STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225481	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vantage Health & Rehab of New Bedford	200 Hawthorn Street New Bedford, MA 02740

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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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 49424 Based on record review and interview, the facility failed to ensure the Resident Representative was notified of a fall for one Resident (#58), out of a total sample of 18 residents. Specifically, the facility failed to ensure the activated Health Care Proxy (HCP- health care agent designated by the resident when competent who has the authority to consent for health care decisions when a resident has been declared, by a physician, not to be competent to make his/her own health care decisions) was notified of an elopement attempt resulting in the Resident wandering to the basement of the building. Findings include: Resident #58 was admitted to the facility in July 2024 with diagnoses including but not limited to dementia and history of repeated falls. Review of the Minimum Data Set (MDS) assessment, dated 1/2/25, indicated Resident #48 had a Brief Interview for Mental Status (BIMS) score of 0 out of a possible 15 which indicated the Resident had a severe cognitive impairment. Review of Section E, titled Behavior indicates Resident #48 wandered 4-6 times during the Assessment Review Date (ARD). During an interview on 2/24/25 at 8:50 A.M., Unit Manager #1 said the Resident had an incident on 2/17/25 where he/she wandered on to the elevator and was found in the basement exit seeking. She said Resident #58 has been on 1:1 supervision with staff since the incident. During an interview on 2/24/25 at 2:53 P.M., the Resident's HCP said the facility staff had not called her to update her on the incident that occurred. She said she received some details from her sister and a private duty home health aide but never received a clinical update from the facility staff. She said she was not sure what interventions were in place after the incident. Review of the Massachusetts Health Care Proxy, dated 12/2006, indicated Resident #58 had appointed a HCP and an Alternative HCP. Review of the HCP Activation form, dated 6/2024, indicated the physician determined the Resident lacked the capacity to make health care decisions and the HCP has been activated related to dementia, and the expected duration was indefinite. (continued on next page)

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

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of an Incident Report, dated 2/17/25, indicated that the physician was notified on 2/17/25 and a family member (not the named HCP) was notified on 2/24/25. During an interview on 2/28/25 at 3:12 P.M., Unit Manager #1 said she frequently speaks with Resident #58's family member but was not sure if that family member was the primary HCP. She said if the facility needed to contact a family member for the Resident, they would call the family member she usually speaks with. Unit Manager #1 reviewed the face sheet and said that the staff were not calling the HCP. She said the HCP has the designation under contact type listed as Emergency Contact #1, HCP. During an interview on 2/26/25 at 3:22 P.M., Social Worker #2 said the HCP should be called for updates related to health care decisions and needs. During an interview on 2/27/25 at 11:38 A.M., Clinical Consultant #1 said the primary HCP was not called or notified of the incident as she should have been.

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted 50740 Based on interview and document review, the facility failed to ensure two Residents (#54, #51) were informed of and actively participated in his/her baseline plan of care within the first 48 hours following admission, out of a total sample of 19 residents. Findings include: Review of the facility's policy titled Care Plans - Baseline, revised 5/2022, indicated but was not limited to the following: -A baseline plan of care to meet the resident's immediate needs shall be developed for each resident within forty-eight (48) hours of admission. -The resident and their representative will be provided a summary of the baseline care plan that includes, but is not limited to the following: a. The initial goals of the resident; b. A summary of the resident's medications and dietary instructions; c. Any services and treatments to be administered by the facility and personnel acting on behalf of the facility; and d. Any updated information based on the details of the comprehensive care plan, as necessary. 1. Resident #54 was admitted to the facility in July 2024 with diagnoses including diabetes and chronic pain. Review of Resident #54's most recent Minimum Data Set (MDS) assessment, dated 1/29/25, indicated Resident #54 was cognitively intact, as evidenced by a Brief Interview for Mental Status (BIMS) score of 13 out of 15. Review of Resident #54's medical record failed to include documentation indicating a baseline care plan was developed within the first 48 hours following the Resident's admission and provided to the Resident. During an interview on 2/26/25 at 4:29 P.M., Consultant Nurse #2 said the facility has no record of a baseline care plan developed for Resident #54. During an interview on 2/27/25 at 10:56 A.M., Consultant Nurse #1 said she did not know the facility's process for the development of the baseline care plan prior to her arrival in December. Consultant Nurse #1 said all newly admitted residents should have a baseline care plan developed within 48 hours of admission and the baseline care plan should be reviewed with the resident/resident's representative and a summary of the baseline care plan should be provided in writing. (continued on next page)

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	49424 2. Resident #51 was admitted to the facility in July 2024 with diagnoses including Chronic Obstructive Pulmonary Disease. Review of the MDS assessment, dated 12/30/24, indicated Resident #51 had a BIMS score of 15 out of 15 which indicated the Resident was cognitively intact. During an interview on 2/24/25 at 1:52 P.M., Resident #51 said he/she doesn't recall reviewing the initial plan of care within 48 hours of admission. The Resident also said he/she did not receive a copy of the baseline care plan. Review of Resident #51's medical record failed to include documentation indicating a baseline care plan was developed within the first 48 hours following the Resident's admission. During an interview on 2/25/25 at 10:11 A.M., Clinical Consultant #3 said the baseline care plans are created within 48 hours of admission and reviewed with the Resident. She said she could not find evidence of a baseline care plan or evidence that the Resident received a copy as he/she should have.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 36542 Based on observation, interview, and record review, the facility failed to ensure a comprehensive care plan was developed and implemented for one Resident (#72), in a total sample of 19 residents. Specifically, the facility failed for Resident #72, to implement a care plan and individualized interventions related to changes in their mood including crying. Findings include: Review of the facility's policy titled Care Plans, Comprehensive Person-Centered, dated March 2022 indicated but was not limited to: -The comprehensive, person-centered care plan: includes measurable objectives and timeframes; -describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being; -includes the resident's stated goals upon admission and desired outcomes; -reflects currently recognized standards of practice for problem areas and conditions; -when possible, interventions address the underlying source(s) of the problem area(s), not just the symptoms or triggers; -assessments of residents are ongoing and care plans are revised as information about the residents and the residents' condition change. Resident #72 was admitted to the facility in January 2025 with diagnoses of dementia and depression. Review of the Minimum Data Set (MDS) assessment, dated 2/3/25, indicated Resident #72 scored 1 out of 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident had a severe cognitive impairment. Review of the care plans indicated Resident #72 had a Focus of mood disorder related to depression, with a goal to remain free of signs or symptoms of distress, symptoms of depression, anxiety or sad mood through review date. The interventions included administering medications as ordered to monitor for the side effects and effectiveness of medications and to arrange for psychiatric services as indicated. On 2/24/25 at 9:55 A.M., the surveyor observed Resident #72 in bed and was able to converse with the surveyor. Resident #72 started to cry and stated he/she did not know where their spouse was or when he/she saw them last. The Resident said he/she missed their spouse and was lonesome. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/26/25 at 10:25 A.M., the surveyor observed Resident #72 sitting up in a wheelchair watching television in their room. The Resident engaged in greeting the surveyor and then started to tear up and cry. The Resident said he/she did not think their spouse knew where he/she was but hoped they did. During an interview on 2/26/25 at 12:25 P.M., Certified Nursing Assistant (CNA) #2 said she was familiar with Resident #72 and that the Resident would often cry any time their spouse was not at the facility and the spouse visited daily. During an interview on 2/26/25 at 12:30 P.M., the spouse of Resident #72 said Resident #72 cried a lot. The spouse said they hoped the newly added medication to help with appetite (Remeron) would also help with the crying, but nothing had changed yet. During an interview on 2/26/25 at 12:45 P.M., CNA #1 said Resident #72 cries the moment their spouse leaves. She said she worked the previous evening, and the Resident cried from the moment their spouse left until the Resident said to the CNA it's time for me to get washed up and go to bed. She said she offers the Resident reassurance, but she was not sure how much more they could do. During an interview on 2/26/25 at 1:06 P.M., the Nurse Practitioner (NP) said she was unaware that Resident #72 cried every day. She reviewed the physician visits from the primary physician and the other NP and said there was no indication in the medical notes that the Resident was presenting with crying. She said the Remeron was added related to weight loss and there was no mention in the note about the Resident's mood. During an interview on 2/26/25 at 1:34 P.M., Nurse #4 said she was the nurse for Resident #72 and she had recently heard about Resident #72 being weepy about his/her spouse and just tried to offer the Resident reassurance that the spouse was coming back. During an interview on 2/26/25 at 1:35 P.M., Social Worker #2 said she was unaware Resident #72 had been crying and had not heard anything and would follow up with the surveyor about the interventions or if the Resident had been referred to psychiatric services for follow up. During an interview on 2/26/25 at 3:18 P.M., Social Worker #1 said she met with Resident #72 and their spouse on this day and they declined psychiatric services. She said there were no interventions for the Resident's mood prior to the surveyor inquiry because she was not aware the Resident had been crying every day. She said the process was for the interdisciplinary team to discuss all the residents and she had not been told about Resident #72. She said the staff should have provided this information so that the plan of care for the Resident could have been updated to include individualized interventions.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46562 Based on observations, interviews, and records reviewed for one Resident (#227) of 19 sampled residents, the facility failed to ensure a resident was provided care in accordance with professional standards of practice. Specifically, for Resident #227, the facility failed to administer medications as ordered. Findings include: Review of [NAME], Manual of Nursing Practice 11th edition, dated 2019 indicated the following: -The professional nurse's scope of practice is defined and outlined by the State Board of Nursing that governs practice. Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice, dated as revised April 11, 2018, indicated the following: -Nurse's Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescriber that are received by a variety of methods (i.e., written, verbal/telephone, standing orders/protocols, pre-printed order sets, electronic) in emergent and non-emergent situations. Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error. Review of the facility's policy titled Medication Therapy, dated as revised 2007, indicated but was not limited to: -All medication orders will be supported by appropriate care processes and practices Resident #227 was admitted to the facility in February 2025 with diagnoses which included pneumonia, methicillin-resistant Staphylococcus aureus (MRSA) in his/her nares Review of Resident #227's current Physician's Orders included but were not limited to: -Mirtazapine (antidepressant) 7.5 milligrams (mg) by mouth daily at bedtime, dated 2/25/25 Review of Resident #227's February 2025 Medication Administration Record (MAR) indicated he/she had not received Mirtazapine on 2/25/25. Review of Resident #227's progress notes indicated Nurse #5 had not administered the Mirtazapine because the medication was unavailable. Further review of Resident #227's medical record failed to indicate a provider was made aware the medication was not available. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/26/25 at 7:55 A.M., Resident #227 said he/she saw a consultant yesterday and was supposed to start a new medication, he/she even signed a consent form for it, but the medication was never provided. During an interview on 2/26/25 at 9:04 A.M., Nurse #3 (Acting Unit Manager) reviewed Resident #227's medical record and said the Mirtazapine had not been administered and was marked as unavailable. Nurse #3 said when a medication was unavailable the nurse should check the emergency medication supply kit and call the provider for alternate orders. Nurse #3 reviewed the emergency medication supply kit and noted Mirtazapine 15 milligrams was available. During an interview on 2/26/25 at 1:23 P.M., Nurse #5 said Resident #227 did not receive the Mirtazapine on 2/25/25 because the medication had not come in from the pharmacy. Nurse #5 said she asked the other nurse working and was told the facility did not have any Mirtazapine available. Nurse #5 said she did not call the provider because he was the one who wrote the order and he had just left the building. Nurse #5 said he would have known the pharmacy did not deliver the medication so he should have known it would not have been administered. Nurse #5 said she was unaware of the emergency medication supply kits. During an interview on 2/26/25 at 1:13 P.M., Consulting Staff #2 said the facility was aware the medication was not administered and Nurse #5 should have called the provider for further instructions.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 15214 Based on record review and staff interview, the facility failed to provide showers for two dependent Residents (#23 and #34), in a total sample of 19 residents. Findings include: 1. Resident #23 was admitted to the facility in September 2021 with diagnoses which included unspecified lack of coordination, muscle weakness, and unspecified fracture of the right femur. Review of the Minimum Data Set (MDS) assessment, dated 2/6/25, indicated the Resident scored 13 out of 15 on the Brief Interview for Mental Status (BIMS) indicating he/she was cognitively intact. The MDS indicated the Resident had bilateral impairment of the lower extremities and was dependent for showering/bathing. Review of Resident #23's care plan for Activities of Daily Living (ADL), dated 9/5/24, indicated that he/she was dependent on staff for shower/bathing, personal hygiene, toileting hygiene, and upper/lower body dressing. During an interview on 2/24/25 at 12:30 P.M., the Resident and the Resident's daughter both said that the Resident does not get a shower since he/she was not able to walk. The Resident said he/she would love a shower. During an interview on 2/27/25 at 8:20 A.M., Certified Nursing Assistant #3 (CNA) said that the Resident had not received a shower since he/she fractured his/her right hip on 4/29/24. CNA #3 said the Resident has expressed a desire to take showers. On 2/27/25 at 8:25 A.M., CNA #3, who routinely cares for the Resident, said that the facility does not have the right size Hoyer pad for showering the Resident. During an interview on 2/27/25 at 10:56 A.M. the Director of Nursing (DON) said that the facility found a shower pad for the Hoyer lift (mechanical lift) and was going to give the Resident a shower today. The DON said she didn't know why there was such a delay in getting a shower pad so Resident #23 could have a shower. 2. Resident #34 was admitted to the facility in September 2023 with diagnoses which included cerebral vascular accident (CVA), myocardial infarction (MI), and atrial fibrillation. Review of the MDS assessment, dated 12/31/24, indicated Resident #34 scored 14 out of 15 on the BIMS assessment which indicated the Resident was cognitively intact. The MDS indicated Resident #34 required substantial/maximum assistance with showering/bathing. Review of Resident #34's care plan for Activities of Daily Living (ADLs), included, but was not limited to the following: (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	I need assistance with my ADLs due to Decreased strength and endurance due to a-fib, CAD, Hx (history of) MI, Impaired cognition due to CVA -I will maintain my current level of function through the review date *Shower/bathe-Dependent *Toileting Hygiene-Dependent During an interview on 2/27/25 at 8:35 A.M., CNA #3 said that the Resident is bathed/showered on the 3:00 P.M.-11:00 P.M. shift and she was unsure if the Resident received a regular shower versus a bed bath. CNA #3 said that residents are supposed to be showered weekly. During an interview on 2/27/25 at 9:53 A.M., Resident #34 said that he/she does not get showered and couldn't remember the last time he/she was showered. He/She said that instead of showers, he/she receives bed baths from the CNAs who care for him/her. He/She said the bed baths are not as good as getting a shower as the bed baths don't provide washing of his/her feet or head which he/she preferred. During an interview on 2/27/25 at 11:00 A.M., the DON said that every Resident should receive a shower weekly. She said she wasn't aware that the Resident was not receiving weekly showers.

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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. 49424 Based on observation, record review, and interview, the facility failed to ensure all drugs and biologicals were stored in a safe and secure manner as required. Specifically, the facility failed to ensure medications were not left unattended in Resident #7's room. Findings include: Review of the facility's policy titled Administering Oral Medications, dated 2001, indicated the following: -Remain with the resident until all medications have been taken. Resident #7 was admitted to the facility in May 2021 with diagnoses including but not limited to Parkinson's disease and dementia. Review of the Minimum Data Set (MDS) assessment, dated 12/18/24, indicated Resident #7 had a Brief Interview for Mental Status (BIMS) score of 7 out of a possible 15 which indicated severe cognitive impairment. On 2/25/25 at 8:12 A.M., the surveyor observed Resident #7 sitting on the edge of the bed eating breakfast. Next to the Resident's breakfast tray there was a medication cup with eight pills in it. Resident #7 was unable to identify any of the medications or say when they received the medications. During an interview with observation on 2/25/25 at 8:15 A.M., Unit Manager #1 said the nurses should remain with the residents until all the medications are taken. She said it is important to verify whether the medications were taken. If they are left with the resident, then it cannot be verified that the medications were taken appropriately. She said there were eight medications remaining in the cup on the Resident's bedside table. During an interview with an observation on 2/25/25 at 8:22 A.M., Nurse #7 said he did not see Resident #7 take the medications. He said it appeared as if the Resident was going to take the medications when he left the room. He said he did not stay with the Resident to ensure they were taken appropriately. Review of Medication Administration Record, dated 2/25/25, indicated the Resident was administered the following medications: -Amlodipine Tab (treat high blood pressure) 10 milligrams (mg) -Aspirin Tab (pain reliever) 325 mg -Lorazepam Tab (treat seizures) .5 mg (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Losartan Potassium Tab (treat high blood pressure) 50 mg -Methimazole Tab (treat hyperthyroidism) 5 mg -Metoprolol Tab (treat high blood pressure) 25 mg -Calcium Chew plus Vitamin D -Vitamin B12 250 micrograms (mcg) During an interview on 2/25/25 at 9:57 A.M., Clinical Consultant #1 said no medications should be left at the bedside, and the nurse should have remained with Resident #7 to ensure the medications were taken appropriately and as ordered.

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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. 36542 Based on observation and interview, the facility failed to follow professional standards of practice for food safety and sanitation to prevent the potential spread of foodborne illness to residents who are at high risk. Specifically, the facility failed to ensure the main kitchen floor was maintained in a sanitary and safe condition. Findings include: Review of the 2022 Food Code by the Food and Drug Administration (FDA), revised 1/2023, indicated but was not limited to the following: -6-501.12 Cleaning, Frequency and Restrictions. (A) PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean. (B) Except for cleaning that is necessary due to a spill or other accident, cleaning shall be done during periods when the least amount of FOOD is exposed such as after closing. -6-501.13 Cleaning Floors, Dustless Methods. (A) Except as specified in (B) of this section, only dustless methods of cleaning shall be used, such as wet cleaning, vacuum cleaning, mopping with treated dust mops, or sweeping using a broom and dust-arresting compounds. (B) Spills or drippage on floors that occur between normal floor cleaning times may be cleaned: (1) Without the use of dust-arresting compounds; and FDA Food Code 2022 Chapter 6. Physical Facilities Chapter 6 - 9 (2) In the case of liquid spills or drippage, with the use of a small amount of absorbent compound such as sawdust or diatomaceous earth applied immediately before spot cleaning. On 2/24/25 at 8:10 A.M., the surveyor observed the main kitchen area. The maroon tile flooring in the kitchen had visible dark debris and was soiled in multiple areas of the kitchen, but most prominently on the area of the kitchen floor before the dish room. At this time, the surveyor observed the kitchen staff completing the breakfast tray line and the last meals were sent to the units. There were no dirty breakfast dishes that had been returned to the kitchen at this time. The floor in the dish room had a rubber mat with towels underneath and many orange-colored food spills within the holes of the mat. On 2/26/25 at 8:26 A.M., the surveyor observed the main kitchen area. The maroon tile flooring had areas where the floor was soiled and was not clean. During an interview on 2/26/25 at 8:30 A.M., the Food Service Director (FSD) said the cleaning process for the kitchen floor was for a designated cleaning staff member to clean the kitchen on Tuesdays and Thursdays including cleaning the main kitchen area floor, the dish room floor and the rubber mats in the dish room. She said the evening dietary staff were to mop the floor in the main area of the kitchen every night, but they did not clean the dish room floor or dish room rubber mats. She said the kitchen floor did not look clean on Monday (2/24/25) and could have been more thoroughly cleaned the previous evening. She said the food debris in the rubber mats on Monday had probably been from the previous night. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 2/26/25 at 12:15 P.M., the FSD said she had discussed the process for cleaning the kitchen floor with her staff and discovered that the evening dietary staff did not know where the mop heads were, so they had not been mopping the kitchen floors at the end of the night. She said that was why the kitchen floor was not clean on Monday (2/24/25) because it had not been cleaned since Thursday (2/20/25).

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. 50740 Based on document review and interview, the facility failed to develop and implement their facility assessment (a document assessing the capability of the facility and its resources to provide both emergency and day to day care of the population the facility currently serves). Specifically, the facility failed to ensure active involvement of all required members when conducting the facility assessment. Findings include: Review of the Centers for Medicare and Medicaid Services (CMS) guidance, dated 6/18/24, indicated but was not limited to the following: -In conducting the facility assessment, the facility must ensure active involvement of the following participants in the process: a. Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and b. Direct care staff, including but not limited to, Registered Nurses, Licensed Practical Nurses/Licensed Vocational Nurses, Nursing Assistants, and representatives of the direct care staff, if applicable c. The facility must also solicit and consider input received from residents, resident representatives, and family members. Review of the facility's policy titled Facility Assessment, revised December 2023, indicated, but was not limited to, the following: -A facility assessment is conducted annually to determine and update our capacity to meet the needs of and competently care for our residents during day-to-day operations. -The team responsible for conducting, reviewing, and updating the facility assessment includes the following: a. The administrator; b. A representative of the governing body; c. The medical director; d. The director of nursing services; e. The infection preventionist; and (continued on next page)

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	f. The director (or designee) from the following departments: (1) environmental services; (2) physical operations; (3) food and nutrition services; (4) social and activity services; and (5) rehabilitative services. Review of the Facility Assessment, dated February 2025, indicated but was not limited to: -Names/Titles of individuals involved in completing the assessment: Administrator, Director of Nursing, A member of the Governing Body, Medical Director, RN Consultant. The Facility Assessment failed to solicit input from direct care staff or residents, resident representatives, or family members. During an interview on 2/27/25 at 10:56 A.M., Consultant Nurse #1 said the facility assessment was updated in February 2025. Consultant Nurse #1 said the leadership team was involved in updating the facility assessment but no resident or resident representative or direct care staff input was included.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 46562 Based on observations, interview, and records reviewed, 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 potential transmission of communicable diseases and infections for five Residents (#227, #50, #30, #23, and #38), out of a total sample of 19 residents. Specifically, the facility failed to: 1. For Residents #227, #50, and #30, ensure staff maintained Transmission Based Precautions as indicated; 2. For Resident #23, ensure that the oxygen concentrator was maintained in a clean/sanitary condition; and 3. For Resident #38, ensure that Enhanced Barrier Precautions were maintained as indicated. Findings include: 1. Review of the facility's policy titled Isolation- Categories of Transmission-Based Precautions, dated as revised October 2018, indicated but was not limited to: -Transmission based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents -Transmission based precautions are additional measures that protect staff, visitors and other residents from becoming infected. These measures are determined by the specific pathogen and how it is spread from person to person. The three types of transmission-based precautions are contact, droplet and airborne. -When a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door and on the front of the chart so that personnel and visitors are aware of the need for and the type of precaution a. The signage informs the staff of the type of CDC precaution(s), instructions for use of personal protective equipment (PPE), and/or instructions to see a nurse before entering the room b. Signs and notifications comply with the resident's right to confidentiality or privacy -Contact precautions may be implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident care items in the resident's environment a. Staff and visitors will wear gloves (clean, non-sterile) when entering the room (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. Staff and visitors will wear a disposable gown upon entering the room and removed before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed A.Review of Centers for Disease Control and Prevention guidance titled Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007), Appendix A: Figure. Example of Safe Donning and Removal of Personal Protective Equipment (PPE), updated 11/27/23, indicated for donning a gown to: -Fully cover torso from neck to knees, arms to end of wrist, and wrap around the back -Fasten in back at neck and waist Resident #227 was admitted to the facility in February 2025 with diagnoses which included pneumonia, methicillin-resistant Staphylococcus aureus (MRSA) in his/her nares Review of Resident #227's Physician's Orders indicated but were not limited to: -Contact precautions related to MRSA in nares, dated 2/24/25 On 2/26/25 at 8:20 A.M., the surveyor observed a contact precaution sign posted on the doorway entrance of Resident #227's room. The surveyor observed Nurse #2 enter the room, provide the resident his/her breakfast, and adjust pillows under his/her legs. Nurse #2's gown was not secured around her neck exposing her shoulders and chest. Nurse #2 left the room and returned at 8:25 A.M., prior to entering the room she donned a new set of personal protective equipment (PPE); her gown was again unsecured around her neck exposing her shoulders and chest. During an interview on 2/26/25 at 10:42 A.M., the Infection Control Nurse said Resident #227 required contact precautions because he/she had MRSA in his/her nares. The Infection Control Nurse said gowns should be fastened around the neck and the shoulders and chest should be covered. 49424 B. Resident #50 was admitted to the facility in October 2023 with diagnoses including overactive bladder. Review of Resident #50's Physician's Orders indicated but were not limited to: -Precautions -Contact precautions related to Extended-Spectrum Beta-Lactamases (ESBL) in urine, dated 2/3/25 On 2/24/25 at 9:45 A.M., the surveyor observed a sign outside Resident #50's room which indicated Stop Contact Precautions Everyone Must: -Clean their hands, including before entering and when leaving the room. -Providers and staff must also put on gloves before room entry. Discard gloves before room exit. -Put on gown before room entry. Discard gown before room exit. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Do not wear the same gown and gloves for the care of more than one person. -Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. On 2/24/25 at 9:46 A.M., the surveyor observed Nurse #1 in the Resident's room administering eye drops to the Resident without PPE. During an interview on 2/24/25 at 9:48 A.M., Nurse #1 said PPE was only needed for direct care with residents on contact precautions. She said only gloves were required when administering #50's medications. On 2/25/25 at 8:08 A.M., the surveyor observed Unit Manager #1 enter Resident #50's room, deliver the breakfast tray to the Resident, and assist with setting up the tray. The surveyor observed the contact precaution sign outside of Resident #50's room. During an interview on 2/24/25 at 12:59 P.M., the Infection Preventionist said that anyone who enters the room for a Resident on contact precautions should perform hand hygiene, put on gloves, and don (put on) a gown. He said the nurse and unit manager should have been wearing the PPE instructed on the sign before entering the room. During an interview on 2/25/25 at 10:43 A.M., Clinical Consultant #1 said any staff member entering a room with contact precautions should be following all the instructions on the sign. C. Resident #30 was admitted to the facility in January 2025 with diagnoses including urinary tract infection. Review of Resident #30's care plan indicated: -Focus: I require contact precautions due to positive ESBL of urine, dated 2/3/25. On 2/24/25 at 9:49 A.M., the surveyor observed a contact precaution sign outside of Resident #30's room. On 2/24/25 at 9:50 A.M., the surveyor observed Rehab Staff #2 in Resident #30's room placing a gait belt around the Resident and touching the Resident offering assistance without wearing gloves or a gown as indicated. During an interview on 2/24/25 at 9:52 A.M., Rehab Staff #2 said she did not need to wear any PPE because PPE was only required for assisting the resident with toileting. On 2/25/25 at 08:06 A.M., the surveyor observed Unit Manager #1 entering Resident #30's room with his/her breakfast tray. The surveyor observed Unit Manager #1 setting up the breakfast tray, cleaning his/her tray table, and leaving the Resident's room without performing hand hygiene. On 2/26/25 at 8:49 A.M., the surveyor observed the Activities Director with no gloves or gown donned assisting Resident #30 by wrapping a blanket around the Resident. She turned off the Resident's call bell and left the room without performing hand hygiene. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 2/26/25 at 8:55 A.M., the Activities Director said she did not wear any PPE in the Resident's room because she didn't think it was required. She said that she took the blanket off the Resident's bed and draped it on the Resident. She said after reading the sign on the door she should have worn PPE. During an interview on 2/26/25 at 8:58 A.M., the Infection Preventionist said any staff entering a room for a Resident on contact precautions needs to follow all the instructions on the sign posted. 15214 2. Review of the National Institutes of Health (NIH), Oxygen Therapy and the Risk of Infection for Health Care, 2020, indicated but was not limited to: A dirty oxygen concentrator filter can make you sick, as it can allow bacteria and other contaminants to build up and be inhaled with the oxygen, potentially leading to respiratory infections, especially for individuals with compromised immune systems or existing lung conditions; therefore, it's crucial to regularly clean and replace filters according to manufacturer instructions. Resident #23 was admitted to the facility in April 2024 with diagnoses which included congestive heart failure, other allergic rhinitis, and cough. Review of Resident #23's Physician's Order indicated: -oxygen via nasal cannula, 2 liters per minute continuously, to maintain an oxygen saturation greater than 90% every shift. Further review of the physician's order failed to indicate an order for the cleaning (who or when) of the oxygen concentrator filter. On 2/27/25 at 11:20 A.M., the surveyor observed Resident #23 lying in bed with a nasal cannula oxygen tube in his/her nose dated 2/26/25, with oxygen flowing at 1 liter per minute (LPM) via an oxygen concentrator. The filter on the oxygen concentrator was observed to be completely coated with light gray dust and there was no indication as to when the filter was cleaned last. During an interview on 2/27/25 at 11:30 A.M., the Clinical Consultant said that she was not sure of who was responsible for cleaning the oxygen concentrator filter or the schedule for cleaning. She said there was no order for cleaning the filter. The Consultant said that there was an infection control concern with the oxygen concentrator filter not being maintained in a clean and sanitary condition. 3. Resident #38 was admitted to the facility in August 2023 with diagnoses which included acute respiratory failure, chronic cough, and benign prostatic hypertrophy. Review of Resident #38's medical record indicated that the Resident was on Enhanced Barrier Precautions (EBP) due to the presence of a urinary catheter and an open wound. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/27/25 at 11:50 A.M., the surveyor observed an EBP sign posted at the doorway indicating staff were to sanitize their hands, don gloves and a gown, (apply a mask if there is a risk of splashes or spray) prior to entering the room to provide care or treatment. A precaution cart with PPE was observed outside the Resident's room. On 2/27/25 at 11:53 A.M., the surveyor observed Nurse #6 enter Resident #38's room without sanitizing her hands and donning a gown and gloves. Once in the room, Nurse #6 touched various items like the door handle and room curtain as she prepared to perform the treatment to the Resident's wound. During an interview on 2/27/25 at 12:10 P.M., Nurse #6 said that she didn't realize that she had entered the Resident's room without performing hand hygiene and donning the appropriate PPE. During an interview at 2/27/25 at 12:10 P.M., the Corporate Consultant said Nurse #6 failed to follow the posted signage for EBP for a Resident with a urinary catheter and an open wound.