenance Director said he taped off drafts, and gaps around the air conditioners. The Maintenance Director said after Christmas more residents said they were cold and he started to record room temperatures. The Maintenance Director said he does not doubt it will get colder in the rooms at night. The Maintenance Director said he did not record the temperatures at nighttime. The Maintenance Director said he was not aware that nor did residents tell him they were sleeping in hats and coats. The Maintenance Director said the plumber was not called before yesterday and came out last night and said a circular pump was misfiring and this effected the water circulation into the radiators and was not pulling the hot water quickly enough. During an interview on 2/12/26 at 8:13 A.M., a resident said his/her room is warmer today and he/she finally did not feel like a cold slab of meat in a meat locker. (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 2/12/26 at 7:00 A.M., a resident said, I don't know why it took you (surveyors) to come into the facility to get them to get someone here to fix the heat.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview the facility failed to ensure for one resident #109, out of a total sample of 24 residents, that recommended services were implemented in accordance with the Pre-admission Screening and Resident Review (PASRR) Level II Evaluation Determination Summary. Specifically, Resident #109 was screened to meet PASRR criteria for SMI (serious mental illness) with recommended behavioral health services, individual psychotherapy. Findings include: Resident #109 was admitted in October 2025 and has diagnoses that include dysphagia, and gastrostomy status (a gastrostomy tube is surgically placed to provide direct access to the stomach for nutrition, hydration, and medication when oral intake is insufficient or unsafe), post-traumatic stress disorder, opioid use, anxiety disorder and schizoaffective disorder. Review of the comprehensive Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #109 scored a 14 out of 15 on the Brief Interview for Mental Status exam indicating he/she as cognitively intact. Review of Resident #109's clinical record indicated the following:-A Pre-admission Screening and Resident Review (PASRR) level II Evaluation Determination Summary, dated 12/8/25, which indicated Resident #109 meets the PASRR criteria for a SMI and nursing facility services are appropriate up to 90 days. Recommended behavioral health services including Individual Psychotherapy. Review of the Care plan with the Focus: Resident meets PASRR II level of determination due to schizoaffective d/o (disorder), anxiety d/o, major depressive d/o, opioid abuse, cocaine use, and PTSD (post-traumatic stress disorder). As part of the determination, PASRR mandates the implementation of the following specialized services during the resident's admission to the facility: DMH (Department of Mental Health) Clubhouse, Case Consultation, Individual Psychotherapy, Methadone, buprenorphine, buprenorphine/naloxone, or naltrexone, self-help skills, PT (physical therapy), OT (occupational therapy) and ST (speech therapy) evaluation expires 3/8/26. During an interview on 2/10/26 at 3:55 P.M., Resident #109 said he/she was not sure what DMH clubhouse was or if he/she was seen by individual therapy but was interested in knowing. Review of Resident #109's clinical record indicated the following:- A Social Service note dated 11/4/25 Referral sent to behavioral health therapist on this day. Further review of the clinical record failed to indicate Resident #109 was seen for individual psychotherapy in accordance with the PASRR level II determination summary. During an interview on 2/11/26 at 8:49 A.M., Unit Manager #1 said the individual talk therapist notes are located under miscellaneous in the clinical record. During a telephone interview on 2/11/26 at 8:53 A.M., the PASRR review specialist said the SNF (skilled nursing facility) staff should be aware of the level II determination including coordinating the recommended services including psychotherapy. During an interview with Social Worker #1 and Social Worker #2 on 2/11/26 at 10:16 A.M., Social Worker #1 said Resident #109 has been seen by the psychiatric nurse practitioner (NP) who would have offered Resident #109 individual therapy. SW #1 said the NP would not be the person to coordinate the PASRR level II recommended services. Social Worker #2 said they audited Residents last fall who had Level II recommendations.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview the facility failed for one Resident (#37), out of a total sample of 24 resident to provide standards of quality of care. Specifically, the facility failed to identify an alteration in Resident #37's skin resulting in a delay in providing treatment and monitoring to ensure it was not worsening. Findings include: Review of the facility's policy, titled Preventative Skin Care, dated April 2015 indicated it is the policy of this facility that routine preventative skin care be done by the C.N.A. (Certified Nursing Assistant) every shift for those residents at risk for altered skin integrity. Resident #37 was admitted to the facility in April 2021 and has diagnoses that include but are not limited to chronic diastolic heart failure, morbid obesity, muscle weakness and venous insufficiency. Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #37 scored a 13 out of 15 on the Brief Interview for Mental Status exam indicating he/she as having intact cognition. Further, the MDS indicated Resident #37 as dependent on staff for care activities including bathing, toileting and dressing, is at risk for developing pressure injuries and had no venous ulcers. On 2/12/26 at 8:13 A.M., Resident #37's left lower shin was observed with small scab-like areas descending the shin, with dry patches of skin and a small open area. Resident #37 said he gets washed daily and cannot reach his/her legs. Review of Resident #37's clinical record indicated the following: -A weekly skin check dated 2/9/26, that did not identify any skin alterations for Resident #37. -Physician's orders dated 8/30/23 monitor for signs and symptoms for bleeding d/t (due to) being on Eliquis (a blood thinning medication), every shift and notify MD (medical doctor) if observed. Review of the care plan date initiated 6/7/2023 indicated Resident #37 has potential alteration in skin integrity related to decreased/impaired mobility or function, incontinence, poor nutrition, morbid obesity, Norton Plus Score. Goal: skin will remain intact target date 2/16/26. Review of the care plan date initiated 6/7/23 indicated Resident #37 has edema in: Left Lower Extremities, right lower extremities. Intervention dated 6/7/23 indicated observe for complications r/t edema, i.e. open areas, weeping of serous fluid, sx (symptom) infection date 6/7/23. Review of the care plan date initiated 6/7/23 indicated Resident #37 occasionally chooses not to participate in daily care needs, hygiene needs, frequently refuses ordered weights, therapies, and ultimately refuses to both ambulate and get out of bed. Review of the clinical record failed to indicate a treatment for the areas observed, nor a plan of care for monitoring the areas to promote healing and prevent worsening. During an interview on 2/12/26 at 9:59 A.M., CNA #6 said she took care of Resident #37 yesterday on the day shift. CNA #6 said Resident #37 requires two CNAs to provide daily care and at times he/she will not let staff touch his/her feet. CNA #6 said the Resident does use his/her other foot to scratch his/her skin or uses a reacher (a mechanical tool used to extend a person's reach) to scratch his lower leg. CNA #6 and the surveyor went to see Resident #37. CNA #6 said the areas of red scabs, dry patches and small open area were present yesterday and that the Nurses are aware of how his/her left leg looks. During an interview on 2/12/26 at 10:26 A.M., Unit Manager #1 was working on the medication cart. Unit Manager #1 said she was not aware until just now, when she was told by the CNA that Resident #37 has an alteration in his/her skin. Unit Manager said staff are required to let nursing staff know if there are changes of any kind to a resident's skin. Unit Manager #1 and the surveyor observed Resident #37's lower left leg. Unit Manager #1 said the areas on Resident #37's left lower leg are small scabs in a line, dry skin and an open area that she said is a possible skin tear. Unit Manager #1 said the Resident is at risk of bleeding due to being on blood thinner and has history of edema. During an interview on 2/12/26 at 10:56 A.M., the Nursing Staff Developer said she is also the nurse who does skin rounds. The Staff Developer Nurse said she would expect staff when they identify skin changes to report it to the nurse. The Staff Developer Nurse said she observed the Resident, and that he/she does scratch him/herself, he/she has a cluster of scratches, has dry skin areas and an open area that was not scabbed.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews, the facility failed to identify and eliminate all known and foreseeable accident hazards in the resident's environment for three Residents (#75, #9, and #112), out of 24 total sampled residents. Specifically,1 For Resident #75, the facility failed to ensure a safe, hazard free environment when Resident #76 had an electric space heater in his/her room. 2. For Resident #9, the facility failed to ensure a safe, hazard free environment when Resident #9 had a small electric space heater in his/her room. 3. For Resident #112 the facility failed to ensure a safe, hazard free environment when Resident #112 had a small electric space heater in his/her room. Findings include: 1. Resident #75 was admitted to the facility in January 2025. Review of the Minimum Data Set assessment dated [DATE] indicated Resident #75 scored 15 out of 15 on the Brief Interview for Mental Status exam indicating he/she as cognitively intact. During an observation and interview on 2/10/26 at approximately 7:40 A.M., a small electric space heater was observed plugged in and running. The roommate said Resident #75 bought it. Resident #75 entered the room and said they were wearing jackets to bed because it was so cold. During a follow-up interview on 2/11/26 at 1:12 P.M., Resident #75 said the space heater was brought in by family a week or more ago. At this time the space heater was no longer observed in the room. 2. Resident #9 was admitted to the facility in October 2024. Review of the Minimum Data Set assessment dated [DATE] indicated Resident #9 scored 14 out of 15 on the Brief Interview for Mental Status exam, indicating he/she as cognitively intact. On 2/10/26 at approximately 7:50 A.M., Resident #9 was observed up in a chair in his/her room. A space heater was on and located near the foot of the bed. Resident #9 said when it gets to be under 68 degrees, he/she is uncomfortable because he/she has hardware in his/her legs. On 2/10/26 at 4:18 P.M., Administrator #2 and the surveyor observed the portable space heater in Resident #9's room. Administrator #2 said he did not know the policy on residents' having portable space heaters. On 2/11/26 at approximately 1:00 P.M Resident #9 said his/her family brought in the space heater about a week ago and that last night it was removed for safety reasons. During an interview 2/11/26 12:53 P.M., the Administrator said space heaters are not to be used by residents for safety reasons. 3. Resident #112 was admitted to the facility in August 2023 with diagnoses including Diabetes, chronic kidney disease, and anemia. Review of Resident #112's most recent Minimum Data Set (MDS) assessment, dated 1/9/26, indicated moderate cognitive impairment as evidenced by a Brief Interview of Mental Status (BIMS) (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	score of 11 out of 15. On 2/10/26 at 8:29 A.M. and 2/10/26 at 1:30 P.M., the surveyor observed Resident #112 sitting next to his/her bed with an electric heater on the nightstand set at 90 degrees. On 2/11/26 at 7:11 A.M., the surveyor observed Resident #112 lying in his/her bed with his/her eyes closed and the electric heater was not in view. During an interview on 2/11/26 at 12:20 P.M., Resident #112 said that at 10:30-11P.M. last night a man he/she did not know came in his/her room and attempted to remove his/her heater without introducing himself or explaining why he was removing it. The Resident said his/her spouse had bought that heater and he/she was not aware that there was any rule or regulation against using one. He/she would not allow the heater to be removed but stopped using it and placed it under his/her bed. The Resident complained of the room being cold without the use of the heater. During an interview on 2/11/26 at 12:56 P.M., the Administrator said that she was not aware that any residents had heaters in their rooms. She said that they are a safety risk to use in a resident's room. She was not aware of any policy they had about using a heater, but they follow the regulation. During an interview on 2/12/26 and 10:55 A.M., the Maintenance Director said he had heard that residents had been ordering space heaters on weekends but had not been told of anyone specific that they had them. He said it was his understanding that they are not allowed due to safety risk.

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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. Based on observation, record review, and interview, the facility failed to ensure professional standards of practice for the care of a suprapubic urinary catheter (a tube placed through the suprapubic region into the bladder to drain urine) for one Resident (#51) out of a total sample of 24 residents. Specifically, the facility failed to ensure the size of Resident #51's catheter was the same size the physician ordered. Findings include: Resident #51 was admitted to the facility in June 2022 with diagnoses including stroke and neuromuscular dysfunction of the bladder. Review of the most recent Minimum Data Set (MDS) assessment, dated 1/2/26, indicated that Resident #51 was cognitively intact as evidenced by a Brief Interview for Mental Stats (BIMS) score of 15 out of 15. This MDS indicated Resident #51 had an indwelling catheter. Review of Resident #51's plan of care related to suprapubic catheter care, dated 7/27/22, indicated:- Resident has a supra pubic 18 x 30 ml (milliliters) catheter due to neurogenic bladder. Review of Resident #51's physician's order, dated 12/2/25, indicated:- Suprapubic Catheter- insert foley 16 French (size of catheter), with 30 ml balloon. Change catheter as needed for blockage or leakage. Review of Resident #51 urology office visit report, dated 1/28/26, indicated:-12/4/25- SPT (suprapubic tube) change, reports tubing was backed up, and he/she developed right testicle pain and swelling found to have right epididymo-orchitis (inflammation of both the epididymis and the testis) and treated at hospital and had SPT change16 French in on exam with balloon super inflated to 30mls he/she denies leakage issues. Will change with 18 French and 10mls in balloon.-1/5/26- SPT change. No issues.-1/28/26- SPT change 18 French. No issues. On 2/11/26 at 8:58 A.M., and on 2/12/26 at 9:00 A.M., the surveyor observed Resident #51 with an 18 French 5 cc balloon suprapubic urinary catheter. During an interview on 2/11/26 at 12:20 P.M., Resident #51 said that he/she goes out to his/her urologist to have the catheter changed every 3 weeks. He/she said that it has been changed at the facility by nursing when it has become blocked, but not recently. During an interview on 2/11/26 at 2:07 P.M., Unit Manager #1 said that nursing should be checking the size of catheter and balloon size when he returns from the hospital or urologist to make sure the order matches the size of catheter that is being used. She said that the urologist usually changes the catheter and replaces it with the same size. During an interview on 2/12/26 at 9:10 A.M., the Assistant Director of Nursing said nursing should implement the catheter size in accordance with the physician's order and that the consequences of inserting a size too large could potentially result in pain, infection, and necrosis.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to ensure that respiratory care and services, consistent with professional standards of practice, were provided for two Residents (#40 and #7) out of sample of 24 residents. Specifically,1 For Resident #40 the facility staff failed to ensure a physician's order was obtained for the administration and liter flow rate of oxygen to be administered. 2. For Resident #7 the facility failed to ensure that nursing consistently administered oxygen in accordance with the physician's orders. Findings include: Review of the facility policy titled Oxygen Administration dated as revised November 2020, indicated to deliver low flow oxygen, per the physician's order via nasal cannula. 1.Resident #40 was admitted to the facility in December 2025 with diagnoses including centrilobular emphysema. Review of the Minimum Data Set assessment dated [DATE] indicated that Resident 40's cognition is cognitively intact as evidenced by a scored 15 out of 15 on the Brief Interview for Mental Status assessment. Further review indicated that Resident #40 used oxygen. On 2/10/26 at 8:28 A.M. and at 12:30 P.M., the surveyor observed Resident #40 walking in his/her room receiving oxygen (O2) via nasal cannula at 1 L/min (liters per minute). Resident #40 said he/she had just been in the hospital and needed to wear oxygen. On 2/11/26 at 2:04 P.M., the surveyor observed Resident #40 sitting in hallway receiving portable O2 via nasal cannula at 1L/min. On 2/12/26 at 7:57 A.M., the surveyor observed Resident #40 in his/her room wearing O2 via nasal cannula at 1L/min. Review of the physician's orders dated February 2026 failed to indicate an order for the administration of oxygen or to check oxygen saturation. Review of the care plan related to oxygen dated 12/19/25 indicated: -Administer oxygen as ordered and monitor its effectiveness by checking oxygen saturation, as indicated. Review of the Hospital Discharge summary dated [DATE] indicated: -COPD on home oxygen- continue home regime. -Wean oxygen to keep oxygen saturation 88-92%. During an interview on 2/12/26 at 7:57 A.M., Unit Manager #1 said Resident #40 should have a physician's order for the use of oxygen. She said he/she had returned from the hospital on 2/6/26 and the oxygen order must have been overlooked. During an interview on 2/12/26 at 9:10 A.M., the Assistant Director of Nursing said that there should (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	be a physician's order for the use of oxygen. 2. Resident #7 was admitted to the facility in March 2022 with diagnoses including diabetes, asthma, and chronic obstructive pulmonary disease. Review of the most recent Minimum Data Set assessment, dated 12/12/25, indicated Resident #7 had a severe cognitive impairment as evidenced by a Brief Interview of Mental Status score of 5 of 15. This MDS indicated Resident #7 required assistance with activities of daily living and he/she received oxygen therapy. Review of Resident #7's care plan related to Resident has altered respiratory status, dated as revised 7/3/25, indicated: - Oxygen as ordered for resident needs. Review of Resident #7's physician's order, dated 1/27/25, indicated: -Titrate oxygen (O2) 0-2 liters/minute (ltre/min) to maintain pulse ox greater than 89% every shift for dyspnea and sao2 (oxygen saturation) below 90. On 2/10/26 at 7:39 A.M., 2/10/26 at 11:54 A.M., 2/10/26 at 4:42 P.M., and on 2/11/26 at 6:52 A.M., the surveyor observed Resident #7 in bed, he/she was receiving oxygen via nasal cannula at a flow rate of 4 liters per minute (LPM). Resident #7's oxygen concentrator was out of reach, and he/she could not reach the concentrator. On 2/11/26 at 1:20 P.M., and 2/12/26 at 6:50 A.M., Resident #7 was not wearing any supplemental oxygen. On 2/12/26 at 7:50 A.M., the surveyor observed Resident #7 in bed not wearing any supplemental oxygen, the oxygen concentrator was turned off. The surveyor found Nurse #3, and she said that Resident #7 wears oxygen and Resident #7 sometimes takes the nasal cannula out of his/her nose and Nurse #3 said Resident #7 does not have the dexterity to shut the oxygen concentrator off him/herself. The surveyor and Nurse #3 entered Resident #7's room and Nurse #3 attempted to obtain Resident #7's oxygen saturation on room air as Resident #7 was not wearing oxygen. The surveyor observed Nurse #3 as she attempted to trouble shoot the pulse oximeter (a device clipped to the finger that measures blood oxygen saturation) to ensure the oximeter was working and Nurse #3 confirmed the pulse oximeter was working. Nurse #3 left the pulse oximeter on Resident #7's finger, and she said she would try to find a warm cloth to apply to Resident #7's finger to see if that would help get an oxygen reading. On 2/12/26 8:02 A.M., the Assistant Director of Nursing (ADON) entered Resident #7's room with a different pulse oximeter, the oximeter that Nurse #3 had left on Resident #7's finger was now reading 87-88%, and Resident #7 was on room air. The ADON's pulse oximeter began to read on 88-89% on room air. The ADON said that Resident #7 has cold fingers and sometimes the oximeter takes a little time for the oxygen saturation to read. The ADON said that she would need to administer oxygen to Resident #7 to maintain an oxygen saturation above 89%. Review of Resident #7's Medication Administration Record, dated 2/1/26 through 2/10/26, indicated nursing documented that they administered Resident #7 oxygen at a level above his/her physician's (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	flow rate on 12 out of 30 shifts. During an interview on 2/12/26 at 9:33 A.M., the Quality Assurance (QA) Nurse said that nursing should implement oxygen orders based on the physician's orders. The surveyor and the QA Nurse reviewed the documentation in the medical record, and she said that Resident #7's order for oxygen is for 0 to 2 LPM and if nurses are administering oxygen above 2 LPM the nurses should notify the provider and obtain new orders with a higher flow rate range.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to ensure one Resident (#11) was free from a significant medication error, out of a total sample of 24 residents. Specifically, for Resident #11, the facility failed to ensure nursing administered intravenous (IV) daptomycin (antibiotic medication) was administered to a resident with a diagnosis of bacteremia (blood infection).Findings include: Review of the facility policy titled Intermittent Medication Administration, dated as effective [DATE], indicated to safely administer intermittent infusion of medications or solution to a resident in a subacute setting. Procedure: 2. Verify the physician's order.7. Inspect medication or solution for leaking, cracks, particulate matter, clarity, and expiration date. If the product is expired or integrity is compromised, report and return to the pharmacy. Resident #11 was admitted to the facility in [DATE] with diagnoses including bacteremia, pulmonary embolism, anxiety, collapsed vertebra, pain, bipolar disorder, mood disorder, and post-traumatic stress disorder. Review of the most recent Minimum Data Set assessment, dated [DATE], indicated: C: Brief Interview of Mental Status score 15/15, which indicated Resident #11 was cognitively intact. N: antibiotic, coded as yes. O: IV medications, coded as yes. During an interview on [DATE] at 8:14 A.M., Resident #11 said he/she was admitted to the facility for IV antibiotics related to a blood infection. Resident #11 said on one evening the facility did not have his/her antibiotic medication and he/she did not receive the dose. The IV pole in Resident #11's room had an empty bag of daptomycin hanging that was dated do not administer after [DATE] (expired), Resident #11 said that the bag hanging was what she received last evening. Review of Resident #11's care plan related to IV therapy, dated as [DATE], indicated: -IV as ordered. Review of Resident #11's care plan related to infection with a resistant micro-organism bacteremia, dated as [DATE], indicated:-Antibiotics as ordered. Review of Resident #11's physician's orders dated [DATE], indicated: -Daptomycin Intravenous Solution Reconstituted (Daptomycin), Use 625 milligrams (mg) intravenously one time a day for Bacteremia for 25 Days. Review of Resident #11's Orders-Administration Note, dated [DATE], indicated:-Daptomycin Intravenous Solution Reconstituted, Use 625 mg intravenously one time a day for Bacteremia for 25 Days. Pending Delivery. Review of Resident #11's Medication Administration Record in the Electronic Health Record, dated [DATE], indicated the daptomycin was not administered as ordered. Review of the Infusion Medication Administration Record (a paper medical record, located in a binder at the nursing station), dated February 2026 indicated between [DATE] through [DATE] that nursing documented the daptomycin medication was administered as ordered. Review of the pharmacy delivery manifest, dated as [DATE] at 3:51 A.M., indicated the pharmacy delivered two doses of daptomycin for Resident #11. During an interview on [DATE] at 4:50 P.M., Nurse #1 said that Resident #11's daptomycin was not available for administration on [DATE] and she called the pharmacy and Nurse #1 said the pharmacy was supposed to come on the night run and deliver the daptomycin after her shift was over. Nurse #1 said she spoke with the night nurse (Nurse #2) and Nurse #1 said Nurse #2 agreed to hang the daptomycin when the medication arrived. Further Nurse #1 said that she only documents the daptomycin administration in the EHR (electronic health record) and she was not aware of any paper documentation. Nurse #1 said she did not document she notified the physician and she did not obtain a physician's order to administer the daptomycin available once delivered. During an interview on [DATE] at 6:53 A.M., Nurse #2 said she couldn't recall administering Resident #11's daptomycin on [DATE] when the medication arrived from the pharmacy on [DATE]. During a follow up interview on [DATE] at 7:30 A.M., Nurse #2 said she did not recall administering daptomycin and she said she did not administer the daptomycin. Nurse #2 reviewed the electronic health record (EHR), and she said that if she had administered the daptomycin she would have documented in the EHR. During an interview on [DATE] at 9:26 A.M., the Quality Assurance (QA) Nurse, said that Resident #11 missing a dose of daptomycin would be considered a significant medication error as the medication is (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	used for a blood stream infection and not receiving the medication can result in the worsening of infection. The QA Nurse said the pharmacy only delivers two doses of daptomycin at a time because the daptomycin is only good for 2 days. The QA Nurse said that the facility has not fully integrated documenting IV administration into the EHR, and she said that nursing should continue to document in both the EHR and the paper flow sheets. During an interview on [DATE] at 9:51 A.M., the Infection Control Nurse said that nursing should document IV medication administration in both the paper records and in the EHR. During a follow up interview and subsequent observation and record review on [DATE] at 10:11 A.M., the QA Nurse and the surveyor reviewed the paper documentation for the daptomycin administration and the documentation in the EHR and she said she was not sure why the nursing initials did not match with each other and they should be the same initials in both records. During an interview [DATE] at 11:10 A.M., the Physician said Resident #11 is on daptomycin for his/her bacteremia and it is important he/she receives it daily. The Physician said that when the daptomycin wasn't administered on [DATE] the medication should have been given once the medication was available. The Physician said he was not aware that Resident #11 never received the dose on [DATE].

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, the facility failed to ensure staff stored drugs and biologicals in accordance with State and Federal laws. Specifically, the facility failed to ensure medications were dated once opened according to manufacturer's guidelines in one of three medication carts observed. Findings include: Review of the facility policy titled 'Medication Storage Room/Medication Cart Policy ', dated 2/2018, indicated:- Licensed personnel will be responsible for checking expiration dates on ordered medication, house stock medications, and supplies. On 2/10/26 at 9:15 A.M., the surveyor and Nurse #4 observed the following in the [NAME] floor medication cart:- One Symbicort inhaler, opened and undated.- One Humalog insulin pen, opened and was not labeled with name or date.- One Lantus insulin pen, opened and undated.- One Lispro insulin vial, opened and was not labeled with name or date. During an interview on 2/11/26 at 2:11 P.M., Unit Manager #1 said that Nurse #4 had informed her of the open, undated, and unlabeled inhaler and insulin. Unit Manager #1 said these medications have shortened expiry dates once opened and should have been dated but were not. During an interview on 2/12/26 at 9:10 A.M., the Assistant Director of Nursing said the inhaler and insulin have shortened expiry dates once opened and should have been dated once opened.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observation and interview, the facility failed to properly dispose of garbage and refuse outside near the dumpster, potentially hindering pest management efforts. Findings include: During initial screening on 2/10/26, several residents complained of pest sightings, particularly mice in their bedrooms. During resident council on 2/10/26 at 1:15 P.M., 7 out of 8 residents complained about seeing mice in their rooms. Review of the pest control service report, dated 12/22/25, indicated the following: Theres pallets of trash outside on the ground, this attracts pests, need better trash program You have uncovered trash in the break room with the rear door open and trash outside. This is exactly why you have mice issues. Review of the pest control service report, dated 2/5/26, indicated a recommendation pending to clean dumpster and cover trash. During observations on 2/11/26 at 12:29 P.M. and 5:00 P.M., the dumpster outside was left open on the top and side and was filled with bags containing trash. During an observation on 2/12/26 at 7:25 A.M., the dumpster outside was left open on the top and side and was filled with trash. There were four trash bags left on top of pallets next to the dumpster. During an interview on 2/12/26 at 10:49 A.M., the Maintenance Director said that his assistant meets with the pest control contractor and believes most of the pest control issues stem from residents leaving food out in their rooms. The Maintenance Director said that he expects staff to close the dumpster when not in use.

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a plan that describes the process for conducting QAPI and QAA activities. Based on observation, record review and interviews, the facility failed to ensure the Quality Assurance Performance Improvement (QAPI) program identified and ensured continuous evaluation of care delivery systems and to prevent continued concerns that affect the quality of life of the residents on all resident care units. Specifically, the facility failed to ensure a Quality Assurance Improvement plan was established when sources of concern were reported related to the residents being cold. Findings include: Findings include: Review of the facility's policy titled, Quality Assurance Performance Improvement (QAPI) dated April 2015 indicated the (Organizations) Health Care Systems facilities will have effective Quality Assurance Performance Improvement programs to improve the quality of life, and quality of care and services delivered in facilities.During the survey conducted on 2/10/26 through 2/12/26 multiple residents residing in the facility on both floors said they have been reporting that they are cold most of the winter until 2/12/26, when they reported feeling more heat. During the survey, sources including the Ombudsman, resident interviews, staff interviews, and resident group note dated 1/29/26 indicated continuous concerns related to the cold environment, resulting in residents saying they wear coats and hats to bed. During an interview on 2/10/26 at 1:58 P.M., the Administrator said she was made aware in early January that the residents reported being cold. The Administrator said that she requested the Maintenance Director to take room temperatures a few times a week, for staff to offer residents blankets, and have hot beverage stations. During the QAPI task interview on 2/12/26 at 11:56 A.M., the Administrator said the QAPI committee meets the third Thursday of each month. The Administrator said the environment, including the operation of the heating system and residents reporting being cold, was not identified or discussed in the January QAPI meeting.

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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 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** Based on observations and interviews, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections on one unit ([NAME]), out of four units and for one Resident (#109) residing on the [NAME] Unit.Specifically, the facility failed to implement Enhanced Barrier Precautions (EBP) when providing care on the [NAME] Unit:For Resident #109, the facility staff failed to wear Personal Protective Equipment (PPE) while providing high contact care for the Resident on EBP with a feeding tube.Findings include: Review of the facility's policy titled Enhanced Barrier Precautions (EBP), revised 7/2022, indicated the following:-It is the policy of this facility to implement enhanced barrier precautions for preventing transmission of novel or tarted multi-resistant organisms (MDROs). Novel or targeted MDROs are organisms that are resistant to all or most antibiotics tested, are uncommon in a geographic area, or have special genes that allow them to spread their resistance to other germs.-EBP require the use of gown and gloves for certain residents during specific high-contact resident care activities in which there is an increased risk for transmission of MDROs. High -contact resident care activities include bathing/showering, providing hygiene, dressing, transferring, linen changes, toileting, device care, and wound care.Resident #109 was admitted to the facility in October 2025 with diagnoses including malignant neoplasm of lateral wall of oropharynx and gastrostomy status.Review of the most recent Minimum Data Set (MDS) assessment, dated 11/3/25, indicated that Resident #109 was cognitively intact as evidenced by a Brief Interview for Mental Stats (BIMS) score of 14 out of 15.On 2/11/26 at 9:16 A.M., the surveyor observed the following:-An EBP sign posted at the entrance of the Resident's doorway to the room.-A PPE bin with the necessary PPE required located in the hallway directly outside of the Resident's room.-Nurse #5 entered Resident #109's room with his/her medications. Nurse #5 was not wearing a gown or gloves. Resident #109 was wearing gloves and Nurse #5 explained to surveyor that he/she has been educated on how to administer his/her own medications and tube feeding with supervision from the nurse. Nurse #5 raised Resident #109's shirt with her bare hand and used her stethoscope to check his/her tube feeding for placement (attach a syringe to the port, inject 5-10 ml (milliliters) of air while listening for a whoosh over the stomach with a stethoscope. The Resident completed the remainder of the care independently with her supervision.-Resident #109's removed his/her syringe from his/her drawer without any covering or container when Nurse #5 and surveyor entered the room. The syringe was left on his overbed table without any cover or container when Nurse #5 and surveyor left the room.During an interview on 2/11/16 at 9:25 A.M., the surveyor discussed with Nurse #5 that Resident #109 is on EBP and that gloves and a gown are required. Nurse #5 said she did not think PPE was required as the Resident was administering his/her own medication.During an interview on 2/11/26 at 2:17 P.M., Unit Manager #1 said that Resident #109 is on EBP and the nurse should have worn a gown and gloves when caring for his/her tube feeding.During an interview on 2/11/26 at 12:43 P.M., the Infection Prevention Nurse said the nurse should have worn a gown and gloves when caring for Resident #109's feeding tube.During an interview on 2/12/26 at 9:12 A.M., the Assistant Director of Nursing (ADON) said Resident #109 was on EBP due to his/her tube feeding. The ADON said a gown and gloves should be worn when providing care for Resident #109.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225218	A. Building B. Wing	02/12/2026

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F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews the facility failed to ensure accuracy of the Minimum Data Set (MDS) assessments for three residents (#3, #5 and #109), out of a total sample of 24 residents. Specifically:1. For Resident #3 the MDS nurse failed to code a high-risk medication accurately. 2. For Resident #5, the MDS nurse failed to include a fall sustained by Resident #5 on the most recent MDS and, 3. For Resident #109, the MDS nurse failed to document the use of a gastrostomy tube (a tube used for enteral nutrition) These failures resulted in inaccurate MDS assessments being transmitted to the Centers of Medicare and Medicaid Services. Findings include: 2. Resident #5 was admitted to the facility in March 2016 and has diagnoses that include dementia, and non-traumatic brain dysfunction. Review of the Minimum Data Set assessment dated [DATE] indicated Resident #5 scored a 1 out of 15 on the Brief Interview for Mental Status exam, indicating Resident #5 as severely cognitive impaired. Further, the MDS indicated Resident #5 as dependent on staff for care activities including eating, toileting, bathing and dressing. Review of Resident #5's clinical record indicated the following: -A fall assessment dated [DATE] resulting in a score of 14 indicating the Resident is at risk of falling. -A progress note dated 1/6/26 that Resident #5 was found on the floor. Review of the fall incident report dated 1/6/26, indicated Resident #5's roommate came to staff to show the Resident was on the floor. Guardian, MD (medical doctor), Director of Nursing and Administrator aware. Review of the MDS with an assessment reference date of 1/23/26 failed to indicate Resident #5 was coded as having a fall since admission/entry or reentry or the prior assessment. Coding that Resident #5 did not have a fall, conflicts with the documentation of a fall on 1/6/26. During an interview on 2/11/26 at 3:22 P.M., MDS Nurse #2 said when she does an MDS assessment she reviews risk management to see if a resident had fallen since the last assessment and whether there was an injury. MDS Nurse #2 said Resident #5 did have a fall and it was missed on the MDS. MDS nurse #2 said she did not see the progress note that Resident #5 fell on 1/6/26. MDS Nurse #2 said MDS assessments should be accurate and that it was a mistake. 3. Resident #109 was admitted in October 2025 and has diagnoses that include dysphagia, and gastrostomy status (a gastrostomy tube is surgically placed to provide direct access to the stomach for nutrition, hydration, and medication when oral intake is insufficient or unsafe). Review of the comprehensive Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #109 scored a 14 out of 15 on the Brief Interview for Mental Status exam indicating he/she as cognitively intact. On 2/11/26 at 8:19 A.M., Resident #109 was observed resting in bed. A syringe was on the bedside table. Resident #109 picked it up and said it is used to administer his/her medications and pointed to (continued on next page)

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F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	the gastrostomy tube in his/her stomach. Resident #109 said it has been there since he/she was admitted and a new syringe is used for the Jevity (nutritional supplement) daily. Review of Resident #109's physician orders indicated the following: - Jevity 1.5 Cal/fiber Oral Liquid (nutritional supplement), give 237 milliliters (ml) via g-tube one time a day for unable to meet needs with PO (by mouth eating) 12/8/26. (sic) Review of Resident #109's care plan indicated the focus as Resident has a gastric tube feeding (18fr (French)) d/t (due to) dysphagia, malnutrition, and poor P.O. intake, date initiated 11/2/25. Review of the admission Nutritional assessment dated [DATE] indicated Resident #109 has (G) tube feeding for supplemental bolus feeding. Review of the MDS dated [DATE] indicated the nutritional approach of a feeding tube, while a resident in the facility was coded as 'No'. During an interview on 2/11/26 at 11:57 A.M., MDS Nurse #1 and the surveyor reviewed the Medication Administration Record for October 2025 and November 2025 indicating Resident #109 was administered supplemental nutrition and medication via the g-tube. MDS Nurse #1 said she did not code the Resident as having a feeding tube on the MDS and that the MDS should be accurate. 1. Review of the Resident Assessment Instrument (RAI) manual, dated October 2025, indicated for coding section: N0415: High-Risk Drug Classes: Use and Indication 1. Review the resident's medical record for documentation that any of these medications were received by the resident and for the indication of their use during the 7-day lookback period (or since admission/entry or reentry if less than 7 days). 2. Review documentation from other health care settings where the resident may have received any of these medications while a resident of the nursing home (e.g., valium given in the emergency room). Resident #3 admitted to the facility in June 2006 with diagnoses including vascular dementia, hemiplegia and hemiparesis, and atrial fibrillation. Review of Resident #3's most recent Minimum Data Set assessment, dated 11/18/25, indicated Resident #3 received a hypnotic medication. Review of Resident #3's active physician's orders and medication administration records during the MDS assessment reference date (ARD) failed to include documentation to support that Resident #3 received a hypotonic medication. Further review indicated Resident #3 received an anxiolytic medication (Ativan). During an initial interview on 2/11/26 at 10:04 A.M., MDS Nurse #1 said she codes every resident who receive hypnotic medication such as Ativan according to RAI manual and she said she review's the Massachusetts Circular letter 17-2-699 for medication classification that indicates that Ativan is a hypnotic medication. The surveyor requested MDS Nurse #1 to reach out to her regional MDS Nurse to (continued on next page)

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F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	re-review the coding for hypnotic medications and Ativan. During a follow up interview on 2/11/26 at 12:27 P.M., MDS Nurse #1 said she spoke with her regional MDS nurse, and she said that the Ativan should not have been coded as a hypnotic.