STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hunt Nursing & Rehab Center	90 Lindall Street Danvers, MA 01923

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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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43846 Based on record review and interview, the facility failed to ensure Advance Directives (written documents that instruct health care providers of the decisions for specific medical treatment if a person was unable to speak or lacked the capacity to make decisions for themselves) were consistently documented in the medical record for one Resident (#60) out of a total sample of 24 residents. Findings include: Review of the facility policy titled Advanced Directives and MOLST (Medical Orders for Life Sustaining Treatment)/Do Not Resuscitate Orders), dated [DATE], indicated To respect each resident's right to participate in and/or make his/her treatment decisions. Advanced Directives will be reviewed with resident/resident representative at the time of admission and thereafter at least quarterly during care planning meetings. A MOLST and/or DNR Order, if available, will be included in resident's care planning and records and reflect a resident's directive to receive or not receive CPR in the event of cardiac or respiratory arrest. In order for an Advanced Directive relative to a DNR status to be valid, a valid MOLST and/or MD (medical doctor) order indicating DNR must be noted in the resident's chart with evidence of participation from the resident or their representative. If a valid MOLST or DNR order is not present in the resident's medical record, resuscitation will be started. Resident #60 was admitted to the facility in [DATE] with diagnoses that included hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage, aphasia, dysphagia, dementia, and epilepsy. Review of Resident #60's most recent Minimum Data Set (MDS) assessment, dated [DATE], indicated he/she was assessed by nursing staff to have severe cognitive impairments. Further review of the MDS indicated Check all that apply - Advanced Directives: A. Guardian was the only advanced directive checked off. Review of Resident #60's MOLST for, located in the medical record and signed on [DATE], indicated DNR (Do Not Resuscitate). Review of Resident #60's physician order, dated [DATE], indicated Code Status: Full Code. (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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #60's advanced directives care plan, dated [DATE], indicated Full Code guardian his/her mother is designated Guardian. The Resident and her/his family's decisions regarding Advanced Directives will be respected. MOLST will be signed by Resident, Guardian or Health Care Agent. Review of Resident #60's social services note, dated [DATE], indicated The Resident has a legal guardianship that names his/her mother. Full Code Status. Review of Resident #60's active Certified Nurse Aide (CNA) Kardex (form indicating the needs of each resident) indicated Code Status: Full Code. During an interview on [DATE] at 10:22 A.M., Nurse #2 said the expectation is that the nurses follow each Resident's MOLST, and that the doctor's order and the care plan should match what the MOLST indicates. During an interview and medical record review on [DATE] at 10:23 A.M., Unit Manager #2 said nurses are to follow the MOLST form and it could have been missed. Unit Manager #2 said the Resident's MOLST says they are to be a DNR, but his/her physician order reads as a full code. Unit Manger #2 said that the guardian said the facility lawyer told her the Resident has to be a full code. During an interview on [DATE] at 11:46 A.M., the Social Worker said family members who are guardians have the right to make a Resident a DNR/DNI (Do Not Intubate) and said we missed the MOLST form from 2018 and the Resident has been here in the facility since 2017. The Social Worker said the Resident should be a DNR code status and not a full code.

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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 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** 45343 Based on observations, record review and interviews, the facility failed to ensure a comprehensive resident centered care plan was developed and/or implemented for two Residents (#48 and #95) out of a total sample of 24 Residents. Specifically, 1. For Resident #48, the facility failed to develop an individualized comprehensive resident centered care plan related to the monitoring and care of a pacemaker. 2. For Resident #95, the facility failed to implement the Resident's care plan for elevating his/her feet while in bed and for the use of Darco shoes when ambulating. Findings include: Review of the facility policy titled Pacemaker, Care of Permanent, revised May 2005, indicated the following: Procedure -Include an entry for pacemaker on the resident's Care Plan. -Enter on the resident's Care Plan, the type of pacemaker, date of insertion, rate, pacemaker check, lab and phone number. -Report to physician any rate change of more than five impulses per minute, missed beats or any unaccustomed sensations associated with the pacemaker. -If pacemaker does not need to be checked, indicate that on the resident's Care Plan. 1. Resident #48 was admitted to the facility in July 2022 with diagnoses that included chronic diastolic congestive heart failure, asthma, syncope with collapse, bradycardia, atrioventricular block, second degree, and presence of a cardiac pacemaker. Review of Resident #48's most recent Minimum Data Set (MDS) assessment, dated 1/21/25, indicated a Brief Interview for Mental Status (BIMS) exam score of 1 out of a possible 15, indicating severe cognitive impairment. Further review of the MDS indicated Resident #48 requires dependent assistance with functional daily activities and has an active diagnosis of a cardiac pacemaker. Review of Resident #48's physician orders and care plans failed to indicate a paced rate, serial number, frequency of pacemaker checks and cardiologist information. During an interview on 2/6/25 at 7:02 A.M., Unit Manager #2 said she would expect a care plan to be put in place on admission with all the pacemaker information, including paced rate, serial number, make and model. (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 2/6/25 at 7:20 A.M., the Director of Nursing said a pacemaker care plan should include the paced rate, frequency of checks, make and model, and the serial number so the nurses are aware. 45984 2. Review of the facility policy titled Care Planning, revised and dated 10/28/22, indicated the following: - The facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that include measurable objectives and timeframes to meet a resident's medical needs. Resident #95 was admitted to the facility in August 2023 with diagnoses including end stage renal disease, bipolar disorder, dementia, obstructive and reflux uropathy and peripheral vascular disease. Review of Resident #95's most recent Minimum Data Set (MDS) assessment dated [DATE] indicated that the Resident had a Brief Interview for Mental Status exam score of 5 out of 15 indicating severe cognitive impairment. Further review of the MDS indicated the Resident does not reject care and is dependent on staff for all activities of daily living. Review of Resident #95's physician's orders indicated the following: - Start date 9/8/23: Elevate. Offload bilat (bilateral) heels when in bed every shift. - Start date 2/16/24: Info: Information only Resident should be wearing Darco shoes when ambulated or transferred (Darco shoes are specialized shoes to assist with offloading areas of the feet and to aid in balance while ambulating). The surveyor made the following observations: - On 2/5/25 at 6:43 A.M., Resident #95 slept in his/her bed. The Resident's feet were directly on his/her mattress. There was no pillow or orthotic on the end of the bed to encourage the Resident to elevate his/her feet. - On 2/5/25 at 9:50 A.M., Resident #95 slept in his/her bed. The Resident's feet were directly on his/her mattress. There was no pillow or orthotic on the end of the bed to encourage the Resident to elevate his/her feet. - On 2/6/25 at 6:46 A.M., Resident #95 was lying in his/her bed. The Resident's feet were directly on his/her mattress. There was no pillow or orthotic on the end of the bed to encourage the Resident to elevate his/her feet. The surveyor made the following observations: - On 2/5/25 at 7:54 A.M., Resident #95 was leaving his/her bathroom wearing non-slip socks only. No Darco shoes were observed in the Resident's room. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- On 2/5/25 at 11:44 A.M., Resident #95 was eating his/her lunch in the dining room. The Resident was wearing regular slip-on shoes. No Darco shoes were observed in the Resident's room. - On 2/6/25 at appropriately 7:40 A.M., Resident #95 was awake and dressed waiting to be transported to a medical appointment. The Resident was wearing regular, slip-on shoes. No Darco shoes were observed in the Resident's room. Review of Resident #95's falls care plan dated 12/7/23 indicated the following: Resident #95 is at-risk for major injury from falls. The following risk factors have been identified: fell in the past year, recent toe amputations, resident attempts to transfer without assistance as well as ambulate. The following interventions for Resident #95's falls care plan indicated the following: - Dated 8/5/22: use devices that eliminate pressure on the heels: offload as tolerated. - Dated 12/3/23: off-loaf bilateral heels while in bed as tolerated. - Dated 2//3/25: Proper footwear, remind to ask for assistance when needed. During an interview on 2/6/25 at 8:23 A.M., Unit Manager #1 said Resident #95 should be elevating his/her feet while in bed with pillows. The Surveyor informed Unit Manager #1 that no pillows have been observed at the end of the Resident's bed, and she said there should be pillows there. Unit Manager #1 continued to say that Resident #95 has had multiple foot surgeries in the past for venous ulcers and has balance issues. Unit Manager #1 said the Darco shoes are for offloading his/her feet. Unit Manager #1 said all physician orders should be followed as written. During an interview on 2/6/25 at 8:42 A.M., the Director of Nursing (DON) said all physician orders should be followed as written. The DON continued to say that Resident #95 should have his/her feet elevated when in bed and he/she should be wearing Darco shoes when ambulating.

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984 Based on observation, record review and interview, the facility failed to ensure residents were provided with the appropriate treatment and services to maintain activities of daily living for one Resident (#40) out of a total sample of 24 residents. Specifically, the facility failed to ensure Resident #40's recommendations for a functional maintenance program from physical therapy were maintained resulting in the Resident only using his/her wheelchair for mobility. Findings include: Review of the facility policy titled Physical Therapy and Occupational Therapy, dated September 2011, indicated the following: - It is the policy of the facility to provide rehabilitation services to all residents whose plan of care includes such services. These services will be administered in a safe, clean environment. Resident #40 was admitted to the facility in September 2021 with diagnoses including polyneuropathy, polyarthritis and chronic pain syndrome. Review of Resident #40's most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated that the Resident had a Brief Interview for Mental Status score of 15 out of 15 indicating intact cognition. Further review of the MDS indicated that the Resident uses a wheelchair for mobility and was unable to walk 10 feet due to his/her medical condition. During an observation and interview on 2/4/25 at 9:26 A.M., the surveyor observed a wheelchair next to Resident #40's bed. In the corner of the Resident's room, a rolling walker was folded up behind belongings of the Resident. Resident #40 said he/she uses his/her wheelchair to move around and does not use his/her walker anymore. Resident #40 said he/she used to use his/her walker to use the bathroom and go short distances, but he/she does not now. Resident #40 said his/her back pain hurts, so he/she stopped seeing therapy a while ago. The Resident said he/she would be willing to try physical therapy again, but no one has asked him/her. Review of Resident #40's physician's order dated 9/1/21 indicated the following: Consult Physical Therapy. Review of Resident #40's Kardex (a care card displaying the needs of the resident) indicated that the Resident uses a wheelchair for adaptive devices. Review of Resident #40's falls care plan indicated the following intervention dated 9/2/21: Rehab services as needed. Review of Resident #40's alteration in ability to provide self-care/perform ADL's (activities of daily living) r/t (related to) declined motor strength indicted the following intervention dated 9/2/21: Encourage participation in therapy. (continued on next page)

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The surveyor requested all Physical Therapy (PT) visits for 2024 and 2025 for Resident #40. The Director of Nursing said the Resident has not been seen by PT in 2024 or 2025. Review of Resident #40's physician's visit note dated 2/19/24 indicated the following: - He/she goes out in a wheelchair. He/she can walk short distances with a walker. Review of Resident #40's physician's visit note dated 6/27/24 indicated the following: - He/she goes out in a wheelchair. He/she can walk short distances with a walker. Review of Resident #40's document titled Physical Therapy PT recertification dated from 6/19/23 - 7/18/23 indicated the following: LTG (long term goal) - Goal Met: The patient will demonstrate improved ambulation to 50 feet, SBA (stand by assist), pain no greater than 7/10, in order to improve his/her ability to negotiate his/her environment with improved independence, and quality of life. Current Status (6/19/23): 60-75 feet, SBA, pain 7/10. Review of Resident #40's document titled Physical Therapy PT Discharge Summary dated from 4/26/23 - 7/3/23, indicated the following: - Patient Progress: All functional goals met. - Discharge Recommendations and Status - Discharge Recommendations: FMP (Functional Maintenance Program) in place for walking program with one staff member assisting. -D/C (discharge) Reason: Maximum Potential Achieved, referred to FMP - Discharge Recommendations and Status: Prognosis to maintain CLOF (current level of function) = excellent with consistent staff support, Excellent with participation in FMP, Excellent with home exercise program. During an interview on 2/5/25 at 12:13 P.M., the Director of Rehab (DOR) of the facility said she is a PTA (physical therapy assistant) and has worked in the facility for less than one year. The DOR said the facility does quarterly screens for all residents in the building to see who has not been seen by therapy. The DOR said quarterly screens are typically done by occupational therapy and they will let PT know who needs to be seen. The DOR then reviewed Resident #40's PT Discharge Summary from 4/26/23 - 7/3/23 and said Resident #40 was discharged from PT using a rolling walker. The DOR said Resident #40 was discharged with a functional maintenance program (FMP) for walking using a walker with one staff member. The surveyor requested to see the FMP, but she was unable to provide it, so she was unsure if it was ever done. The DOR said once a resident is referred to a FMP she would expect nursing to be educated on it and follow through with it. The DOR said Resident #40 would benefit from seeing PT again as he/she has not been using his/her walker. During a follow up interview on 2/5/25 at 12:50 P.M., Resident #40 said he/she would like to do PT again so he/she could try using his/her walker again. He/she said the facility used to have someone walk down the hallway with him/her, but they stopped doing it and he/she does not know why. (continued on next page)

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/5/25 at 12:56 A.M., Certified Nursing Assistant (CNA) #1 said she has worked in the facility for [AGE] years. CNA #1 said Resident #40 used to walk with a walker, but he/she stopped because it was painful for him/her, and he/she has not seen therapy in a while. CNA #1 said ever since the Resident moved to this floor (long-term care unit) he/she has used a wheelchair while ambulating. During an interview on 2/6/25 at 8:23 A.M., Unit Manager #1 said she was not sure if Resident #40 was a part of a functional maintenance program. During a follow up interview on 2/6/25 at 7:13 A.M., the DOR said she spoke with Resident #40, and he/she said he/she would like to have physical therapy again so he/she will be starting again. During an interview on 2/6/25 at 8:42 A.M., the Director of Nursing said when Physical Therapy makes recommendations they should let nursing know and those recommendations should be followed.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984 Based on observations, record review and interviews, the facility failed to maintain professional standards in the management and care for urinary catheter devices for one Resident (#95) out of a total sample of 24 residents. Specifically, the facility failed to ensure that an indwelling catheter bag (a tube that enters the bladder to drain urine into a collection bag) was at the proper location below the Resident's bladder to allow urine to be drained into the bag for Resident #95. Findings include: Resident #95 was admitted to the facility in August 2023 with diagnoses including end stage renal disease, bipolar disorder, dementia, obstructive and reflux uropathy and peripheral vascular disease. Review of Resident #95's most recent Minimum Data Set (MDS) assessment dated [DATE] indicated a Brief Interview for Mental Status score of 5 out of 15, indicating severe cognitive impairment. Further review of the MDS indicated that the Resident did not reject care, was dependent on staff for all activities of daily living and had an indwelling catheter. The surveyor made the following observations: - On 2/5/25 at 6:43 A.M., Resident #95 was sleeping in his/her bed. The Resident's legs were exposed to reveal a urinary catheter bag strapped to his/her right leg above the knee. The catheter bag was not hanging below the level of the Resident's bladder. - On 2/5/25 at 9:50 A.M., Resident #95 was sleeping in his/her bed. The Resident's legs were exposed to reveal a urinary catheter bag strapped to his/her right leg above the knee. The catheter bag was not hanging below the level of the Resident's bladder. - On 2/6/25 at 6:46 A.M., Resident #95 was lying in his/her bed. The Resident's urinary catheter bag was not visibly hanging from his/her bed. Resident #95 told the surveyor that he/she always has his/her catheter bag strapped to his/her leg, even when sleeping. Review of Resident #95's physician's orders indicated the following: - Start date 7/1/24: Foley - site care provide foley catheter care - Start date 2/3/25: Foley Catheter Every Shift, 14 fr (French) Review of Resident #95's Kardex (a care card displaying the needs of the resident) indicated the Resident uses a catheter under the Bladder section. Review of Resident #95's urinary catheter care plan dated 2/3/25 indicated the Resident uses a urinary catheter due to urinary retention with the following intervention: Secure catheter to prevent tension on the tube and facilitate urine flow. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #95's medical record failed to indicate any documentation that the Resident has refused to hang his/her catheter bag at the bedside when lying in bed. During an interview on 2/6/25 at 8:23 A.M., Unit Manager #1 said Resident #95's catheter bag should be hanging from his/her bed when he/she is laying down, so it is below his/her bladder level to prevent backflow and tube kinking. During an interview on 2/6/25 at 8:42 A.M., the Director of Nursing (DON) said Resident #95's foley catheter bag should be below his/her bladder level to prevent urinary backflow and tube issues, and the Resident should not be using a leg bag while in bed. The DON said staff should be encouraging Resident #95 to hang his/her catheter bag at the bedside and if the Resident refuses staff should be documenting this behavior.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43846 Based on observations and interviews, the facility failed to ensure staff stored drugs and biologicals in accordance with State and Federal requirements. Specifically, the facility failed to ensure medications were dated once opened, according to manufacturer's guidelines, in six of six medication carts observed. Findings include: Review of the facility policy titled Storage of Medications, dated [DATE], indicated Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. On [DATE] at 8:43 A.M., the surveyor observed the third floor west side medication cart. The surveyor observed with Nurse #3 the following: - one Fluticasone Propionate inhaler opened, in use and undated. - one Advair Diskus inhaler opened, in use and undated. - one Breo Ellipta inhaler opened, in use and undated. - one Combivent Respimat inhaler opened, in use and undated. During an interview on [DATE] at 8:44 A.M., Nurse #3 said the expectation is the nurse who opens the inhalers should be dating them so each nurse knows then they are expired after opening. Nurse #3 said these four inhalers are not dated and should be. On [DATE] at 8:48 A.M., the surveyor observed the third floor east side medication cart. The surveyor observed with Nurse #4 the following: - one Albuterol Sulfate inhaler opened, in use and undated. - one Budesonide-Formoterol Fumarate inhaler opened, in use and undated. - two Spiriva Respimat inhalers opened, in use and undated. During an interview on [DATE] at 8:49 A.M., Nurse #4 said the expectation is the nurse who opens the inhalers should be dating them so each nurse knows then they are expired after opening. Nurse #4 said these four inhalers are not dated and should be. On [DATE] at 8:54 A.M., the surveyor observed the second floor west side medication cart. The surveyor observed with Nurse #5 the following: (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- two Trelegy Ellipta inhalers opened, in use and undated. - one Anoro Ellipta inhaler opened, in use and undated. - one Ventolin inhaler opened, in use and undated. - one Albuterol Sulfate inhaler opened, in use and undated. During an interview on [DATE] at 8:55 A.M., Nurse #5 said the expectation is the nurse who opens the inhalers should be dating them so each nurse knows then they are expired after opening. Nurse #5 said these five inhalers are not dated and should be. On [DATE] at 9:11 A.M., the surveyor observed the second floor east side medication cart. The surveyor observed with Nurse #6 the following: - two Albuterol Sulfate inhalers opened, in use and undated. - one Incruse Ellipta inhaler opened, in use and undated. - one Fluticasone Propionate inhaler opened and undated. During an interview on [DATE] at 9:12 A.M., Nurse #6 said the expectation is the nurse who opens the inhalers should be dating them so each nurse knows then they are expired after opening. Nurse #6 said these four inhalers are not dated and should be. On [DATE] at 9:14 A.M., the surveyor observed the first floor east side medication cart. The surveyor observed with Nurse #1 the following: - one Trelegy Ellipta inhaler opened, in use and undated. - one Albuterol Sulfate inhaler opened, in use and undated. - one Stiolto Respimat inhaler opened, in use and undated. During an interview on [DATE] at 9:15 A.M., Nurse #1 said the expectation is the nurse who opens the inhalers should be dating them so each nurse knows then they are expired after opening. Nurse #1 said these three inhalers are not dated and should be. On [DATE] at 9:17 A.M. the surveyor observed the first floor west side medication cart. The surveyor observed with Nurse #7 the following: - one Albuterol Sulfate inhaler opened, in use and undated. During an interview on [DATE] at 9:18 A.M., Nurse #7 said the expectation is the nurse who opens the inhalers should be dating them so each nurse knows then they are expired after opening. Nurse #7 said this inhaler is not dated and should be. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225740	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hunt Nursing & Rehab Center	90 Lindall Street Danvers, MA 01923

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on [DATE] at 9:13 A.M., Unit Manager #1 said she expects all inhalers to be labeled by nursing staff with a date when opened as these inhalers have a shortened life after opening. During an interview on [DATE] at 10:23 A.M., the Director of Nursing (DON) said she expects all inhalers to be labeled with a date when opened.