STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225547	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hannah B G Shaw Home	299 Wareham Street Middleboro, MA 02346

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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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 34145 Based on interviews and review of grievance documentation, the facility failed to formulate written grievances, follow up, and provide resolution for two Resident's Representatives who voiced grievances. Specifically, 1. Resident #48's Representative voiced concerns to the Administrator regarding resident safety due to low staffing on the Memory Care Unit and the frequent non-functioning of a doorbell outside the unit that alerts staff to unlock the door when someone wishes to gain access to the unit to see their loved one; and 2. Resident #45's Representative voiced concerns to the Administrator regarding resident safety due to low staffing on the Memory Care Unit. Findings include: Review of the facility's policies titled Grievances/Complaints, Filing and Grievances/Complaints, Recording and Investigating, last revised April 2017, indicated but was not limited to: -Any resident, family member, or appointed resident representative may file a grievance or complaint concerning care, treatment, behavior of other residents, staff members, theft of property, or any other concerns regarding his or her stay at the facility. Grievances may also be voiced or filed regarding care that has not been furnished. -All grievances and complaints filed with the facility will be investigated and corrective actions will be taken to resolve the grievance(s) -The administrator has assigned the responsibility of investigating grievances and complaints to the grievance officer who is the Executive Director -The grievance officer will record and maintain all grievances and complaints on the Resident Grievance Complaint Log. The following information will be recorded and maintained in the log: a. The date the grievance/complaint was received b. The name and room number of the resident filing the grievance/complaint (continued on next page)

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

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	c. The name and relationship of the person filing the grievance/complaint on behalf of the resident d. The date the alleged incident took place e. The name of the person(s) investigating the incident f. The date the resident, or interested party, was informed of the findings g. The disposition of the grievance (i.e. resolved, dispute, etc.) -Upon receipt of a grievance and/or complaint, the grievance officer will review and investigate the allegations and submit a written report of such findings to the administrator within five working days of receiving the grievance and/or complaint 1. During interviews on 9/10/24 at 11:50 A.M. and 9/12/24 at 9:55 A.M., Resident #48's Representative (Resident Representative #1) said his loved one has resided in the facility for almost two years and he visits him/her every day. The Representative said Resident #48 has had four falls while residing on the Memory Care Unit and said there is not enough staff on the unit. He said one nurse and one certified nursing assistant (CNA) are not enough considering the special needs of memory impaired residents here on the unit. He said the doorbell to use at the entrance of the secure unit is battery powered and the batteries die frequently. He said there have been several times when he/she has pressed the button and it didn't work and was waiting outside the door for a long time to get onto the unit to see his/her loved one. He said on a few occasions he was waiting so long, he had to call upstairs to the reception desk to have them call the unit to let them know he was at the door waiting to be let on the unit to see his loved one. Resident Representative #1 said he has spoken to the Administrator as well as the property management company several times about his concerns with staffing and the malfunctioning doorbell and nothing changes. He said the last time he/she spoke to the Administrator about his/her concerns was about a month ago, and he mentions it every time he runs into the Administrator in the facility. 2. During an interview on 9/12/24 at 11:23 A.M., Resident #45's Representative (Resident Representative #2) said her loved one has resided at the facility for a year and a half. She said Resident #45 has had a few falls and now has a bed and chair alarm. She said there are only two staff on the floor and that is not enough to meet the resident's needs. The Representative said several other residents on the unit have alarms too and they go off all the time. She said staff can't be everywhere at the same time to get to the residents. She said she has brought her concerns about low staffing to the Administrator several times and most recently about a month ago, and there has been no response to any of her concerns. She said low staff and safety of the residents on the unit is her greatest concern. Using the reasonable person perspective, a resident would want timely access to their loved ones visiting, enough staff to keep them safe and provide the supervision and care they need and be able to file a grievance with the expectation that the facility would make efforts to resolve the concern. Review of the facility's Grievance Book failed to indicate any documentation of Resident #48's and Resident #45's Representative's grievances related to concerns with low staffing and resident safety on the Memory Care unit and the frequent non-functioning of the unit's doorbell outside the unit that limits access to their loved one. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/12/24 at 7:15 A.M. and 3:45 P.M., the Administrator said she was the Grievance Official and grievances, concerns and comments are documented on a Problem Form which are available in several locations in the facility. The surveyor asked the Administrator if she tracks comments, concerns or complaints brought forward by resident representatives/families verbally and she said it should be written on a Problem Form, but she does not document anything brought forward verbally from Resident Representatives. She said she speaks to them and takes care of it. The surveyor shared Resident #48 and #45's Representative's report that concerns with staffing, safety and non-functioning doorbell were brought to her attention several times with no follow-up and resolution. She was unable to explain why the Family Members' concerns were not addressed and there was no follow-up.

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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. 34145 Based on observation, interview, and record review, the facility failed to develop and implement an individualized, person-centered care plan to meet the physical, psychosocial, and functional needs for one Resident (#43), out of a total sample of 17 residents. Specifically, the facility failed to ensure a comprehensive care plan was developed and implemented to address the Resident's behavior of eating non-food items. Findings include: Review of the facility's policies titled Care Plans, Comprehensive Person-Centered and Care Planning-Interdisciplinary Team, last revised March 2022, indicated but was not limited to: -The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. -The IDT includes, but is not limited to the resident's attending physician. -The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. -The comprehensive, person-centered care plan: -included measurable objectives and timeframes; -describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being; -includes the resident's stated goals upon admission and desired outcomes; -builds on the resident's strengths; -reflects currently recognized standards of practice for problem areas and conditions -Care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making. -Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. Resident #43 was admitted to the facility in May 2022 with diagnoses including Alzheimer's disease, anxiety, and major depression. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the comprehensive Minimum Data Set (MDS) assessment, dated 5/15/24, indicated Resident #43 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status score of 0 out of 15, and exhibited behavioral symptoms not directed toward others four to six days, but less than daily. Review of the medical record indicated documentation of Resident #43 putting non-food items in his/her mouth on several occasions as follows: -Nursing Note, dated 9/12/24: Resident chews on objects and staff are careful not to give anything harmful. Does have rubber necklace to give to Resident and tolerates well. -Nursing Note, dated 9/26/23: Resident noted frequently chewing on objects and soft mouth device is provided. -Nursing Note, dated 1/6/24: Activities staff witnessed Resident placing cotton ball into mouth then spitting it out. Activities staff educated not to leave any items in front of Resident and that Resident requires continuous supervision and reminders to not place items into mouth. -Social Service Note, dated 3/12/24: Care plan meeting was held on 3/5/24. Resident is noted with episodes of attempting to put non-food items in his/her mouth and staff continue to monitor. -Nursing Note, dated 4/14/24: Laceration noted to right lateral aspect of bruised area. Treatment: cleanse area with normal saline, bacitracin applied leave open to air (LOTA) due to Resident having [NAME] (a pattern of eating non-food materials). MD aware. -Nursing Note, dated 7/31/24: Resident noted to be chewing on something that sounded hard. This nurse assessed and Resident not opening mouth when asked. CNA and this nurse were able to remove Resident's small clear hair clip from his/her mouth. The other hair clip was removed from his/her hair. Will pass on to staff to no longer put hair clips in Resident's hair. -Social Service Note, dated 8/27/24: Requires close supervision due to history of ingesting non-edible items. Review of Psychiatric Nurse Practitioner Progress Notes indicated but was not limited to: -11/30/23: Health Concerns and Risks: National Institute of Health (NIH) guidelines suggest that Trazodone and Luvox together can decrease [NAME] symptoms in frontotemporal dementia without increasing sedation. -2/23/24: Instructions/Recommendations/Plan: If [NAME] is noted, recent research indicates that other medications such as Trazodone and Luvox can be helpful. With return of Pica, primary care physician to rule out medical causes of [NAME] such as iron deficiency anemia. -3/14/24: Health Concerns and Risks: NIH guidelines suggest that Trazodone and Luvox together can decrease [NAME] symptoms in frontotemporal dementia without increasing sedation. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Interdisciplinary Care Plan Meeting documentation indicated care plan meetings were held on 12/5/23, 3/5/24, 5/28/24 and 8/27/24. The meetings held on 12/5/23, 3/5/24 and 8/27/24 failed to identify the Resident's behavior of eating non-food items. However, the 5/28/24 care plan meeting indicated Resident #43 requires monitoring due to Pica. The section of the document labeled, Changes to Plan of Care (POC) indicated: medically stable. No recent medication changes. Periods of increased anxiety/agitation, but easily redirected. Escorted to activities. The documentation failed to indicate a change to the care plan was made to address the concern identified as Pica. Review of Resident #43's comprehensive care plans failed to indicate a person-centered comprehensive care plan that included measurable objectives and timeframes was developed and implemented for the Resident's behavior of eating non-food items. Review of the Certified Nursing Assistant (CNA) care card for Resident #43 failed to indicate he/she had a behavior of eating non-food items or required monitoring. During an interview on 9/10/24 at 10:23 A.M., Nurse #2 said Resident #43 has had the behavior of eating non-food items ever since he/she was admitted to the facility. She said the Resident will eat anything that is near him/her and needs items kept away from him/her. The surveyor and Nurse #2 reviewed Resident #43's comprehensive care plans and she said there was no care plan developed for this behavior and there should be one. She said the nurses and CNAs that regularly work on the unit should know about this behavior, but a CNA that may help out on the unit or agency staff would not be aware of this behavior because it is not documented on a care plan or Kardex. During an interview on 9/10/24 at 11:50 A.M., CNA #1 said she has known Resident #43 since he/she was admitted to the facility and that is how she knows the Resident eats non-food items. She said the Resident will bite and try to eat anything that is within his/her reach. The CNA said the other day she had to get a paper napkin out of the Resident's mouth and he/she really needs to be watched closely. She said she does not know if an agency CNA or staff not familiar with the Resident would know about this behavior. On 9/11/24 at 8:45 A.M., the surveyor observed Resident #43 seated in a chair in the unit living room asleep. The Resident's hair was styled with two small braids secured on either side of his/her head with two small brown plastic hair clips and one large yellow clip secured the remainder of the hair on the back of his/her head. During an interview on 9/12/2024 at 1:50 P.M., Physician #1 said he was not aware Resident #43 ate non-food items. He said if he were aware, his expectation would be for staff to pay close attention and make sure there were no non-food items near the Resident that he/she would put in his/her mouth and eat.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34145 Based on observation and interviews, the facility failed to ensure its staff provided a meaningful and engaging activity program for residents residing on one Unit (Memory Care), out of six units in the facility. Specifically, the facility failed to ensure staff implemented facility sponsored group activities for all residents on the Memory Care unit designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident. Findings include: Review of the facility's policies titled Activity Programs, last revised June 2018, Therapeutic Programs and Activities for the Dementia Special Care Unit (DSCU), undated, and Individual Activities and Room Visit Program, last revised June 2018, indicated, but was not limited to: -The activities program is ongoing and includes facility-organized group activities, independent individual activities and assisted individual activities. -Meaningful Activities: Design activities that engage residents mentally, physically, and emotionally, such as arts and crafts, music sessions, gardening, and storytelling. -Cognitive stimulation: Implement activities like memory games, puzzles, and group discussions to promote cognitive engagement. -Physical activities: Daily exercises, walks, and dance sessions to improve mobility, strength, and overall well-being. -Music and Art Therapy: Offer music sessions that can be calming or invigorating, and art activities that allow residents to express themselves. -Reminiscence Therapy: Use objects, photographs, or music from the past to help stimulate memories and improve mood. -Activities for residents with behavioral or emotional problems who cannot participate in group activities include: a. uncomplicated activities that can be adapted to the level of the individual's attention span and function; b. activities requiring short periods of concentration to reduce frustration; and c. activities tailored to address specific underlying causes of the individual's behavior or attention limitations (e.g. familiar occupation-related activities, exercise and movement activities, engaging the resident in conversation, and using one-to-one activities such as looking at familiar pictures and photo albums). (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the September 2024 activity calendar for the Memory Care Unit indicated multiple activities listed every day of the month. Each day, some of the activities were typed in regular font and some were typed in bold font. Activities listed for days of observations made during the survey period included: 9/10/24: -9:30 A.M. Morning Greetings (regular font) -10:00 A.M. Good News Report (bold font) -10:30 A.M. Hymn Sing-Along with Chaplain [NAME] & Sterling (bold font) -2:00 P.M. Sunflower Paint Along (bold font) -3:00 P.M. Word Games (bold font) -3:30 P.M. Come Dance With Us (bold font) -3:30 P.M. Hydration Station (regular font) -4:00 P.M. Balloon Games (regular font) -6:00 P.M. Sensory Folding & Sorting (regular font) 9/11/24: -9:30 A.M. Morning Greetings (regular font) -10:00 A.M. Communion with [NAME] Reading, Song & Prayer (bold font) -10:45 A.M. Instrumental Jam Sesh (bold font) -2:00 P.M. Celebrating Bee Keeping (bold font) -3:00 P.M. Lemonade Honey Punch Social (bold font) -3:30 P.M. Hydration Station (regular font) -4:00 P.M. Balloon Games (regular font) -6:00 P.M. Rosary (regular font) (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 9/10/24 at 10:55 A.M., Certified Nursing Assistant (CNA) #1 said there is an activity assistant assigned to the unit every Monday, and all other days of the week, there are no activities for the residents on the unit during the daytime. She said they do activities on the Memory Care unit from 3:00 P.M. to 6:00 P.M. or 7:00 P.M. She said the activities listed on the calendar that are in bold lettering are activities held off the unit upstairs. She said staff come downstairs to take two or three residents to the activity, and the rest are left behind because the activity is not at an appropriate cognitive level for the other residents. She said when there is church service or hymn sing-along, they try to take as many people as they can to it. Otherwise, they stay on the unit with no activities except for sitting in front of the television. -On 9/10/24, the following observations were made of the activity program on the Memory Care Unit: From 8:53 A.M. to 11:50 A.M.: As of 11:50 A.M., no activities had taken place. There were seven residents in the day room. The television was on and playing music. The activity calendar indicated that by this point in the morning, Morning Greetings, Good News Report, Hymn Sing-Along with Chaplain [NAME] and Sterling would have already occurred. All seven residents were sitting in the day room without any meaningful activity taking place. From 1:43 P.M. to 3:30 P.M., six residents were observed sitting in the day room. No activities were taking place on the unit and all six residents were sitting in the day room without any meaningful activity taking place. According to the activity calendar, Sunflower Paint Along and Word Games would have already occurred. -On 9/11/24, the following observations were made of the activity program on the DSCU: From 8:45 A.M. to 11:15 A.M.: At 9:26 A.M., the Therapeutic Activity Director (TAD) started a game of Finish the Lyrics. The game finished at 9:40 A.M. The TAD asked a few residents if they wanted to go to church off the unit. At 10:00 A.M., six residents were seated in chairs on the unit: three residents were in the living room, one was seated at the counter in the kitchen area, one resident was in a common area scooting him/herself in a wheelchair, one resident was seated at a table in the dining area coloring. Five of the six residents on the unit were seated without any meaningful activity taking place. At 1:03 P.M., the surveyor observed six residents seated in chairs in different areas: two residents were in the living room, one seated at the kitchen counter, one resident in a wheelchair scooting him/herself, one resident was asleep in a Broda chair (positioning chair) and one resident was coloring at a table in the dining room. Five of the six residents on the unit were seated without any meaningful activity taking place. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 9/11/24 at 10:33 A.M., the surveyor and TAD reviewed the activity calendar for the DSCU and other units and she confirmed that the bolded items on the calendar are held upstairs in the main community room and the non-bolded items are held in the Memory Care Unit. She said not all residents go to the activities off the unit, and there are usually two residents who go upstairs that are more cognitively intact and can engage in the activity. She said there are some programs, like church or music, in which more residents will go. She said if eight or more residents go off the unit for activities, an activity staff will accompany them, and there will be no activity staff on the unit leaving only one CNA and one Nurse on the Memory Care Unit. She said she works as the TAD for 20 hours a week, works as a driver for the facility (taking residents to appointments) for 20 hours a week, and picks up hours as a CNA. She said the 20 hours she works as the TAD is mostly spent on doing paperwork. She said there is not enough help on the unit and the residents' needs are not being met. The surveyor asked what activities are implemented for the residents left behind on the unit when other residents attend activities off the unit, and she said there are only scheduled activities on the unit from 3:00 P.M. to about 6:30 P.M. or 7:00 P.M. During an interview on 9/12/24 at 9:55 A.M., Family Member #1 said it's great that some residents go off of the unit to do activities upstairs with the other residents, but they need more specialized activities on the unit for those that don't go upstairs. During an interview on 9/12/24 at 11:09 A.M., Nurse #10 said on Mondays, there is an activity assistant on the unit all day, but all other days of the week, there is no one to do activities during the day and two or three residents go upstairs to the activities held in the community room with residents from the other units. She said scheduled activities on the Memory Care unit begin at 3:00 P.M. every day. Nurse #10 said the afternoons are the most challenging because residents begin to sundown (a state of confusion that occurs in the late afternoon and lasts into the night. Sundowning can cause various behaviors, such as confusion, anxiety, aggression or ignoring directions) and they need more activities and supervision.

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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. 34145 Based on observation and interview, the facility failed to ensure staff provided residents an environment free from accident hazards on one unit (Memory Care Unit) of six units in the facility. Specifically, the facility failed to ensure a three-tiered cart with hazardous items stored on it was not easily accessible to wandering residents on a Dementia Special Care Unit. Findings include: On 9/9/24 from 9:20 A.M. to 10:27 A.M. on the Dementia Special Care Unit, the surveyor observed two residents ambulate independently on the short hallway on the unit. On 9/9/24 at 10:27 A.M., on a short hallway on the unit, the surveyor observed a wheeled three-tiered cart with supplies on it. The top tier had stacks of folded towels on it covered with a folded bed sheet. The middle tier had incontinence briefs and slipper socks, and the bottom tier had a clear plastic bin that contained the following items: -8 (4 ounce) bottles of Medline Remedy Essentials Moisture Body Lotion -4 (1.5 ounce) bottles of FreshScent Roll-on Antiperspirant Deodorant -2 (4 ounce) bottles of FreshMoment Mouthwash -1 (8 ounce) bottle of Medline Remedy Phytoplex Moisturizer Nourishing Skin Cream -2 (4 ounce) tubes Medline Remedy Clinical Moisturizer Skin Cream -1 (8 ounce) tube Medline Remedy Clinical Moisturizer Skin Cream -5 (7 ounce) tubes Medline Remedy Prevent Ointment -1 (8 ounce) bottle Remedy Cleanse Spray Cleaner for cleansing & conditioning hair and skin -1 (8 ounce) can Earth Saver Spray -1 Styrofoam cup with 5 disposable razors in it During an interview on 9/9/24 at 10:33 A.M., Nurse #1 and the surveyor reviewed the items in the clear plastic bin on the bottom shelf of the cart. The nurse said all of the items are hazardous and should be kept in a locked closet and not accessible to residents on the unit.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49428 Based on observations, interview, record review, and policy review, the facility failed to implement interventions timely after significant weight loss was identified for one Resident (#20), out of a total sample of 17 residents. Specifically, the facility failed to: -assess and evaluate the Resident's nutritional status, and -consider interventions to curb further weight loss, resulting in additional weight loss over a period of two weeks. Findings include: Review of the facility's policy titled Weighing and Measuring the Resident, dated as last revised March 2011, indicated but was not limited to the following: -Report significant weight loss to the nurse supervisor. -The threshold for significant unplanned and undesired weight loss/gain will be based on the following criteria (where percentage of body weight loss = [usual weight - actual weight] / [usual weight] x 100): a. 1 month - 5% weight loss is significant; greater than 5% is severe. b. 3 months - 7.5% weight loss is significant; greater than 7.5% is severe. c. 6 months - 10% weight loss is significant; greater than 10% is severe. -Report other information in accordance with facility policy and professional standards of practice. Review of the facility's policy titled Nutrition (Impaired)/Unplanned Weight Loss-Clinical Protocol, dated as last revised September 2017, indicated but was not limited to the following: -The nursing staff will monitor and document the weight and dietary intake of residents in a format which permits comparisons over time. -The staff and physician will define the individual's current nutritional status (weight, food/fluid intake, and pertinent laboratory values) and identify individuals with anorexia, weight loss or gain, and significant risk for impaired nutrition; for example, high risk residents with acute symptoms such as vomiting, diarrhea, fever and infection, or those taking medications that may be causing weight gain or increasing the risk of anorexia or weight loss. -The physician will consider whether any assessment including additional diagnostic testing is indicated to help clarify the severity of consequences of weight loss and/or impaired nutrition. (continued on next page)

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	225547	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hannah B G Shaw Home	299 Wareham Street Middleboro, MA 02346

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The staff will report to the physician significant weight gains or losses or any abrupt or persistent change from baseline appetite or food intake. -The physician will help identify medical conditions and medications that may be causing weight gain or loss or increasing risk for either gaining or losing weight. -The physician (or staff, based on a discussion with the physician) will document relevant medical information regarding the nature, severity, causes, and consequences of impaired nutritional status, especially in complex situations such as where multiple causes coexist. -The staff and physician will identify pertinent interventions based on identified causes and overall resident condition, prognosis, and wishes. Review of the facility's policy titled Nutrition Assessment, dated as last revised October 2017, indicated but was not limited to the following: -The dietitian, in conjunction with the nursing staff and healthcare practitioners, will conduct a nutritional assessment for each resident upon admission and as indicated by a change in condition that places the resident at risk for impaired nutrition. -The multidisciplinary team shall identify, upon the resident's admission and upon his or her change of condition, the following situations that place the resident at increased risk for impaired nutrition: a. cognitive or functional decline; b. chewing or swallowing abnormalities; c. pain; d. medication changes; e. environmental factors; f. increased need for calories and/or protein; g. poor digestion or absorption; h. fluid and nutrient loss; i. inadequate availability of food or fluids. -Once current conditions and risk factors for impaired nutrition are assessed and analyzed, individual care plans will be developed that address or minimize to the extent possible the resident's risk for nutritional complications. -Individualized care plans shall address, to the extent possible: (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a. the identified causes of impaired nutrition; b. the resident's personal preferences; c. goals and benchmarks for improvement; and d. time frames and parameters for monitoring and reassessment. Resident #20 was admitted to the facility in June 2024 with diagnoses including dysphagia (difficulty swallowing), feeding difficulties, chronic renal insufficiency, history of breast cancer, gastroesophageal reflux disorder, diverticulitis, thyroid disorder, Parkinson's disease (disorder of the central nervous system that affects movement), muscle weakness, and major depressive disorder. Review of the Minimum Data Set (MDS) assessment, dated 6/15/24, indicated Resident #20 had moderate cognitive impairment as evidenced by a score of 12 out of 15 on the Brief Interview for Mental Status (BIMS), needed substantial/maximal assistance with meals, was taking an antidepressant, and had weight loss. Review of the Physician's Orders indicated the following: -House diet, pureed texture, honey consistency, pureed/honey thick, active 6/9/24. -Magic cup (an oral nutrition supplement), one time a day, active 6/13/24. -Mighty shake (an oral nutrition supplement), two times a day, honey thick, give 120 milliliters (mL), active 8/14/24. -Add banana at breakfast in the morning for supplement, active 8/22/24. -Mirtazapine (antidepressant, also used to increase appetite) 7.5 milligrams (mg) by mouth in the evening for depression, active 6/9/24. Review of the Weight Summary indicated the following: -9/4/24 weight 116.4 pounds (lbs.) -8/28/24 weight 117.6 lbs. -8/21/24 weight 117 lbs. -8/15/24 weight 115.4 lbs. -8/14/24 weight 113 lbs. -8/13/24 weight 112 lbs. (9.8% weight loss compared to 124 lbs. on 7/17/24) -7/31/24 weight 116.8 lbs. (5.8% weight loss compared to 124 lbs. on 7/17/24) (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-7/25/24 weight 117.6 lbs. (5.2% weight loss compared to 124 lbs. on 7/17/24) -7/24/24 weight 112.2 lbs. (9.5% weight loss compared to 124 lbs. on 7/17/24) -7/17/24 weight 124 lbs. -7/3/24 weight 123.2 lbs. -6/26/24 weight 120.2 lbs. -6/19/24 weight 122.2 lbs. -6/12/24 weight 122.8 lbs. -6/11/24 weight 122.7 lbs. -6/9/24 weight 122.4 lbs. During an interview on 9/12/24 at 11:53 A.M., the Dietitian said Resident #20's daughter had said the Resident had significant weight loss in the three to six months prior to being admitted into the facility on [DATE]. The Dietitian said the Resident's daughter reported Resident #20's weight had been increasing in recent weeks prior to admission. Review of the Comprehensive Nutrition Assessment, dated 6/12/24, stated but was not limited to the following: -Resident has had significant weight loss over past 3-6 months but daughter states weight is coming up from less than 120 lbs. Seen at noon meal today being fed- Resident can feed self before fatigue settles in. Uses adaptive equipment of nosey cup, lip plate, and angled spoon. Daughter states Resident was drinking Ensure (an oral nutrition supplement) at Assisted Living Facility but will add Magic Cup at noon for 290 calories and 9 grams of protein. Weight goal 123 plus or minus 5 lbs. Awaiting admit labs. Will proceed to plan of care as evidenced by: 12% weight loss in 6 months, intake is less than needs at times. Review of the Nutrition/Dietary Note, dated 8/13/24, stated but was not limited to the following: -Nutrition follow-up: Medical leave of absence (MLOA) 8/8 returned the same day for episode of unresponsiveness. All workup negative. Resident returns on puree diet, honey liquid with Magic cup daily. Appetite has declined and awaiting new weight- weight prior to MLOA 117 which is down from 120 last month. Will add 4 ounce Mighty shake 220 calories each at 10 A.M. and bedtime snack to further augment intake. Seen eating fair at noon being fed by family. Will follow up on readmit weight. Further review of Resident #20's medical record failed to indicate a comprehensive nutritional assessment by the Dietitian, a nurse practitioner, or a physician from 7/11/24 through 8/13/24. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/12/24 at 11:53 A.M., the Dietitian said she was unsure of what caused the Resident's weight loss in July. The Dietitian also said she completed a nutrition assessment for Resident #20 on 6/12/24, 8/13/24, and 9/11/24. Review of the Resident's record indicated there was no documentation of a nutrition encounter or intervention between 7/17/24 and 8/15/24. The Dietitian said there should not have been a three-week delay between documented and confirmed significant weight loss and a nutrition assessment and intervention. During an interview on 9/12/24 at 12:45 P.M., the Director of Nurses (DON) reviewed the facility's Risk book. The DON said Resident #20 was discussed on the following dates: -7/25/24: an increase in Sinemet (a medication to treat Parkinson's disease) and weight increase from 112-117 lbs. -8/13/24 and 8/15/24: Mighty Shakes twice a day, banana at breakfast. -8/23/24: up three pounds. During an interview on 9/12/24 at 12:45 P.M., the DON said her expectation is for weight monitoring to be a concerted effort by nursing, dietitians, and physicians with past weights being reviewed by these disciplines to identify weight changes or trends. The DON said she expects nursing to contact the Dietitian and Physician of any significant weight changes or trends. The DON said she expects residents with significant weight loss to be assessed in a timely manner and interventions, if any, put in place. The DON said Resident #20's weight loss should have been identified and acted upon by the interdisciplinary team around the time the weight loss occurred.

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F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that the resident and his/her doctor meet face-to-face at all required visits. 49428 Based on records reviewed and interviews, for one Resident (#20), out of 17 sampled residents, the facility failed to ensure the Resident was seen by the physician at least every 30 days for the first 90 days after admission and at least every 60 days thereafter, with alternate visits by a nurse practitioner as indicated. Specifically, the facility failed to ensure Resident #20 was seen by a physician within the first 90 days of admission. Findings include: Review of the facility's policy titled Physician Visits, last revised April 2013, indicated but was not limited to: - The Attending Physician will visit residents in a timely fashion, consistent with the applicable state and federal requirements, and dependent on the individual's medical stability, recent and previous medical history, and the presence of medical conditions or problems that cannot be handled readily by phone. - The Attending Physician must visit his/her patients at least once every thirty (30) days for the first ninety (90) days following the resident's admission, and then at least every sixty (60) days thereafter. - After the first ninety (90) days, if the attending physician determines that a resident need not be seen by him/her every thirty (30) days, an alternate schedule of visits may be established, but not to exceed every sixty (60) days. A physician assistant or nurse practitioner may make alternate visits after the initial ninety (90) days following admission, unless restricted by law or regulation. Resident #20 was admitted to the facility in June 2024 with diagnoses including dysphagia (difficulty swallowing), anemia, chronic renal insufficiency, thyroid disorder, Parkinson's disease (disorder of the central nervous system that affects movement), and major depressive disorder. Review of Resident #20's medical record indicated the Resident had not been seen by the attending Physician since being admitted to the facility. The medical record indicated the initial comprehensive assessment and all subsequent visits were conducted by a Nurse Practitioner. During an interview on 9/12/24 at 12:45 P.M., the Director of Nursing (DON) said Nurse Practitioner #1 performed Resident #20's initial assessment and Nurse Practitioner #1 was actively involved in the Resident's ongoing care. During a telephonic interview on 9/12/24 at 1:53 P.M., the Medical Director said he expected newly admitted residents to be assessed by a Physician within the first 30 days of admission. The Medical Director said if an attending Physician is not available, the facility should contact him (the Medical Director) or another Physician associated with the facility to cover for the attending Physician. The Medical Director said Resident #20 was not his resident and he was not asked to be a provider for the Resident.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34145 Based on observations, record review, and interviews, the facility failed to ensure sufficient staffing levels were maintained to safely and adequately meet each resident's needs on all shifts every day on one (Memory Care) of three units in the facility. Findings include: Review of the Facility Assessment, dated reviewed 7/16/24, indicated the Facility was licensed for 67 beds and there were 12 beds on the Memory Care unit. -The average daily census of the Memory Care unit is 12. Further review indicated that the number of Certified Nurse's Aides (CNA) required to care for residents in the facility is: -2:10 (two staff to care for 10 residents) ratio Days (total licensed or certified) -2:10 ratio Evenings (total licensed or certified) -1.5:10 ratio Nights (total licensed or certified) -2:15 ratio Nights (short term rehab) (total licensed or certified) Review of the CNA daily assignment sheets and daily staffing schedules indicated that on 9/9/24, 9/10/24, 9/11/24, and 9/12/24 one CNA was assigned to the Memory Care unit on the 7:00 A.M.-3:00 P.M., 3:00 P.M. to 11:00 P.M. and 11:00 P.M. to 7:00 A.M. shifts, caring for 12 residents, and not two CNAs as indicated in the facility assessment. Further review of the schedule indicated one additional CNA was assigned to the Memory Care unit from 7:00 A.M. to 8:00 A.M. only, and one float (employees who are not assigned to a single location and instead work in multiple departments or locations) CNA was available to assist on all six units in the facility on each shift. On 9/10/24 at 8:53 A.M. on the Memory Care Unit, the surveyor observed seven residents seated in the living room. Nurse #1 was at the medication cart in the hallway near the living room preparing medications and CNA #1 was providing resident care in a resident's room. Resident #26 was seated in a wheelchair near the window. The resident was scooting/propelling him/herself forward with his/her feet, leaning so far forward that he/she nearly fell out of the wheelchair with each push of his/her feet. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #56 was noted to be reclined in a chair with the footrest up. Nurse #1 had reclined the chair at 9:00 A.M., due to the resident being agitated and restless attempting to get out of the chair. While being reclined, the resident moved him/herself to the edge of the chair, pushed the footrest down with the weight of his/her body and got to a standing position thereby activating the chair alarm. Nurse #1 rushed to the aid of this resident and assisted him/her to a seated position in the recliner. At 9:06 A.M., Nurse #1 called to request additional staff to help monitor/sit with the resident because of his/her continual attempts to stand. At 9:09 A.M., Activity Assistant #1 arrived on the unit and sat next to the resident. During this time, Activity Assistant #1 had to repeatedly remind Resident #26, who was propelling him/herself in the wheelchair not to lean forward or he/she was going to fall out of the wheelchair and hit his/her head. Activity Assistant #1 kept shifting her focus from Resident #26 to Resident #56, to ensure neither residents would fall. At 9:30 A.M., Nurse #1 called for more assistance on the unit. She informed the person on the phone that another resident (now two residents) needed one-to-one because of safety concerns and that she only had one staff (Activity Assistant #1) at this time. At 9:34 A.M., the telephone rang at the nursing desk and Activity Assistant #1 proceeded to answer the phone. At this time, Resident #56 stood up from his/her recliner causing the chair alarm to sound. Activity Assistant #1 quickly put down the phone and rushed to assist Resident #56 back to a seated position in the recliner. At 9:47 A.M., another resident, Resident #48, stood up from a chair and began to ambulate unassisted down the hallway. CNA #1 quickly proceeded down the hallway to catch up with the Resident and assist him/her. At 9:50 A.M., another staff member entered the unit to provide assistance. During surveyor observation of the Memory Care unit from 8:53 A.M. until 9:50 A.M. (nearly one hour), multiple residents exhibited impulsive, unsafe behaviors and insufficient staff to monitor them. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 9/10/24 at 10:55 A.M., CNA #1 said there has always been only one nurse and one CNA scheduled on the unit every shift, every day. She said there are no bed-bound residents on the Memory Care unit, and everyone can get up and out of their rooms at any time. She said what happened yesterday (the surveyor's observation noted above) happens all the time. However, when surveyors are not in the facility, additional staff are not sent to the unit to assist. She said five out of 12 residents on the unit require a two person assist with all care, and if both she and the nurse is busy with care for a resident, there is no one to help. She said 10 of 12 residents on the unit have bed and chair alarms and many times during the day, every day, the alarms are sounding and she and the nurse just can't get to them. The surveyor asked if there are any other staff that are able to come and help and she said there is a float CNA upstairs that can come, but the float is not allowed to go to the Memory Care unit from when they finish assisting with meals on the unit around 12:00 P.M. to 3:00 P.M. She said if the float is not available, they don't get anyone. She said there are a lot of falls on the unit, and they need more staff to assist to provide supervision to prevent falls from happening. CNA #1 said there are three residents that need to have 1:1 supervision because they are a fall risk and keep trying to get up out of their chairs, but they don't have enough staff to do it. She said she has told the hire ups about her concerns about lack of scheduled staffing and resident safety, but they haven't done anything. During an interview on 9/10/24 at 11:50 P.M. and 9/12/24 at 9:55 A.M., Family Member #1 said his loved one has had four falls since residing on the unit. He said one nurse and one CNA are not enough staff to care for the residents considering the special needs of Memory impaired residents. He said the other units each have 10 residents and they staff them the same: one nurse and one CNA. He said he has spoken to the Administrator and the property management company several times about his concerns and he has had no response and nothing changes. During an interview on 9/11/24 at 10:07 A.M., Nurse #1 said she consistently works on the Memory Care unit. She said she does not feel staffing on the unit is adequate to meet the needs of the residents, and she does not feel it is safe. She said the unit has many falls and if there were another scheduled CNA on the unit, she believes the falls could be avoided. She said 10 of 12 residents on the unit have alarms because they are fall risks and often times there are multiple alarms going off at the same time and she has to prioritize who falls. She said there has always been only one nurse and one CNA scheduled on the unit and if the CNA is providing care to one resident and she is providing care to another resident, there is no way we can get to a resident whose alarm is sounding. She said she has brought her concerns to Administration several times and the schedule has not changed. During an interview on 9/11/24 at 10:33 A.M., the Therapeutic Activity Director said she gave her resignation as TAD two weeks ago. She said she couldn't continue on with the role because there is not enough help on the unit and the residents' needs are not being met. The TAD said the residents are unsafe with only two staff on the unit to meet the physical care needs and supervision needs. She said she works as the TAD for 20 hours a week, works as a driver (taking residents to appointments) for 20 hours a week, and also works as a CNA here sporadically on the night shift. She said the 20 hours she works as the TAD is mostly spent on doing paperwork and she is not on the unit. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 9/12/24 at 7:15 A.M., the Administrator confirmed that there is one nurse and one CNA assigned every shift to each of five units, and the short-term unit has one nurse and two CNAs every shift. She said there is one float CNA available to assist on any of the units each shift. She said there is a homemaker (housekeeper) on the unit as well. However, she said the housekeeper is not a CNA and cannot provide any hands-on assistance to the residents. The surveyor asked the Administrator if the residents' care needs on the Memory Care unit were identical to the care needs on the other five units and she said yes. Review of Point of Care documentation and the most recent Minimum Data Set (MDS) Assessment section GG (Activities of Daily Living), dated September 2024, and the Behavior Summary Report for the week ending 9/12/24 (total census of 62) indicated the following: 1. [NAME] unit: Census- 9 -8 were incontinent of bowel and bladder -2 had identified and exhibited behaviors at times -7 were totally dependent for Activities of Daily Living (ADL) care needs) -2 required minimum to moderate assistance with care -9 incidents of behaviors and/or wandering 2. [NAME]: Census- 10 -7 were incontinent of bowel and bladder -3 had identified and exhibited behaviors at times -3 were totally dependent for ADL care needs -7 required minimum to moderate assistance with care -83 incidents of behaviors and/or wandering 3. [NAME]: Census- 10 -7 were incontinent of bowel and bladder -1 had identified and exhibited behaviors at times -4 were totally dependent for ADL care needs -6 required minimum to moderate assistance with care -26 incidents of behaviors and/or wandering (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/12/24 at 11:09 A.M., Nurse #10 and CNA #4 were interviewed. Nurse #10 said she works on the unit on weekends as well as some days during the week. She said there is only one nurse and one CNA scheduled on the unit. She said a float CNA is assigned to the Memory Care unit from 7:00 A.M. to 8:00 A.M. every morning to assist with feeding, and then goes upstairs to the other units. Nurse #10 and CNA #4 said the float CNA is not allowed to come back to the Memory Care unit after 3:00 P.M. They said the afternoons are the most challenging as residents sundown (a state of confusion that occurs in the late afternoon and lasts into the night. Sundowning can cause various behaviors, such as confusion, anxiety, aggression or ignoring directions) and they need more supervision. Nurse #10 gave an example of assisting a resident in their room and CNA #4 assisting another resident in their room and they hear alarms going off and they can't get to them. They said they do their best and run around like chickens with their heads cut off, but they can't watch everyone at the same time. Nurse #10 said they need another aide on the floor to be able to help and keep the residents safe. Nurse #10 said she has spoken to the Administrator several times about getting more scheduled help on the unit, but nothing has changed. During an interview on 9/12/24 at 11:23 A.M., Family Member #2 approached the surveyor and said the Memory Care unit needs more help. She said her loved one has had a few falls and has a bed and chair alarm. She said there are only two staff on the unit and there are not enough staff to respond to the alarms going off. Family Member #2 said she has brought her concerns about low staffing up to the Administrator about a month ago, and there was no response. She said low staff and resident safety continues to be her greatest concern for the unit.

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	225547	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hannah B G Shaw Home	299 Wareham Street Middleboro, MA 02346

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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. 48695 Based on records reviewed and interviews, the facility failed to ensure staff stored all drugs and biologicals used in the facility in accordance with currently accepted professional principles. Specifically, the facility failed for three Residents (#57, #270, and #6), of 17 sampled residents, to ensure safe storage of medications and biologicals according to current standards of practice. Findings include: Review of the facility's policy titled Self-Administration of Medications, last revised February 2021, indicated but not limited to: -Self-administrated medications are stored in a safe and secure place not accessible by other residents. A. On 9/9/24 at 8:54 A.M., 10:57 A.M., and 1:36 P.M., the surveyor observed an inhaler containing Albuterol Inhalation Aerosol Solution (a bronchodilator used to relax airway muscles) on Resident #57's bedside table. Review of Resident #57's September 2024 Physician's Orders indicated but was not limited to the following: - May self-administer (dated 6/9/24) During an interview on 9/11/24 at 4:00 P.M., the Director of Nursing (DON) said Resident #57's inhaler should not have been on his/her overbed table. The DON said the medication should have been in a secure place. B. On the following dates/times of survey, the surveyor observed a bottle of Calcium Carbonate (used to treat heart burn/upset stomach) and a bottle of eye drops on Resident #270's windowsill: - 9/9/24 at 8:34 A.M., - 9/9/24 at 9:59 A.M., - 9/9/24 at 10:56 A.M., - 9/9/24 at 1:36 P.M., - 9/9/24 at 4:31 P.M., - 9/10/24 at 8:52 A.M., and - 9/10/24 at 2:28 P.M. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #270's September 2024 Physician's Orders indicated but was not limited to the following: - May self-administer (dated 8/30/24) During an interview on 9/9/24 at 1:36 P.M., Resident #270 said he/she used the Calcium Carbonate for an upset stomach and eye drops to treat his/her dry eyes. During an interview on 9/11/24 at 1:11 P.M., Nurse #9 said Resident #270 should not have had their medication on the windowsill. Nurse #9 said Resident #270 should have had their medications secured in his/her nightstand. During an interview on 9/11/24 at 4:00 P.M., the DON said Resident #270's medications should have been in a secured place and not on his/her windowsill. 46562 C. On the following dates of survey, the surveyor observed an inhaler containing Ventolin Inhalation Aerosol Solution (a bronchodilator used to relax airway muscles) on Resident #6's bedside table: -9/9/24 at 8:45 A.M., -9/9/24 at 2:38 P.M., -9/10/24 at 1:32 P.M.; and -9/11/24 at 10:03 A.M. During an interview on 9/11/24 at 10:04 A.M., Resident #6 said he/she keeps the inhaler on the bedside table in case it is needed urgently and did not keep it locked up when not in use. During an interview on 9/11/24 at 2:24 P.M., Nurse #7 said she saw the inhaler on Resident #6's bedside table today and that the inhaler should be locked up when it is not in use. During an interview on 9/11/24 at 4:00 P.M., the DON said Resident #6 was able to self-administer his/her inhaler. The DON said his/her inhaler should be locked in the bedside table when not being administered.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49428 Based on observation and interview, the facility failed to follow professional standards of practice for food safety and sanitation to prevent the potential spread of foodborne illness to residents who are at high risk. Specifically, the facility failed to: 1. Ensure food was properly stored, labeled, and dated in the main kitchen; and 2. Ensure food was properly stored, labeled, and dated in five of five kitchenettes. Findings include: Review of the 2022 Food Code by the U.S. Food and Drug Administration (FDA) indicated, but was not limited to: - 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A)Except when PACKAGING FOOD using a reduced oxygen packaging method as specified under S 3-502. 12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 Celsius (41 Fahrenheit) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B)Except as specified in (E) - (G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the FDA Food Code 2022 Chapter 3. Food Chapter 3 - 29 PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety. (D) A date marking system that meets the criteria stated in (A) and (B) of this section may include: (1) Using a method approved by the regulatory authority for refrigerated, ready-to-eat time/temperature control for safety food that is frequently rewrapped, such as lunchmeat or a roast, or for which date marking is impractical, such as soft serve mix or milk in a dispensing machine; (2) Marking the date or day of preparation, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (A) of this section; (3) Marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (B) of this section; or (4) Using calendar dates, days of the week, color-coded marks, or other effective marking methods, provided that the marking system is disclosed to the REGULATORY AUTHORITY upon request. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. (A) A food specified in 3-501.17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in 3-501.17(A), except time that the product is frozen; (2) Is in a container or package that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in 3-501.17(A). Review of the facility's policy titled Refrigerators and Freezers, dated as last revised November 2022, indicated but was not limited to the following: -All food is appropriately dated to ensure proper rotation by expiration dates. Received dates (dates of delivery) are marked on cases and on individual items removed from cases for storage. Use by dates are completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food are observed and use by dates are indicated once food is opened. -Foods kept in the refrigerator/freezer are stored according to the Food Receiving and Storage policy. -Supervisors are responsible for ensuring food items in pantry, refrigerators, and freezers are not past use by or expiration dates. Supervisors should contact vendors or manufacturers when expiration dates are in question or to decipher codes on packaging. Review of the facility's policy titled Food Receiving and Storage, dated as last revised November 2022, indicated but was not limited to the following: -Foods shall be received and stored in a manner that complies with safe food handling practices. -Non-refrigerated foods, disposable dishware and napkins are stored in a designated dry storage unit which is temperature and humidity controlled, free of insects and rodents and kept clean. -Dry foods that are stored in bins are removed from original packaging, labeled and dated (use by date). Such foods are rotated using a first in - first out system. -All food items to be kept at or below 41 degrees Fahrenheit (F) are placed in the refrigerator located at the nurses' station and labeled with a use by date. -All foods belonging to residents are labeled with the resident's name, the item and the use by date. -Other opened containers are dated when opened and discarded after 24 hours. -Soaps, detergents, cleaning compounds, or similar substances will be stored in separate storage areas from food storage and labeled clearly. Review of the facility's policy titled Resident Food Storage and Heating Policy, undated, indicated but was not limited to the following: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-It is the policy of the facility to allow Residents and family to bring food from the outside environments to the facility. It is required of staff to store these items in the neighborhood kitchen or unit refrigerators, making sure the items are clearly labeled and dated with the resident's name, date and room number with labels supplied by the dietary department. If the refrigerated item is 5 days older and the frozen item is 30 days older than the dated item, it is to be discarded immediately to prevent the spread of foodborne illness. 1. On 9/9/24 at 8:01 A.M., the surveyor observed the following in the main kitchen: -one bag of croutons, opened, not dated; -a partial log of bologna in the walk-in refrigerator, not dated; -one bag of frozen ravioli, out of the box, not dated; -one bag of frozen cheese-stuffed shells, out of the box, not dated; -one pitcher in the reach-in refrigerator labeled iced coffee, dated 8/5; -one opened container of Lactaid milk with manufacturer directions stating once opened use within 14 days, with no opened or use by date. On 9/11/24 at 8:50 A.M., the surveyor observed in the main kitchen reach in refrigerator, the following four opened containers of thickened liquids with manufacturer directions stating after opening, may be kept up to seven days under refrigeration: -apple juice dated 9/1; -water dated 9/1; -orange juice dated 9/2; -cranberry juice dated 9/3. On 9/11/24 at 8:50 A.M., the surveyor observed the following in the main kitchen: -one plastic bag of waffles in reach in freezer, opened, not dated; -one plastic bag of pancakes in reach in freezer, opened, not dated; -two packages of croutons, out of box, opened, not dated; -three bags crushed crackers, out of box, no label, not dated; -one jar of sweet pickles (manufacturer best by date of 3/28/23) not dated; -two jars of fig spread (manufacturer best by date of 8/27/22), not dated; (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-one jar of caperberries (no manufacturer date), not dated; -one four-pound jar of orange marmalade, unopened with contents appearing brown in color (no manufacturer date), not dated; -one vacuum packed bag of sundried tomatoes, not dated; -one box of corn muffin mix (manufacturer date of 1/5/22), dated 2/26; -two boxes of corn muffin mix, not dated; -three graham cracker pie crusts, out of box, no label or date; -one package each of hot chocolate mix and smoothie mix, no manufacturer date, not dated; -two containers of alfredo sauce mix (manufacturer best by date of 3/21/23), not dated; -one box containing a bulk bag of Dutch cocoa, opened with the bag partially open at the top (manufacturer best if used by date of 9/27/21), not dated; -one gallon container of French dressing, dated 1/14/20; -one container of allergen free breadcrumbs (manufacturer best by date of 9/6/23), opened, not dated; -one opened container of Lactaid milk with manufacturer directions stating once opened use within 14 days, with no opened or use by date. During an interview on 9/11/24 at 10:10 A.M., Dietary Staff #1 said she was covering for the Food Service Director. Dietary Staff #1 said all food and beverage, including items taken out of the original box, should be labeled with the date received, a use by date, and the date the product is opened. Dietary Staff #1 said she was unable to locate documentation for length of time of unopened and opened food and beverages are to be stored. During an interview on 9/11/24 at 10:15 A.M., the Dietitian said she expects all food and beverage, which also includes any items removed from the original packaging or box, should be labeled with the date received, a use by date, and the date the product is opened. The Dietitian said she expects food and beverage items to be rotated on a first-in, first-out basis. The Dietitian said she expects dates of stored food and beverage to be monitored by dietary staff and disposed of according to best practice and policy. The Dietitian said she was unable to locate documentation for length of time food and beverages are to be stored. 2. On 9/9/24 at 8:50 A.M., the surveyor observed the following in the [NAME] unit kitchen: -one package of linguica sausage, opened, no resident name or date; -one container of thickened orange juice, manufacturer directions stated after opening, may be kept up to seven days under refrigeration, dated 8/17; (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-one container of thickened cranberry juice, manufacturer directions stated after opening, may be kept up to seven days under refrigeration, dated 8/31. On 9/10/24 at 9:00 A.M., the surveyor observed the following in the [NAME] unit kitchen: -one container of thickened lemon water with manufacturer directions stating after opening, may be kept up to seven days under refrigeration, dated 6/29; -one container of honey thick cranberry juice with manufacturer directions stating discard if not used within ten days of opening; -two opened containers of Lactaid milk, not dated; -nine Lactaid ice cream cups with no manufacturer date, not dated; -one box of pistachio pudding with manufacturer best by date of 4/2/05, not dated. On 9/11/24 at 10:20 A.M., the surveyor with Dietary Staff #1 observed in the memory care unit kitchen, two containers of thickened liquids, opened, not dated. Dietary Staff #1 said both containers should be labeled with the date they were opened. On 9/11/24 at 11:15 A.M., the surveyor with Dietary Staff #1 observed in the [NAME] unit kitchen one container of thickened liquid, opened, not dated. Dietary Staff #1 said the container should be labeled with the date they were opened. On 9/11/24 at 11:29 A.M., the surveyor with Dietary Staff #1 observed the following in the [NAME] unit kitchen: -one carton of liquid eggs, opened, not dated; -one container of Lactaid milk, opened, not dated; -two containers of thickened liquids, opened, not dated. Dietary Staff #1 said the items should be labeled with the date they were opened. On 9/11/24 at 11:40 A.M., the surveyor with Dietary Staff #1 observed the following in the [NAME] unit kitchen: -one carton of liquid eggs, opened, not dated; -two containers of thickened liquids, opened, not dated. Dietary Staff #1 said the items should be labeled with the date they were opened. On 9/11/24 at 11:50 A.M., the surveyor with Dietary Staff #1 observed in the Short-Term unit kitchen three containers of thickened liquids, opened, not dated. Dietary Staff #1 said the containers should be labeled with the date they were opened. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 9/11/24 at 12:53 P.M., the Dietitian said she expected all foods in the unit kitchens belonging to residents to be labeled with the resident's name and use by date. The Dietitian said she expected facility-provided food items in unit kitchens to be labeled and dated with opened dates and/or use by dates depending on the item.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 46562 Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program to help prevent the development and potential transmission of communicable diseases and infections. Specifically, the facility failed to maintain a water management program to prevent the growth of Legionella (bacteria that can cause legionellosis (illness caused by Legionella) including a pneumonia-type illness called Legionnaires' disease and a mild flu-like illness called Pontiac fever) and other opportunistic waterborne pathogens. Findings include: Review of the facility's policy titled Legionella Water Management Program, dated as revised September 2022, indicated but was not limited to: -As part of the infection prevention and control program, our facility has a water management program, which is overseen by the water management team -The purposes of the water management program are to identify areas in the water system where Legionella bacteria can grow and spread, and to reduce the risk of Legionnaire's disease -The water management program includes the following elements: a. an interdisciplinary water management team b. a detailed description and diagram of the water system in the facility c. the identification of areas in the water system that could encourage the growth and spread of Legionella of other waterborne bacteria d. the identification of situations that can lead to Legionella growth e. specific measures used to control the introduction and/or spread of Legionella f. the control limits or parameters that are acceptable and that are monitored g. a diagram of whether control measures are applied h. a system to monitor control limits and the effectiveness of control measures i. a plan for when control limits are not met and/or control measures are not effective and j. documentation of the program During the recertification survey, the facility was unable to provide the surveyor with evidence of a water management program. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 9/11/24 at 10:28 A.M., the Administrator said there was no actual assessment of the building or evidence of a water management program. During an interview on 9/11/24 at 10:38 A.M., the Director or Maintenance (Property Manager) and Maintenance Staff #1 said the facility did not have a water management program. Maintenance Staff #1 said there was no risk assessment, water diagram, or testing protocols.