STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225486	A. Building B. Wing	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presentation Rehab and Skilled Care Center	10 Bellamy Street Boston, MA 02135

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41456 Based on observations, policy review, record review and interviews, the facility failed to provide a dignified existence for one Resident (#31) out of a total sample of 35 residents. Findings include: Review of the facility policy titled, Dignity, dated June 2022, indicated the following: -each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. -staff strive to treat residents with dignity and respect. -demeaning practices and standards of care that compromise dignity are prohibited. Staff are expected to promote dignity and assist residents; For example: promptly responding to a resident's request for toileting assistance. Resident #31 was admitted to the facility in August 2016 with diagnoses including dementia. Review of Resident #31's most recent Minimum Data Set (MDS), dated [DATE], indicated the Resident had a Brief Interview for Mental Status (BIMS) of 9 out of a possible 15, which indicated the Resident had moderate cognitive impairment. The MDS also indicated Resident #31 was dependent on staff for toileting tasks. On 5/21/24 at 9:10 A.M., Resident #31 told his/her private aid that he/she needed to go to the bathroom. The aid did not leave the room to get the facility staff to assist the Resident and told the Resident to just go to the bathroom in his/her diaper. On 5/23/24 at 8:00 A.M., Resident #31 could be heard from the nursing station telling his/her private aide that he/she needed to go to the bathroom. The private aide could be heard telling the Resident Just go in your diaper. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/23/24 at 8:10 A.M., Unit Manager #2 said Resident #31's family hired a private aide so he/she can have someone with him/her throughout the day. Unit Manager #2 said she too heard the Resident asking to go to the bathroom and the private aide's response. Unit Manager #2 said the private aide should be offering the Resident a bed pan and asking him/her to go in his/her diaper is not dignified. During an interview on 5/23/24 at 9:28 A.M., the Director of Nursing (DON) said private aides hired by families are here to provide companionship and socialization for the resident, but the facility staff should be providing all care. The DON said private aides not employed by the facility are still expected to provide a dignified experience to residents and if this expectation is not met, education will be provided, and the family will be notified. The DON said staff should have intervened if they had heard the private aid telling Resident #31 to go to the bathroom in his/her incontinent brief.

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41456 Based on observations, record review, policy review and interviews, the facility failed to keep one Resident (#64) free from verbal abuse out of a total sample of 35 residents. Findings include: Review of the facility policy titled, Abuse Prevention Program 2022, last revised November 2022, indicated the following: -Verbal abuse: the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their distance, regardless of their age, ability to comprehend, or disability. Verbal abuse includes but is not limited to threats of harm and/or making statements to frighten a resident. Resident #64 was admitted to the facility in December 2023 with diagnoses including anxiety. Review of Resident most recent Minimum Data Set (MDS), dated [DATE], indicated the Resident had a Brief Interview for Mental Status (BIMS) score of 13 out of a possible 15, which indicated he/she is cognitively intact. On 5/22/24 at 9:15 A.M., the Admissions Director and Resident #64 could be heard speaking loudly at each other from the nursing station, two rooms away. The Admissions Director and Resident #63 were discussing Resident #64 not getting along with his/her roommate and the roommate requesting to change rooms. As the conversation continued, the Admissions Director's voice became aggressive, and she could be heard yelling at the Resident saying You've done this with two other people .you can't keep acting like this .I'm warning you. As the surveyor was seen standing outside the Resident's room, Unit Manager #2 entered the room and quieted the situation. During an interview on 5/22/24 at 9:20 A.M., the Admissions Director said she was frustrated with Resident #64 and telling him/her she was warning him/her was not appropriate. During an interview on 5/22/24 9:25 A.M., Unit Manager #2 said she had entered Resident #64's room because she could hear there was an issue from the hallway. Unit Manager #2 said the Admissions Director has a loud voice. When told of what was overheard in the interaction, Unit Manager #2 said it's not cool to say what the admissions person said and telling someone they are warning them sounds like threat. On 5/22/24 at 9:36 A.M., Resident #64 could be heard from the nursing station, in a teary voice, apologizing to his/her roommate. The surveyor entered the room and Resident #64 said I did not like it when asked about the situation/interaction with the Admissions Director. Resident #64 said the Admissions Director accused me of running two roommates out of the room and not being nice and that makes me feel bad. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Admissions Director human resource record indicated she had last been educated on abuse training upon hire on 4/23/23. On 5/22/24 at 10:12 A.M., the Administrator said abuse if defined as anything that is physical abuse, emotional abuse, verbal abuse, harassment, sexual abuse, involuntary seclusion and unexplained injury. The Administrator said all staff complete education on abuse upon hire and then yearly. The Administrator said she expects staff to speak to residents kindly and professionally and if feeling frustrated, they should tap out and have another staff member take over caring for the resident. When the surveyor told the Administrator of the incident observed, the Administrator said the Admissions Director should not have spoken to Resident #64 that way and she should have stepped away and asked the social worker handle the situation.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41456 Based on observations, record reviews and interviews, the facility failed to implement the plan of care to ensure foot protection booties were in place for two Residents (#1 and #3) out of a total sample of 35 residents. Findings include: 1. Resident #1 was admitted to the facility in December 2021 with diagnoses including traumatic brain injury and hemiplegia. Review of Resident #1's most recent Minimum Data Set (MDS), dated [DATE], indicated the Resident was unable to complete the Brief Interview for Mental Status (BIMS) exam and the staff did not assess his/her cognitive level. The MDS also indicated Resident #1 was dependent on staff for all bed mobility/repositioning tasks. On 5/21/24 at 7:57 A.M., Resident #1 was observed lying in bed. Both of his/her feet were directly on the bed. Two heel protection booties were observed on the dresser across from the Resident's bed. On 5/22/24 at 6:39 A.M., Resident #1 was observed lying in bed. Both of his/her feet were directly on the bed. Two heel protection booties were observed on the dresser across from the Resident's bed. On 5/23/24 at 6:40 A.M. and 8:50 A.M., Resident #1 was observed lying in bed. Both of his/her feet were directly on the bed. Two heel protection booties were observed on the dresser across from the Resident's bed. Review of Resident #1's physician orders indicated the following order: -Apply bilateral heel booties when in bed. Every shift, initiated on 7/28/23. Review of Resident #1's pressure ulcer care plan indicated the following intervention: -bilateral heel booties while in bed. Review of Resident #1's medical record failed to indicate the Resident refused the booties. During an interview on 5/23/24 at 11:49 A.M., Certified Nursing Assistant (CNA) #2 said Resident #1 should have booties on his/her feet when lying in bed. During an interview on 5/23/24 at 8:56 A.M., Nurse #2 said Resident #1 should have booties on his/her feet when lying in bed. During an interview on 5/23/24 at 8:57 A.M., Unit Manager #2 said she was unaware Resident #1 had not been wearing booties on his/her feet as ordered. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/23/24 at 9:28 A.M., the Director of Nursing said all orders should be followed as written unless a resident refuses the intervention. 2. Resident #3 was admitted to the facility in December 2001 with diagnoses including dementia. Review of Resident #3's most recent Minimum Data Set (MDS), dated [DATE], indicated the Resident had a Brief Interview for Mental Status (BIMS) score of 7 out of a possible 15, which indicated he/she had severe cognitive impairment. The MDS also indicated Resident #3 was dependent on staff for all bed mobility/repositioning tasks. On 5/21/24 at 8:56 A.M., Resident #3 was observed lying in bed with both feet directly on the bed. There were two foot booties observed on the chair next to the bed. On 5/22/24 at 6:39 A.M., Resident #3 was observed lying in bed with both feet directly on the bed. There were two foot booties observed on the chair next to the bed. On 5/23/24 at 6:40 A.M., Resident #3 was observed lying in bed with both feet directly on the bed. There were two foot booties observed on the chair next to the bed. Review of Resident #3's medical record indicated he/she has a deep tissue injury to his/her left great toe. Review of Resident #3's physician orders indicated the following order: - Booties to bilateral heels while in bed. every shift, initiated on 1/31/24. Review of Resident #3's skin integrity care plan last revised on 3/6/24, indicated the following intervention: - bilateral booties when in bed. Review of Resident #3's Kardex (a form indicating the level of care required) indicated the following: - bilateral heel booties while in bed. Review of Resident #1's medical record failed to indicate the Resident refused the booties. During an interview on 5/23/24 at 8:02 A.M., Certified Nursing Assistant (CNA) #1 said Resident #3 should have foot booties on at all times. CNA #1 said the overnight shift usually forgets to put them on. During an interview on 5/23/24 at 8:11 A.M., Unit Manager #2 said Resident #3 should wear foot booties when out of bed. The surveyor and Unit Manager #2 then looked at Resident #3's physician orders and Unit Manager #2 said the Resident is ordered to have foot booties while in bed. During an interview on 5/23/24 at 9:28 A.M., the Director of Nursing said all orders should be followed as written unless a resident refuses the intervention.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41019 Based on observation, record review and interview, the facility failed to meet professional standards of quality for four Residents (#3, #62, #312 and #314), out of a total sample of 35 residents. Specifically, the facility failed to: 1.) For Resident #3, the facility failed to obtain weekly weights as ordered by a physician. 2.) For Resident #62, the facility failed to obtain and document pre and post dialysis weights per the physician orders. 3.) For Resident #312, the facility failed to obtain daily weights as ordered by the physician. 4.) Resident #314 the facility failed to change daily dressing as ordered by the physician. Findings include: 1. For Resident #3, the facility failed to obtain weekly weights as ordered by a physician. Resident #3 was admitted in December 2001 with diagnoses including dementia and unspecified severe protein-calorie malnutrition. Review of the Minimum Data Set (MDS), dated [DATE], indicated that Resident #3 scored a 7 out of a possible 15 on the Brief Interview for Mental Status (BIMS), indicating severe cognitive impairment. Review of the current physician's orders indicated the following: - Weight Weekly (initiated 7/26/23) Review of the weight record for Resident #3 indicated the following: - 1/23/24: 95.8 lbs (pounds) - 2/7/24: 91 lbs - 3/4/24: 90.5 lbs - 4/24/24: 91.3 lbs - 5/2/24: 91.2 lbs - 5/21/24: 89 lbs Review of the weight record did not indicate that daily weights were being obtained. Review of the task report for the last 30 days did not indicate that Resident #3 had any behaviors or documented refusal. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the care plan did not indicate that Resident #3 has any behaviors of refusal. During an interview on 5/22/24 at 1:06 P.M., Unit Manager #2 said that the daily weight order was put in per the daughter's request, but if there is a physician order then it should be followed. 46339 2. For Resident #62 the facility failed to obtain and document pre and post dialysis weights per the physician orders. Review of the facility policy titled 'Dialysis Policy' revised April 2022, indicated the following but not limited to: -Coordinate with out-patient dialysis center -Dialysis communication book will be sent with resident to dialysis treatment. -Nurse will review dialysis communication book for any changes or updates on resident to the nursing center. -Weigh as per medical director order. Dialysis weights may be utilized for consistency unless medical director provides alternate orders. -On dialysis days, resident will be weighed at dialysis before and after dialysis treatment. Resident #62 was admitted to the facility in April 2024 with diagnoses including end stage renal disease and dependence on dialysis. Review of the current physician orders indicated the following order: -Document pre and post dialysis weight (check dialysis book) one time a day every Tuesday, Thursday, and Saturday for weight. -Monitor dialysis communication book upon return from dialysis on Tuesday, Thursday and Saturday, every evening shift every look for any changes or updates. Review of the care plan renal failure date initiated 4/28/2024 with the following interventions. -Obtain vital signs and weights per protocol. Review of the Medication Administration Record (MAR) for May 2024 indicated the following: On 5/9/24 no weights were documented On 5/14/24 only pre dialysis weight documented On 5/16/24 no weights were documented (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/21/24 no weights were documented. During an interview on 5/22/24 at 11:32 A.M., Unit Manager #1 said the nurses on 3-11 shift are responsible for looking at the dialysis communication book and documenting the weights In the MAR. During an interview on 5/23/24 at 11:26 A.M., the Director of Nursing said nurses should be referring to the dialysis communication binder for accurate weights and document as ordered. 3. For Resident #312, the facility failed to obtain daily weights as ordered by the physician. Review of the facility policy titled 'Heart Failure-Clinical Protocol' revised November 2018, indicated the following but not limited to: -The physician will review and make recommendations for relevant aspects of the nursing care plan, for example what symptoms to expect, how often and what (weights, renal function, digoxin level, etc.) to monitor, when to report findings to the physician, etc. Resident #312 was admitted to the facility in May 2024 with diagnoses including Acute systolic congestive heart failure and fluid overload. Review of the current physician orders indicated the following order: -Daily weight at 8 am one time a day for heart failure. Review of the Treatment Administration Record for May 2024 failed to indicate daily weights were obtained. Review of the weights and vitals indicated the following documented weights. 5/14/24- 131.4 pounds 5/15/24- 131.4 pounds 5/18/24 133.6 pounds During an interview on 5/22/24 at 10:50 A.M., the Unit Manager said daily weights should have been obtained as ordered. She further said the Resident did not have any behaviors of refusing weights to be obtained. During an interview on 5/23/24 at 11:29 A.M., the Director of Nursing said weights should be obtained as ordered. 4. For Resident #314 the facility failed to change daily dressing as ordered by the physician. Resident was admitted to the facility in May 2024 with diagnoses including acute osteomyelitis right ankle and foot and local infection of skin and subcutaneous tissues. Review of Resident #314's current physician orders indicated the following: (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Wound care lateral right knee normal saline wash, pat dry, apply hydrogel cover with DPD daily. On 5/21/24 at 12:20 P.M., the surveyor observed Resident #314 lying in his/her bed, with a dressing on his/her right knee dated 5/19/24. Review of the Treatment Administration Record (TAR) for May 2024 indicated that daily dressing changes were completed and signed off on 5/19/24, and on 5/20/24. During an interview on 5/22/24 at 11:10 A.M., Unit Manager #1 said daily dressing changes should be completed as ordered. She said they have a wound nurse who does all the wound dressing changes and if the wound nurse is not available then the assigned nurse would complete the wound dressing changes. During an interview on 5/23/24 at 11:27 A.M., the Director of Nursing said the nurses on the floor should have ensured that the daily dressing change was done since the wound nurse had not been available on Monday. She further said that the nurses on the floor are responsible for completing the wound dressing changes on weekends and when the wound nurse is not available.

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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 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. 48990 Based on observations, interviews, policy review, and record review, the facility failed to provide the necessary activities of daily living (ADLs) for one Resident (#63) out of 35 total sampled residents. Specifically, the facility failed to provide the needed supervision and assistance with eating. Findings include: Review of the facility policy titled Activities of Daily Living (ADLs), Supporting, revised March 2018, indicated: -Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with dining (meals and snacks). Resident #63 was admitted to the facility in July 2023 with diagnoses including dysphagia (difficulty swallowing and left sided hemiparesis (weakness) following a stroke. Review of the most recent Minimum Data Set (MDS) assessment, dated 4/10/24, indicated that Resident #63 was unable to complete the Brief Interview for Mental Status (BIMS) and had a staff assessment that indicated the Resident had moderate cognitive impairment. This MDS also indicated Resident #63 required supervision or touching assistance with eating. Review of Resident #63's active physician's order indicated: -Patient must be fed all meals, every shift, initiated 12/7/23. On 5/21/24 at 8:34 A.M., the surveyor observed Resident #63 in bed attempting to drink milk in a regular cup and eat toast with a fork. The head of the bed was at 30 degrees and he/she was leaning the left side and milk was spilling onto the Resident's chest. There was no staff in room or within vision of the Resident. The following sign was observed posted above the head of Resident #63's bed in clear sight: -TO PROMOTE SAFE SWALLOWING -SEAT PATIENT IN UPRIGHT POSITIONING IN BED OR CHAIR -MAKE SURE PATIENT HAS A SIPPY CUP -CUE PATIENT FOR SLOW RATE AND SMALL BITES/SIPS -ALLOW PATIENT EXTENDED MEAL TIME On 5/22/24 at 8:38 A.M., Resident #63 was observed eating breakfast in bed without assistance. There was no staff in room or within vision of the Resident. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/23/24 at 8:37 A.M., Resident #63 was observed eating breakfast in bed without assistance. There was no staff in room or within vision of the Resident until 8:49 A.M., when Certified Nurse Assistant (CNA) #5 came to pick up Resident #63's breakfast tray. CNA #5 said she did not know if Resident #63 required a staff member to be present during meals. During an interview on 5/23/24 at 8:51 A.M., CNA #8 said she is the primary aide for Resident #63 and frequently is assigned to him/her. CNA #8 said Resident #63 requires supervision at all times with meals. During an interview on 5/23/24 at 12:18 P.M., Nurse #7 said Resident #63 has an order that says, patient must be fed all meals and that this order would mean that Resident #63 required staff to be present in the room during meals and a meal tray should not be left at bedside with that order. During an interview on 5/22/24 at 11:02 A.M., the Assistant Director of Nursing (ADON) said that as long as someone feeds Resident #63, he/she will eat and drink. The ADON said Resident #63 should never be left alone with meals because he/she is at risk for aspiration (which is when food, liquid, or saliva that's intended to be swallowed enters the airway). During an interview on 5/23/24 at 12:33 P.M., the Director of Nursing (DON) said if Resident #63 had an order that read patient must be fed all meals then Resident #63 should have a nurse or an aid present at all times during meals.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41456 Based on observations, record review, policy review and interviews, the facility failed to provide an activity program for two Residents (#1 and #69) out of a total sample of 35 residents. Findings include: Review of the facility policy titled, Activity Programs, dated June 2018, indicated the following: -activity programs are designed to meet the interest and of and support the physical, mental and psychosocial well-being of each resident. -The activities program is provided to support the well-being of residents and to encourage both independents and community interaction. -Activities offered are based on the comprehensive resident centered assessment and the preferences of each resident. -the activities program is ongoing and includes facility organized group activities, independent individual activities and assisted individual activities. -Activities are considered any endeavor, other than routine ADLs, in which the resident participates, that is intended to enhance his or her sense of well-being and to promote or enhance physical, cognitive or emotional health. -Our activity programs are designed to encourage maximum individual participation and are geared to the individual resident's needs. -Our activity programs consist of individual, small group and large group activities that are designed to meet the needs and interests of each resident. Activity programs include activities that promote self-esteem; Comfort; Pleasure; Education; Creativity; Success; And independence. -Residents are encouraged, but not required, to participate in scheduled activities. Resident group was held on 5/22/24 at 11:00 A.M. During this group, 12 out of 12 participating members said there were not enough activities in the building, and they were bored. 1. Resident #1 was admitted to the facility in December 2021 with diagnoses including traumatic brain injury and hemiplegia. Review of Resident #1's most recent Minimum Data Set (MDS), dated [DATE], indicated the Resident was unable to complete the Brief Interview for Mental Status (BIMS) exam and the staff did not assess his/her cognitive level. The MDS also indicated Resident #1 was dependent on staff for all bed mobility/repositioning tasks. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presentation Rehab and Skilled Care Center	10 Bellamy Street Boston, MA 02135

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/23/24 at 8:50 A.M., Resident #1 nodded yes when asked if he/she would like to go to a group activity and if he/she was bored. Throughout all days of survey, Resident #1 was never observed outside of his/her room and was only observed watching television. There were no activity supplies observed in the Resident's room. On all days of survey, Resident #1's privacy curtain was drawn, and he/she could not see out into the hallway from his/her bed or chair. Review of Resident #1's activity care plan indicated the following interventions: -I enjoy most all the activities and I attend and fallow (sic) the direction through activities if I feel like it. -I am enjoying all the Events and Big Parties, Church Group and Musical Entertainments. -I need assist with arranging community activities/Arrange transportation. Review of Resident #1's psychosocial well-being care plan indicated the following intervention: -Provide me with an activity schedule and encourage me to engage in social interactions. Review of Resident #1's quarterly activity note dated 3/12/24, indicated: -Resident #1 attends group activities some of the time and enjoys coffee social and refreshment activities. -Resident #1 should participate in sensory activities. The activity note failed to indicate a goal for Resident #1 to attend group activities. Review of the psychological note dated 4/1/24, indicated: - Continue to engage (the Resident) in social activities in the home as indicated. The Activity Director provided the surveyor with attendance logs for the month of March 2024, however, did not have logs for April or May 2024. The attendance longs for March failed to indicate the Resident participated in any sensory program activities or any activities other than activities in his/her room or ice cream social. During an interview on 5/23/24 at 10:22 A.M., the Activities Director (AD) said she currently is the only staff member in the activities department and it can be difficult at times to follow the activity calendar. The AD said she provides one to one visits for individuals who are bed bound or who do not leave their room. These visits should include a hand massage or a sensory activity, movies/TV and music. The AD said Resident #1 does not go to group activities because he/she requires a lot of care and is often not out of bed in time to participate. 2. Resident #69 was admitted to the facility in June 2021 with diagnoses including cerebral palsy. (continued on next page)

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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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #69's most recent Minimum Data Set (MDS), dated [DATE] indicated the Resident had a score of 15 out of a possible 15 on the Brief Interview for Mental Status (BIMS) which indicated he/she is cognitive intact. The MDS also indicated the Resident is dependent on staff for all functional daily tasks. During an interview on 5/23/24 at 9:20 A.M., Resident #39 said he/she would love to get out of his/her room and be with other people. Throughout all days of survey, Resident #69 was never observed outside of his/her room and was only observed watching television. There were no activity supplies observed in the Resident's room. On all days of survey, Resident #69's privacy curtain was drawn, and he/she could not see out into the hallway from his/her bed or chair. Review of Resident #69's activity care plan indicated the following interventions: - I like 1:1 visits from staff. -I attend day room and events and live entertainments and parties, when I feel like it. Review of Resident #69's quarterly activity note, dated 3/16/24, indicated the Resident has a goal to attend group activities 2-3 times a week. The Activity Director provided the surveyor with attendance logs for the month of March 2024, however, did not have logs for April or May 2024. The attendance longs for March failed to indicate the Resident participated in any sensory program activities or any activities other than activities in his/her room or ice cream social. During an interview on 5/23/24 at 10:22 A.M., the Activities Director (AD) said she currently is the only staff member in the activities department and it can be difficult at times to follow the activity calendar. The AD said she provides one to one visits for individuals who are bed bound or who do not leave their room. These visits should include a hand massage or a sensory activity, movies/TV and music. The AD said Resident #69 does not go to group activities because he/she requires a lot of care and is often not out of bed in time to participate.

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. 48990 Based on observations, interviews, policy review, and record review, the facility failed to provide appropriate treatment and services related to hearing for one Resident (#88) out of a total of 35 sampled residents. Specifically, the facility failed to assist Resident #88 in maintaining hearing abilities and making an appointment to replace a lost and/or broken hearing aid. Findings include: Review of the facility policy titled Hearing Impaired Resident, Care of, revised February 2018, indicated: -Staff will assist hearing impaired residents to maintain effective communication with clinicians, caregivers, other residents, and visitors. -Staff will assist the resident (or representative) with locating available resources, scheduling appointments and arranging transportation to obtain needed services. -Staff will help residents who have lost or damaged hearing devices in obtaining services to replace devices. -When interacting with the hearing impaired or deaf resident, staff will: evaluate and address avoidable obstacles to effective communication. Resident #88 was admitted to the facility in October 2023 with diagnoses including chronic obstructive pulmonary disease (COPD) and emphysema, both which are common lung disease causing restricted airflow and breathing problems. Review of the most recent Minimum Data Set (MDS) assessment, dated 5/1/24, indicated that Resident #88 had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 8 out of 15. This MDS also indicated Resident #63 had adequate hearing with the use of a hearing aid or hearing appliance. Review of Resident #88's admission assessment, dated 10/23/23, indicated the presence of left and right hearing aids. Review of Resident #88's active physician's orders indicated: -Audiology consult as needed. Review of the plan of care related to hearing deficit, dated 10/24/23, failed to indicate the use or presence of hearing aids and indicated: -Monitor/document/report to MD PRN (pro re nata, which is Latin for as the need arises) changes in ability communicate, Potential contributing factors for communication problems, Potential for improvement. (continued on next page)

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #88's progress note, dated 5/14/24, indicated a conference call was held with his/her son for the care plan review and that his/her son wanted him/her seen by audiologist for left hearing aid. On 5/21/24 at 8:39 A.M., the surveyor observed Resident #88 without hearing aids in his/her ears. Resident #88 was unable to hear the surveyor, even with increased volume and direction of speech. The surveyor typed words on the surveyor's computer and showed the computer to Resident #88 to complete interview. Resident #88 said his/her hearing aids didn't work because they were not charged, and one was lost over a month ago. Resident #88 said staff knew the hearing aid was lost and he/she could never hear what staff was saying. Resident #88 said there were no other hearing amplification devices or interventions in place or in her room. Resident #88 said this frustrated him/her and wished he/she had hearing aids so he/she could hear. On 5/22/24 at 10:02 A.M., Resident #88's was visiting with his/her spouse. Resident #88's spouse showed the surveyor a hearing aid charging on his/her bedside table. There was only one hearing aid charging. Resident #88's spouse said that staff was aware the left hearing aid had been missing for over a month and that he/she was told an audiology appointment was being arranged. During an interview on 5/23/24 at 6:52 A.M., the Assistant Director of Nursing (ADON) and Unit Manager #3 said at a recent care plan meeting it was noted Resident #88 needed an audiology appointment because his/her hearing aid was lost, and the facility was supposed to arrange this appointment. Both the ADON and Unit Manager #3 said they had not contacted audiology services to arrange an appointment. The ADON and Unit Manager #3 said they have not attempted any other interventions including writing information or a hearing amplifier, but that Resident #88 would probably benefit from it. The ADON said Resident #88 said he/she cannot hear without hearing aids unless staff shouts directly into right ear and would benefit from wearing bilateral hearing aids. During an interview on 5/23/24 7:02 A.M., the Quality Assurance (QA) Nurse said she is the contact person for arranging audiology services and was unaware Resident #88 had needed an appointment. The QA Nurse said she had not arranged an audiology appointment for Resident #88 and the Resident was not on the list to be seen at this time. During an interview on 5/23/24 7:39 A.M., the Director of Nursing (DON) said she was unaware Resident #88 has missing/broken hearing aids. The DON said someone should have arranged audiology services.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41019 Based on observation, record review, and interview, the facility failed to follow a physician's order for air mattress settings for pressure ulcer prevention for 2 Residents (#91 and #102), out of a total sample of 35 residents. Findings include: Review of the facility policy titled Support Surface Guidelines, revised September 2013, indicated the following: - Redistributing support surfaces are to promote comfort for all bed- or chairbound residents, prevent skin breakdown, promote circulation and provide pressure relief or reduction. - Support surfaces are modifiable. Individual resident needs differ. 1. Resident #91 was admitted in January 2022 with diagnoses including depression and pressure ulcers of the left and right heel. Review of the Minimum Data Set (MDS), dated [DATE], indicated that the Resident did not score on the Brief Interview for Mental Status (BIMS), but is severely cognitively impaired. Review of the MDS indicated that Resident #91 is dependent with all activities of daily living. Review of the current physician's orders for Resident #91 indicate the following: -Low Airloss Mattress, check function and settings to (specify weight or comfort) every shift (initiated 8/2/23) During an observation on 5/21/24 at 8:47 A.M., Resident #91 was lying in bed with the air mattress set to 200. There was a sticker placed directly on the dial that indicated the mattress should be set to 160. During an observation on 5/22/24 at 6:37 A.M., Resident #91 was lying in bed with the air mattress set to 400. During an observation on 5/23/24 at 6:36 A.M., Resident #91 was lying in bed with the air mattress set to over 400. During an interview on 5/23/24 at 9:28 A.M., Nurse #7 said that he will look at the physician's orders to determine the setting of the air mattress and if it is not in the order then the sticker located on the air mattress dial is what the air mattress should be set at. 2. Resident #102 was admitted in October 2023 with diagnoses including a pressure ulcer of the sacral region. Review of the Minimum Data Set (MDS), dated [DATE], indicated that Resident #102 was unable to participate in the Brief Interview for Mental Status (BIMS), but is moderately impaired. Review of the current physician's orders for Resident #91 indicate the following: (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Air mattress in place check placement and function every shift to ensure dial is set on the correct indicator (initiated 3/25/24) During an observation on 5/21/24 at 10:32 A.M., Resident #102 was lying in bed with the air mattress set to 160. There was a sticker on the air mattress dial to set the mattress to 100. During an observation on 5/23/24 at 6:26 A.M., Resident #102 was lying in bed with the air mattress set to 160. There was a sticker on the air mattress dial to set the mattress to 100. During an interview on 5/23/24 at 9:28 A.M., Nurse #7 said that he will look at the physician's orders to determine the setting of the air mattress and if it is not in the order then the sticker located on the air mattress dial is what the air mattress should be set at.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41456 Based on observations, record review and interviews, the facility failed to implement interventions to prevent increased contractures for two Residents (#30 and #69) out of a total sample of 35 residents. Findings include: 1. Resident #30 was admitted to the facility in October 2014 with diagnoses including hemiplegia with hemiparesis after a stroke. Review of Resident #30's most recent Minimum Data Set (MDS), dated [DATE], indicated Resident #30 had a Brief Interview of Mental Status Exam score of 9 out of a possible 15, which indicated the Resident had moderate cognitive impairment. The MDS also indicated Resident #30 is dependent on staff for all functional tasks with the exception of eating. On 5/21/24 at 8:15 A.M., Resident #30 was observed lying in bed. The Resident was observed to have a left-hand contracture and was not observed to be wearing a splint. At this time, Resident #30 said he/she had not worn a splint in a long time. On 5/21/24 at 12:18 P.M., Resident #30 was observed lying in bed. The Resident was observed to have a left-hand contracture and was not observed to be wearing a splint. On 5/22/24 at 6:39 A.M., 8:45 A.M., and 11:05 A.M., Resident #30 was observed lying in bed. The Resident was observed to have a left-hand contracture and was not observed to be wearing a splint. On 5/23/24 at 6:40 A.M., Resident #30 was observed lying in bed. The Resident was observed to have a left-hand contracture and was not observed to be wearing a splint. Review of Resident #30's physician orders indicated the following orders: - LUE (left upper extremity) WHFO (wrist hand finger orthotic) ball-finger splint to be worn up to 6 hours, initiated 7/29/23 and discontinued on 5/23/24. - left resting hand splint to be worn up to 6 hours as tolerated, initiated on 5/23/24. Review of Resident #30's care plans indicated the following interventions: -Restorative care: splint/brace assist. -Increase WHFO tolerance to 7 hours per day. Review of the occupational therapy discharge summary, dated 1/3/23, indicated: (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Pt (patient) currently tolerates left hand splint for 6-7 hours with no S/S (signs or symptoms) of skin irritation. Nursing trained on FMP (Functional Maintenance Plan) for donning and doffing resting hand splint upon d/c (discharge) from OT (occupational therapy). Nursing demos competency in splinting management for pt -Orthotic management: splint/orthotic recommendations: left resting hand splint for 6-7 hours per day as tolerated to decrease contracture formation. During an interview on 5/22/24 at 1:03 P.M., the Regional Director of Rehabilitation said the facility has a restorative program and, once a resident is discharged from therapy, the restorative aid continues to treat residents, but the care is then ultimately transited to nursing to complete. During an interview on 5/23/24 at 11:32 A.M., Certified Nursing Assistants #1 and #2 said Resident #30 is supposed to be wearing a splint on his/her left wrist hand and they haven't been able to find the splint in the Resident's room. During an interview on 5/23/24 at 11:35 A.M., Unit Manager #2 said Resident #30 has an order to wear a splint on his/her left hand. Unit Manager #30 then went to the Resident's room and then told the surveyor she was unable to find the Resident's splint and the facility will have to order a new one for the Resident. 2. Resident #69 was admitted to the facility in June 2021 with diagnoses including cerebral palsy. Review of Resident #69's most recent Minim Data Set (MDS), dated [DATE], indicated the Resident had a score of 15 out of a possible 15 on the Brief Interview for Mental Status (BIMS) which indicated he/she is cognitive intact. The MDS also indicated the Resident is dependent on staff for all functional daily tasks. During an interview on 5/21/24 at 8:01 A.M., Resident #69 said he/she has contractures of both hand and is supposed to be wearing splints. Resident #69 said he/she often does not wear splints and he/she cannot put them on him/herself. Two blue splints were observed on the ground between the wall and bedside table. On 5/21/24 at 12:20 P.M., Resident #39 was observed lying in bed and his/her morning care had already been completed. The Resident was noted to have bilateral hand contractures and he/she was not observed wearing any splints on either hand. On 5/22/24 at 11:30 A.M., Resident #39 was observed sitting in his/her wheelchair and his/her morning care had already been completed. The Resident was noted to have bilateral hand contractures and he/she was not observed wearing any splints on either hand. Review of Resident #69's physician orders indicated the following: -Left and right posey grip splints to be donned daily s/p (after) washing. Up to 6-8 hours day. every day shift. Review of the occupational therapy discharge summary, dated 10/30/23, indicated the following: (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Resident #69 was able to tolerate wearing bilateral hand splints for up to 4 hours daily. -Nursing staff had been educated regarded the use of hand splints and the wearing schedule. During an interview on 5/22/24 at 1:03 P.M., the Regional Director of Rehabilitation said the facility has a restorative program and, once a resident is discharged from therapy, the restorative aid continues to treat residents, but the care is then ultimately transited to nursing to complete. During an interview on 5/23/24 at 11:32 A.M., Certified Nursing Assistant #2 said Resident #69 had bilateral hand splints and they should be worn every day. During an interview on 5/23/24 at 12:01 P.M., Nurse #2 said the rehabilitation department puts Resident #69's splints on and he/she should be wearing them every day. Nurse #2 also said the nursing staff could also put the Resident's splints on if the rehabilitation department is not available. During an interview on 5/23/24 at 12:37 P.M., Unit Manager #2 said Resident #69 has an order for splints and the splints should be on as ordered.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 48990 Based on observations, interviews, policy review and record review, the facility failed to maintain a safe environment for three Residents (#82, #23, and #90) out of 35 total sampled residents. Specifically: 1. For Resident #82, the facility failed to implement the physician's order for bed alarm and floor mat. 2. For Resident #23, the facility failed to ensure nurse staff maintained 1:1 supervision in accordance with plan of care. 3. For Resident #90, the facility failed to implement the physician's order for floor mat. Findings include: Review of the facility policy titled Fall Prevention and Management, dated 9/1/2017, indicated, but was not limited to: -Prevention strategies to be implemented are listed on the plan of care. 1.) Resident #82 was admitted to the facility in February 2023 with diagnoses including dementia and epilepsy (a seizure disorder). Review of the most recent Minimum Data Set (MDS) assessment, dated 5/8/24, indicated that Resident #82 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 0 out of 15. Review of change in condition assessment, dated 4/24/24, indicated Resident #82 had an unwitnessed fall and was sent out emergently to the hospital because he/she was unable to move his/her right foot and it was pointed outward. This assessment indicated there was a small amount of blood on the floor. Review of fall investigation file, dated 4/24/24, indicated Resident #82 had fallen out bed. This fall investigation file indicated a bed alarm had been in place but was not ringing at the time of the fall. Review of Resident #82's [NAME] fall risk assessment, dated 5/7/24, indicated the Resident was at high risk for falls as evidenced by a score of 8. Review of Resident #82's Medication/Treatment Administration Record, dated each shift on 5/21/24, 5/22/24, and 5/23/24, indicated the follow physician orders as implemented: -Bed alarm monitor placement and function every shift, initiated 8/3/23. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Floor mats on right and left side of PT's (patient's) bed at all time [NAME] [sic] Resident in bed., initiated 4/25/24. On 5/21/24 at 9:09 A.M., 5/22/24 at 6:39 A.M., 5/22/24 at 8:40 A.M., and 5/23/24 at 6:19 A.M., the surveyor observed Resident #82 in bed with a disconnected alarm box on his/her bedside table. There was a bed sensor alarm pad under the sheet with the gray plug visible and unattached to any alarm box. There were no other alarms on the bed. There was one floor mat on the floor on the left side of Resident #82's bed and there was no floor mat on the right side of the bed. There was a folded up floor mat in the corner of the room. During an interview on 5/23/24 at 6:19 A.M., Certified Nurse Assistant (CNA) #7 said she is familiar with Resident #82 and was assigned to him/her that night shift. Resident #82 tends to fall on his/her left side so there is a floor mat on the left side. CNA #7 said Resident #82 does not have a floor mat on the right side of the bed. CNA #7 said Resident #82 does not have alarms. During an interview on 5/23/24 at 6:21 A.M., Nurse #8 visualized Resident #82 in bed and said he/she did not have a floor mat on the right side of the bed or alarms in place. Nurse #8 said Resident #82 had an order for floor mats on both the right and left side of the bed and they should be in place but were not. Nurse #8 said Resident #82 has an order for a bed alarm and that it should be in place but was not. During an interview on 5/23/24 at 6:46 A.M., the Assistant Director of Nursing (ADON) and Unit Manager #3 said Resident #82 had orders for a bed alarm and for bilateral floor mats. The ADON and Unit Manager #3 said if there is an order for a bed alarm and bilateral floor mats, there should be floor mats on both sides of the bed and alarms in place whenever Resident #82 is in bed. During an interview on 5/23/24 at 12:33 P.M., the Director of Nursing (DON) said if Resident #82 had an order for a bed alarm, then it should be in place and functioning. The DON said if Resident #82 had an order for floor mats to the left and right side of the bed, they both should have been in place. During an interview on 5/23/24 at 1:19 P.M., the DON said nursing should check the placement and function of alarms every shift. The DON said at the time of Resident #82's fall on 4/24/24 Resident #82's alarm was noted to not be functioning and it should not have been documented as functioning. 2.) Resident #23 was admitted to the facility in May 2022 with diagnoses including mild cognitive impairment and stroke. Review of the most recent Minimum Data Set (MDS) assessment, dated 5/15/24, indicated that Resident #23 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 4 out of 15. Review of Resident #23's fall risk assessment, dated 5/20/24, indicated Resident was at high risk of falls as evidenced by a score of 17. Review of Resident #23's active physician's order, initiated 5/21/24, indicated: -Resident is currently on 1:1 at all times for safety. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #23's plan of care related to falls, dated 5/20/24, indicated: -Resident returned from hospital post fall on 5/20/24 agitated, Placed on 1:1 all 3 shifts. On 5/22/24 at 6:17 A.M., the surveyor observed Resident #23 in bed without any staff member in the room, in hallway, or at nurse's station near Resident's room. There was a motion sensor alarm plugged into the wall and the surveyor walked directly in front of sensor, which did not activate or ring. The switch was in the off position. On 5/22/24 at 6:22 A.M., Nurse #9 came from down the hall and sat in the back of the nurse's station, not within view of Resident #23. On 5/22/24 at 6:23 A.M., Certified Nurse Assistant (CNA) #9 came out of a bathroom in the hallway and went into Resident #23's room. CNA #9 said Resident is supposed to be on 1:1, but Nurse #9 knew and should have been watching Resident #23 while she was in the bathroom. On 5/22/24 at 6:29 A.M., Nurse #9 said she went down the hall to talk to another CNA and then came back to the nurse's station. Nurse #9 said she could not see into Resident #23's room, but that he/she had a motion sensor alarm, and she would hear it. The surveyor told Nurse #9 of the observation of motion sensor not activating and being in the off position. During an interview on 5/23/24 at 6:50 A.M., the Director of Nursing (DON), Assistant Director of Nursing (ADON), and Unit Manager #3 said alarms are not a replacement for 1:1. They said a staff member should have been in the room and within arms distance from Resident #23 at all times because the Resident is at high risk for falls. 3.) Resident #90 was admitted to the facility in April 2022 with diagnoses including dementia and Parkinson's disease. Review of the most recent Minimum Data Set (MDS) assessment, dated 4/17/24, indicated that Resident #90 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 3 out of 15. Review of Resident #23's fall risk assessment, dated 4/1/24, indicated Resident was at high risk of falls as evidenced by a score of 20. Review of Resident #90's active physician's order indicated: -Floor mats to both sides of bed while resident in bed, check placement every shift, initiated 8/2/23. Review of Resident #90's plan of care related to falls, dated 3/1/24, indicated: -Provide a floor mat next to my bed on both side of bed. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/21/24 at 8:17 A.M., the surveyor observed Resident #90 in bed, pulling on the right sided bed rail attempting to roll to the right side of his/her bed. There was one floor mat on the floor on the left side of Resident #90's bed and there was no floor mat on the right side of the bed. There was a folded up floor mat in the corner of the room. On 5/22/24 at 6:18 A.M., 5/22/24 at 8:37 A.M., 5/22/24 at 9:58 A.M., 5/22/24 at 12:10 P.M., and 5/23/24 at 6:39 A.M., Resident #90 was observed in bed. There was one floor mat on the floor on the left side of Resident #90's bed and there was no floor mat on the right side of the bed. There was a folded up floor mat in the corner of the room. During an interview on 5/23/24 at 6:39 A.M., Certified Nurse Assistant (CNA) #4 said Resident #90 has one floor mat on his/her left side of the bed. CNA #4 said he was not sure why Resident #90 had a folded up floor mat in the corner of his/her room. During an interview on 5/23/24 at 6:44 A.M., the Assistant Director of Nursing (ADON) said Resident #90 usually falls on the right side of his/her bed. The ADON looked at the Resident's active orders and said Resident #90 has an order for floor mats on both sides of his/her bed, and they should be in place. During an interview on 5/23/24 at 7:18 A.M., the Director of Nursing (DON) said if a Resident has an order for floor mats at both sides of the bed, then there should be floor mats on both sides of the bed.

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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. 48990 Based on observations, interviews, policy review, and record review, the facility failed to provide respiratory care services in accordance with professional standards of practice one Resident (#88) out of a total sample of 35 residents. Specifically, the facility failed to follow Resident #88's physician's orders to implement the correct oxygen flow rate. Findings include: Review of the facility policy titled Oxygen Administration, revised October 2010, indicated: -Preparation: Verify that there is a physician's order for this procedure. Review the physician's order or facility protocol for oxygen administration. -Reporting: Notify the supervisor if the resident refuses to procedure. Resident #88 was admitted to the facility in October 2023 with diagnoses including chronic obstructive pulmonary disease (COPD) and emphysema, both which are common lung disease causing restricted airflow and breathing problems. Review of the most recent Minimum Data Set (MDS) assessment, dated 5/1/24, indicated that Resident #88 had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 8 out of 15. This MDS also indicated Resident #88 required oxygen. Review of Resident #88's physician's orders indicated: -Oxygen at 4L (liters) per N/C (nasal cannula) every shift, initiated 5/13/24. Review of the plan of care related to oxygen therapy, dated 10/23/23, indicated: -OXYGEN: Provide oxygen via nasal prongs/mask as ordered. On 5/21/24 at 8:39 A.M., the surveyor observed Resident #88 in bed wearing a nasal cannula (a device that delivers extra oxygen through a tube and into your nose) connected to an oxygen machine with settings at 5 liters per minute (lpm). Resident #88 said he/she needs 5 liters (l) of oxygen because he/she has difficulty breathing if it's at a lower rate. The surveyor made the following observations of Resident #88, each time in bed with the oxygen machine not within his/her reach: -On 5/22/24 at 6:36 A.M., Resident #88 was wearing a nasal cannula connected to an oxygen machine with settings at 5 lpm. Resident was asleep. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 5/22/24 at 10:02 A.M., Resident #88 was wearing a nasal cannula connected to an oxygen machine with settings at 5 lpm. Resident #88 asked surveyor to check if his/her oxygen was set to 5 lpm. Resident #88 said he/she does not adjust the oxygen, but often will ask staff to check because he/she is having difficulty breathing. -On 5/23/24 at 6:38 A.M., Resident #88 was wearing a nasal cannula connected to an oxygen machine with settings at 5 lpm. Resident was asleep. During an interview on 5/23/24 at 6:52 A.M., the Assistant Director of Nursing (ADON) and Unit Manager #3 said nursing should check oxygen flow rate at least once a shift to ensure it is running at the ordered flow rate. The ADON and Unit Manager #3 said Resident #88 has an order for oxygen at 4 lpm, and if Resident #88 refused or required a higher oxygen flow rate this should have been communicated to the physician and documented in the record but had not. Review of entire medical record for Resident #88 failed to indicate a need for increased oxygen or documentation that a higher flow rate of oxygen was administered. During an interview on 5/23/24 at 12:24 P.M., the ADON said she contacted the physician this morning and the physician had been unaware of Resident's request or need for increased oxygen rate. The ADON said the physician said Resident #88 should not receive a high oxygen flow rate until he/she is assessed by a provider. During an interview on 5/23/24 at 07:23 A.M., the Director of Nursing (DON) said oxygen should be administered as ordered. The DON said the nurses should be checking the oxygen flow rate a few times throughout each shift. The DON said the physician should be notified before any adjustments to oxygen flow rate are made and should be documented in the medical record.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 50338 Based on observation, interviews and policy review the facility failed to ensure staff stored drugs and biologicals in accordance with State and Federal laws. Specifically, the facility failed to: 1. Ensure inhalers and medications with shortened expiration dates are dated once opened 2. Ensure orally administered medications are kept separate from externally used medications and treatments such as suppositories, ointments, creams, vaginal products, etc. 3.Ensure medication storage areas are kept clean, well-lit, and free of clutter and extreme temperatures and humidity. 4.Ensure only medications of residents residing in the facility were stored in the medication cart. Findings include: Review of the facility policy, titled 'Medication Storage in The Facility', dated 9/1/2013, indicated the following but not limited to: -Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. - Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications (such as medication aides) permitted to access medications. Medication rooms, carts, and medication supplies are locked when not attended by persons with authorized access. - Orally administered medications are kept separate from externally used medications and treatments such as suppositories, ointments, creams, vaginal products, etc. - Except for those requiring refrigeration or freezing, medications intended for internal use are stored in a medication care or other designated area. - Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from inventory, disposed of according to procedures for medication disposal. - Medication storage areas are kept clean, well-lit, and free of clutter and extreme temperatures and humidity. - When the original seal of a manufacture's container or vial is initially broken, the container or vial will be dated. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- The nurse shall place a date opened sticker on the medication and enter the date opened. and the new date of expiration. The expiration date of the vial or container will be 30 days unless the manufacturer recommends another date or regulations/guidelines require different dating. During an inspection of the One East unit on 5/22/24 at 12:40 P.M., the surveyor and Nurse #4 observed the following: - One opened bottle of acidophilus stored in drawer of medication cart and the bottle read refrigerate after opening. -10 loose pills in bottom drawers of med cart. - Fluticasone propionate inhaler opened and undated. -Salmeterol 250mcg/50 mcg inhaler opened and undated. -Budesonide and formoterol fumarate inhalation aerosol opened and undated. During an interview on 5/22/24 at 12:40 P.M., Nurse #4 said inhalers should be labeled and dated when opened and that acidophilus tablets should be stored in the refrigerator after opening. During an inspection of One [NAME] unit on 5/22/24 at 1:00 P.M., the surveyor and Nurse #6 observed, - One opened bottle of acidophilus in drawer of medication cart and the bottle read refrigerate after opening. - A bottle of hydrogel, a would care product, in medication cart. During an interview on 5/22/24 at 1:00 P.M, Nurse #6 says said opened bottle of acidophilus should be stored in the refrigerator, and treatment supplies should not be stored in the medication cart. During an inspection of the Two East unit On 5/22/24 at 1:30 P.M., the surveyor and Nurse #3 observed the following: -38 medications loose in bottom of medication cart drawers. - One bottle of prostat, opened and undated. - Breo inhaler, opened and undated. - Stiolto inhaler, opened and undated. During an interview on 5/22/24 at 1:30 P.M, Nurse #3 said all inhalers should be dated when opened and that prostat should have been dated when opened. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an inspection of Two [NAME] unit on 5/22/24 at 1:45 P.M., the surveyor and Nurse #2 observed the following: - A bottle of prostat opened and undated - 17 loose pills in bottom of med medication cart drawers - Sticky brown substance on bottles and bottom of medication cart drawer - Trelegy inhaler, opened and undated - A plastic bag with medication bottles belonging to a nurse During an interview on 5/22/24 at 1:35 P.M., Nurse #5 said the bag of medications, which contained three bottles and one inhaler, belonged to a staff member and only resident medications should be stored in medication cart. Nurse #5 said that employee medications should not be stored in the med cart. Nurse #5 said that prostat should have been dated when opened and that eye drops and inhalers should be dated when opened. Nurse #5 said she was not aware of any cleaning schedule for the medication cart. During an interview on 5/22/24 at 2:20 P.M., the Director of Nursing (DON) said she would expect the medication carts to be clean, should be wiped down, disinfected and should not contain any loose pills, any sticky bottles or sticky substance in bottom of drawers. The DON said she would expect inhalers and eye drops to be dated when they are opened and expiry date and for medications with shortened expiration date after opening would be opened and dated following pharmacy/manufacturer's directions for expiration. The DON would expect that only resident medications are stored in medication cart. The DON also said she would expect that treatment supplies would not be stored in medication carts.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. 46339 Based on interviews and record review the facility failed to provide the dietary preference for one Resident (#312) out of a total sample of 35 residents. Specifically, the facility failed to honor no pork products per resident preference. Findings include: Review of facility policy titled 'Resident Food Preference' revised July 2017 indicated the following but was not limited to: -Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team. Modification to diet will only be ordered with the residents' or representative's consent. -Upon the resident's admission (or within 24 hours after his/her admission) the Dietician or nursing staff will identify a resident's food preferences. -When possible, staff will interview the residents directly to determine current food preferences based on history and life patterns related to food and mealtimes. Resident #312 was admitted to the facility in May 2024 with diagnoses including acute systolic congestive heart failure, fluid overload and chronic kidney disease stage four. Review of the Brief Interview for Mental Status dated 5/14/24 indicated the Resident scored a 14 out of a possible 15 indicating he/she was cognitively intact. During an interview on 5/21/24 at 8:45 A.M., Resident #312 said he/she was served bacon for breakfast. The Resident said he/she had communicated with the Food Service Director telling him that he/she cannot have pork products due to religious reasons. During an interview on 5/21/24 at 9:00 A.M., Resident's daughter said they had completed the facility weekly menu and wrote in big letters and circled NO PORK PRODUCTS. Resident #312's daughter said that due to religious reasons the resident could not have pork products and that the Resident had been served ham sandwich the night before and had received bacon for breakfast. Review of the breakfast menu for 5/21/24 indicated the following items were served: -Juice of choice -Cereal -French toast -Bacon (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Margarine -Syrup -Coffee or Tea -Milk Dinner Items served for 5/20/24 indicated the following: -Grilled ham and cheese and alternate were cranberry glaze pork chop. During an interview on 5/22/24 at 11:03 A.M., Unit Manager #1 said on admission nursing will only review the diet sent on discharge paperwork. She said normally the dietician is the one that would get the Resident's detailed preferences, but they currently did not have a regular dietician on staff. She further said that the Food Service Director would be the alternate to obtain the preferences. During an interview on 5/23/24 at 9:17 A.M., the Food Service Director (FSD) said that he had met with the Resident and was not aware of the no pork preference. He further said he had given the Resident the weekly menu but could not find it among the other menus that he had on hand. The FSD said he was only made aware of the preferences on Tuesday 5/21/24 and did not add it on the meal ticket until 5/23/24. The FSD said Resident's preferences should be honored.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 41456 Based on observation and interview the facility failed to properly store food items and properly follow sanitation and food handling practices to prevent the risk of foodborne illness in accordance with professional standards for food service safety. Findings include: Review of the facility policy titled, Food Receiving and Storage, dated November 2022, indicated the following: -refrigerated foods are labeled, dated and monitored so they are used in the appropriate time frame. Review of the facility policy titled, Food Preparation and Service, dated November 2022, indicated the following: -food preparation staff adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illnesses. -Bare hand contact with food is prohibited. Gloves are worn when handling food directly and changed between tasks. Disposable gloves are single use items and are discarded after each use. The following observations were made in the kitchen refrigerators on 5/21/24 at 7:00 A.M.: -A bowl of cut up melon not dated or labeled. -A container of ground turkey dated 5/16/24. -A takeout container not dated or labeled. -A moldy cut lemon in a bowl. -A container of beans dated 5/11/24. -A container of beats dated 5/6/24. -A container of chicken broth dated 5/8/24. -A container of couscous dated 5/17/24. -A container of pureed meat undated. -A container of gravy undated. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-A container of beef dated 5/18/24. -A container of rice dated 5/14/24. -A container of French toast wash dated 5/15/24. -A container of cottage cheese dated 5/13/24. -A container of cottage cheese with a best by date of 5/18/24. -A container of bacon fat dated 5/13/24. -A container of gravy undated. -A container of roasted garlic dated 4/11/24. -A container of roasted pork dated 5/14/24. -A container of diced onions undated. The following observations were made when watching the cooks prepare breakfast on 5/21/24 at 7:12 A.M.: -A cook was wearing gloves and preparing bacon. With the gloves he was opening the packaging to the bacon, potentially contaminating his gloves. He then touched all pieces of bacon to place on a baking sheet. He then picked up the baking sheet and placed it into the oven. Touching the bottom of the pan and oven doors. The cook then went back to the bacon packaging without changing his gloves and continued to place bacon onto another baking sheet. -A second cook was observed making toast. This cook was wearing gloves and was touching a knife, the bread packaging and the dials to the toaster, potentially contaminating the gloves. The cook was touching the bread to place into the toaster, removing the bread from the toaster and cutting the bread, all with the same gloves. During an interview on 5/23/24 at 10:30 A.M., the Food Service Director said anytime staff move from one process to another they need to wash their hands and change their gloves. The Food Service Director said items in the fridge should be labeled with the date made and when to use by and 3 days would be the longest amount of time to keep something in the refrigerator.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41456 Based on observations, record reviews and interviews, the facility failed to ensure accurate medical records for three Residents (#3, #106 and #82) out of a total sample of 35 residents. Specifically, 1) for Resident #3 the facility failed to complete accurate skin assessments, 2) for Resident #106 the facility failed to maintain accurate medical records. 3) For Resident #82, the facility failed to accurately document the functioning of a bed alarm and presence of a floor mat 4.) For Resident #88, the facility failed to accurately document the flow rate of oxygen. Findings include: Resident #3 was admitted to the facility in December 2001 with diagnoses including dementia. Review of Resident #3's most recent Minimum Data Set (MDS) dated [DATE], indicated the Resident had a Brief Interview for Mental Status (BIMS) score of 7 out of a possible 15, which indicated he/she had severe cognitive impairment. The MDS also indicated Resident #3 was dependent on staff for all functional tasks. Review of Resident #3's medical record indicated the following wound notes: -4/29/24: Late Entry: DTI (Deep Tissue Injury) to left great toe: wound size 0.9 x 0.5 x NMcm (cetimeter). Area with no drainage, no s/sx (signs or symptoms) of infection noted this shift. -5/8/24: DTI to left great toe: wound size 0.5 x 0.5 x NMcm. Area with no drainage, no s/sx of infection noted this shift. -5/16/24: DTI to left great toe: wound size 0.5 x 0.3 x NMcm. Area with no drainage, no s/sx of infection noted this shift. On 5/23/24 at 8:11 A.M., the surveyor and Unit Manager #2 observed Resident #3's left great toe. A small round dark spot was observed on the tip of the toe. Review of Resident #3's weekly skin assessments dated 4/16/24, 4/23/24, 4/25/23, 5/2/24, 5/9/24, and 5/16/24 all failed to indicate the Resident had a deep tissue injury on his/her left great toe. During an interview on 5/23/24 at 8:38 A.M., the Wound Nurse said she completes all wound documentation but the nurses still complete weekly skin assessments on all residents. The Wound Nurse said Resident #3 currently has a deep tissue injury to his/her left great toe. The Wound Nurse said she was unsure if this skin concern would be included on the nurse's weekly skin assessment. During an interview on 5/23/24 at 8:11 A.M., Unit Manager #2 said skin assessments are completed weekly and should have all skin concerns documented on them. During an interview on 5/23/24 at 9:28 A.M., the Director of Nurses said all residents have weekly skin assessments and all skin concerns should be documented on these assessments. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	46339 2. For Resident #106 the facility failed to maintain accurate medical records. Resident #106 was admitted to the facility in May 2024 with diagnoses including Non-Alzheimer's dementia, restlessness and agitation. Review of Resident #106's Minimum Data Set (MDS) assessment dated [DATE] indicated the Resident scored a 6 out of a total possible 15 on the Brief Interview for Mental Status (BIMS) indicating he /she was cognitively impaired. Review of Resident #106's physician order dated 5/2/24 indicated the following: -Quetiapine fumarate oral tablet 25 milligram. Give one tablet by mouth in the evening for Bipolar. Review of Resident #106's medical record failed to indicate the source of the Bipolar diagnosis. During an interview on 5/22/24 at 10:28 A.m., Unit Manager #1 said that she believed the Resident was admitted to the facility with the diagnosis of Bipolar. The surveyor and Unit Manager #1 looked through the hospital discharge paperwork and could not identify the diagnosis of Bipolar. During an interview on 5/22/24 at 11:22 A.M., Regional Nurse #3 said the Bipolar diagnosis had been added in error. 48990 3.) Resident #82 was admitted to the facility in February 2023 with diagnoses including dementia and epilepsy (a seizure disorder). Review of the most recent Minimum Data Set (MDS) assessment, dated 5/8/24, indicated that Resident #82 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 0 out of 15. Review of Resident #82's Medication/Treatment Administration Record, dated each shift on 5/21/24, 5/22/24, and 5/23/24, indicated the follow physician orders as implemented. -Bed alarm monitor placement and function every shift, initiated 8/3/23. -Floor mats on right and left side of PT's (patient's) bed at all time [NAME] [sic] Resident in bed., initiated 4/25/24. On 5/21/24 at 9:09 A.M., 5/22/24 at 6:39 A.M., 5/22/24 at 8:40 A.M., and 5/23/24 at 6:19 A.M., the surveyor observed Resident #82 in bed with a disconnected alarm box on his/her bedside table. There was a bed sensor alarm pad under the sheet with the grey plug visible and unattached to any alarm box. There were no other alarms on bed. There was one floor mat on the floor on the left side of Resident #82's bed and there was no floor mat on the right side of the bed. There was a folded up floor mat in the corner of the room. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 5/23/24 at 6:19 A.M., Certified Nurse Assistant (CNA) #7 said she is familiar with Resident #82 and was assigned to him/her that night shift. Resident #82 tends to fall on his/her left side so there is a floor mat on the left side. CNA #7 said Resident #82 does not have a floor mat on the right side of the bed. CNA #7 said Resident #82 does not have alarms. During an interview on 5/23/24 at 6:21 A.M., Nurse #8 visualized Resident #82 in bed and said he/she did not have a floor mat on the right side of the bed or alarms in place. Nurse #8 said Resident #82 has an order for floor mats on both the right and left side of the bed and they should be in place but were not. Nurse #8 said Resident #82 has an order for a bed alarm and that it should be in place but was not. During an interview on 5/23/24 at 6:46 A.M., the Assistant Director of Nursing (ADON) and Unit Manager #3 said Resident #82 has orders for a bed alarm and for bilateral floor mats. The ADON and Unit Manager #3 said if a Resident has an order for a bed alarm and bilateral floor mats, there should be floor mats on both sides of the bed and alarms in place whenever Resident #82 is in bed. The ADON and Unit Manager said it should not be documented as implemented if it was not. During an interview on 5/23/24 at 12:33 P.M., the Director of Nursing (DON) said if the Resident had an order for a bed alarm, then it should be in place and functioning. The DON said if the Resident had an order for floor mats to the left and right side of the bed, they both should have been in place. The DON Manager said it should not be documented as implemented if it was not. 4.) Resident #88 was admitted to the facility in October 2023 with diagnoses including chronic obstructive pulmonary disease (COPD) and emphysema, both which are common lung disease causing restricted airflow and breathing problems. Review of the most recent Minimum Data Set (MDS) assessment, dated 5/1/24, indicated that Resident #88 had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 8 out of 15. This MDS also indicated Resident #88 required oxygen. Review of Resident #88's Medication Administration Record, dated each shift on 5/21/24, 5/22/24, and 5/23/24, indicated the follow physician orders as implemented. -Oxygen at 4L per N/C (nasal cannula). On 5/21/24 at 8:39 A.M., the surveyor observed Resident #88 in bed wearing a nasal cannula (a device that delivers extra oxygen through a tube and into your nose) connected to an oxygen machine with settings at 5 liters per minute (lpm). Resident #88 said he/she needs 5 liters (l) of oxygen because he/she has difficulty breathing if it's at a lower rate. The surveyor made the following observations of Resident #88, each time in bed with the oxygen machine not within his/her reach: -On 5/22/24 at 6:36 A.M., Resident #88 was wearing a nasal cannula connected to an oxygen machine with settings at 5 lpm. Resident was asleep. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On 5/22/24 at 10:02 A.M., Resident #88 was wearing a nasal cannula connected to an oxygen machine with settings at 5 lpm. Resident #88 asked surveyor to check if his/her oxygen was set to 5 lpm. Resident #88 said he/she does not adjust the oxygen, but often will ask staff to check because he/she is having difficulty breathing. -On 5/23/24 at 6:38 A.M., Resident #88 was wearing a nasal cannula connected to an oxygen machine with settings at 5 lpm. Resident was asleep. During an interview on 5/23/24 at 6:52 A.M., the Assistant Director of Nursing (ADON) and Unit Manager #3 said nursing should check oxygen flow rate at least once a shift to ensure it is running at the ordered flow rate. The ADON and Unit Manager #3 said Resident #88 has an order for oxygen at 4 lpm, and if Resident #88 refused or required a higher oxygen flow rate this should have been communicated to the physician and documented in the record but had not. Review of entire medical record for Resident #88 failed to indicate a need for increased oxygen or documentation that a higher flow rate of oxygen was administered. During an interview on 5/23/24 at 12:24 P.M., the ADON said oxygen flow rate should be documented at the rate it is being received and should not be increased without a physician's order. During an interview on 5/23/24 at 07:23 A.M., the Director of Nursing (DON) said oxygen should be administered as ordered. The DON said the nurses should be checking the oxygen flow rate a few times throughout each shift and the rate it is being delivered at should be documented. If the oxygen was being delivered at a different flow rate, the physician should be notified, and it should be documented accurately in the Medication Administration Record or in a progress note.

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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. 48990 Based on observations, interviews, and policy review, the facility failed to ensure staff followed standards and transmission-based precautions to prevent the spread of infection. Specifically: 1.) The facility failed to ensure staff wore precaution gowns when required while providing care to residents with contact precautions and enhanced barrier precautions in place on one of four nursing units. 2.) The facility failed to ensure the nurse cleaned the top of an insulin vial prior to drawing up insulin. Findings include: 1.) Review of the facility policy title 'Isolation - Categories of Transmission-Based Precautions', revised September 2022, indicated, but was not limited to: -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. -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. The signage informs the staff of the type of CDC precaution(s), instructions for use of PPE (personal protective equipment), and/or instructions to see a nurse before entering the room. -Contact precautions: staff and visitors wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed. Review of sign titled Contact Precautions, which is posted at the room entrance door for residents on contact precautions indicated, but was not limited to: -Providers and staff must also: Put on gloves before room entry. Put on gown before room entry. Review of sign titled Enhanced Barrier Precautions, which is posted at the room entrance door for residents on enhanced barrier precautions indicated, but was not limited to: -Providers and staff must also: Wear gloves and a gown for the following high-contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy, wound care: any skin opening requiring a dressing. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/21/24 at 9:31 A.M., the surveyor observed Certified Nurse Assistant (CNA) #1 in a resident room without a precaution gown on holding soiled towels in a gloved hand. The surveyor observed a sign outside the resident's room indicating the need for enhanced barrier precautions, including the use of a precaution gown during personal hygiene and bathing/showering. Unit Manager #3 went to doorway and asked if CNA #1 was washing up the Resident and CNA #1 said he was. Unit Manager #3 then told CNA #1 he needs a precaution gown and gloves when washing up the Resident because he/she is on enhanced barrier precautions. On 5/22/24 at 9:59 A.M., the surveyor observed the Assistant Director of Nursing (ADON) and CNA #8 in resident's room without wearing precaution gowns. The surveyor observed a sign outside the resident's room indicating the need for enhanced barrier precautions, including the use of a precaution gown during personal hygiene and bathing/showering. The ADON was using a manual razor and shaving cream to shave the Resident, who was lying in bed wearing only a brief. CNA #8 was holding a wet washcloth in her gloved hand. The ADON said they are washing him up. On 5/22/24 at 12:12 P.M., the surveyor observed CNA #5 emptying the trash bin full of used precaution gowns in a resident's room without wearing a precaution gown or gloves. The surveyor observed a sign outside the resident's room indicating the need for contact precautions, including the use of a precaution gown and gloves upon entering. On 5/23/24 at 6:28 A.M., the surveyor observed Nurse #8 enter a resident's room without a precaution gown. The surveyor observed a sign outside the resident's room indicating the need for contact precautions, including the use of a precaution gown upon entering. Nurse #8 said she was going to empty the Resident's bag. Nurse #8 was wearing gloves and reached out of room to get a bottle of disinfectant wipes from the precaution cart outside of the room, which she placed on the Resident's bedside table. Nurse #8 then moved the Resident's trash and opened the lid, the used her gloved hand to push the overflowing precaution gowns deeper into the trash bin. Nurse #8 then was observed using over ten disinfectant wipes to wipe bedside table and floor before returning the disinfectant wipe container back to the precaution cart sitting outside of the room before removing gloves. During an interview on 5/23/24 at 6:33 A.M., Nurse #8 said she was going to empty the Resident's cholecystostomy (a tube inserted into the gallbladder to drain fluid) bag, but it was open and had spilled all over the floor, so she had to clean up the drainage with the disinfectant wipes. Nurse #8 said the Resident was on contact precautions and that she was not wearing a precaution gown, but probably should have been. During an interview on 5/23/24 at 7:07 A.M., Unit Manager #3 said staff needs to wear a precaution gown and gloves for when providing direct care for residents on enhanced barrier precautions, and a precaution gown and gloves should have been worn during washing up and shaving. Unit Manager #3 said staff needs to put on a precaution gown and gloves when entering the room to care for a resident on contact precautions, and a precaution gown and gloves should have been worn while emptying trash, handling trash, or caring for the Resident's cholecystostomy bag especially because the Resident is on precautions for vancomycin-resistant enterococci (an infection with bacteria that are resistant to the antibiotic called vancomycin) in the cholecystostomy bag. (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 5/23/24 at 7:41 A.M., the Director of Nursing (DON) said staff needs to wear a precaution gown and gloves for when providing direct care for residents on enhanced barrier precautions, and a precaution gown and gloves should have been worn during washing up and shaving. The DON said she was not concerned with staff not wearing precaution gowns while handling trash or touching objects in the room of a resident on contact precautions, but she was concerned that a precaution gown was not worn while the nurse was handling the drainage from cholecystostomy bag. During an interview on 5/23/24 at 11:51 A.M., Regional Nurse #3 said staff should follow the instructions on the precaution sign posted at each resident's doorway for when to wear a precaution gown or gloves. 50338 2.) On 5/22/24 at 8:09 A.M., the surveyor observed Nurse #3 draw up insulin from vial without wiping vial with alcohol. During an interview on 5/22/24 at 8:09 A.M., Nurse #3 said she should have wiped the vial prior to drawing up the insulin.