

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235006	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Munson Healthcare Otsego Memorial Hospital Ltcu		STREET ADDRESS, CITY, STATE, ZIP CODE 825 N Center St Gaylord, MI 49735	

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)
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34568</p> <p>Based on interview and record review the facility failed to provide evidence of documented monthly pharmacy medication regimen reviews (MRRs) and failed to appropriately follow a pharmacy recommendation for four Residents (3, 10, 15, 21) out of five residents reviewed for medication review. This deficient practice resulted in the potential for adverse medication side effects. Findings include:</p> <p>Resident #10 (R10)</p> <p>Review of R10's Electronic Medical Record (EMR) revealed admission to the facility on [DATE] with diagnosis including rheumatoid arthritis, dementia with behaviors, type 2 diabetes, depression and anxiety. R10 scored a 10/15 on the Brief Interview for Mental Status (BIMS) assessment dated [DATE] indicating moderate cognitive impairment.</p> <p>Review of document titled Consultant Pharmacist's Medication Regimen Review (MRR): for recommendations created between 1/1/25 and 1/31/25 read in part, .Please consider adding standing order labs for the following medications:</p> <ol style="list-style-type: none"> 1. Clopidogrel (anticoagulant-blood thinner), Aspirin: CBC (complete blood count) every 12 months 2. Alendronate (calcium metabolism for bone structure): Calcium, Phosphate 3. Seroquel (antipsychotic): FLP (fasting lipid profile), A1C (blood sugar test-3 month average), BMP (basic metabolic panel) every 12 months 4. Vitamin D: Vitamin D levels every 12 months <p>Review of the physician order recapitulation report did not reveal any labs ordered for the recommendations from pharmacy.</p> <p>Resident #15 (R15)</p> <p>Review of R15's EMR revealed admission to the facility on [DATE] with diagnosis including senile degeneration of brain, heart failure, dementia, depression, and anxiety. R15 scored a 3/15 on the BIMS assessment dated [DATE] indicating severe cognitive impairment.</p> <p>(continued on next page)</p>

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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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of document titled Consultant Pharmacist's Medication Regimen Review: for recommendations created between 1/1/25 and 1/31/25 read in part, .Please consider adding standing order labs for the following medications:</p> <ol style="list-style-type: none"> 1. Ompeprazole (Stomach Acid Reducer): Magnesium every 12 months 2. Atorvastatin (Cholesterol reducer): FLP and LFT (liver function test) every 12 months 3. Eliquis (antiplatelet-blood thinner): CBC every 12 months 4. Lisinopril (blood pressure), Sertraline (antidepressant), Lasix (fluid balance): BMP every 12 months 5. Iron: HGB (hemoglobin), TIB (total iron binding capacity), Ferritin (iron test) every 12 months 6. Metformin (blood sugar contol): A1C <p>Review of the physician order recapitulation report did not reveal any labs ordered for the recommendations from pharmacy.</p> <p>49735</p> <p>Resident #3 (R3)</p> <p>Review of R3's MDS assessment dated [DATE], revealed admission to the facility on [DATE] with active diagnoses that included: dementia, anxiety disorder and depression. R3 scored a 10 of 15 on the BIMS assessment reflective of moderate cognitive impairment.</p> <p>Review of document titled Consultant Pharmacist's Medication Regimen Review: for recommendations created between 1/1/25 and 1/31/25 read in part, .Please consider adding standing order labs for the following medications:</p> <ol style="list-style-type: none"> 1. Atorvastatin: FLP, LFT every 12 months 2. Bumetanide (fluid balance) Lisinopril: BMP every 12 months 3. Vitamin D3: Vitamin D levels every 12 months 4. Iron: TIB, Ferritin, HGB levels every 12 months 5. Lantus (insulin): A1C 6. Levothyroxine (thyroid medication): Thyroid Stimulating Hormone (TSH) yearly <p>Review of the physician order recapitulation report did not reveal any labs ordered for the recommendations from pharmacy.</p> <p>Resident #21 (R21)</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R21's MDS assessment dated [DATE], revealed admission to the facility on [DATE] with active diagnoses that included dementia. Further review of the MDS revealed R3 rarely or never is understood and requires cues or supervision regarding daily decision making.</p> <p>Review of document titled Consultant Pharmacist Medication Regimen Review: for recommendations created between 1/1/25 and 1/31/25 read in part, .please consider adding standing order labs for the following medications:</p> <p>1. Quetiapine: Orthostatic Blood pressure monthly, A1C, FLP every 12 months</p> <p>Review of the physician order recapitulation report did not reveal any labs ordered for the recommendations from pharmacy.</p> <p>During an interview on 2/12/25 at 3:47 p.m., the Medical Director E stated I have not seen all the recommendations on all the labs (from the pharmacy), I only get the recommendations regarding the medications . The Medical Director E acknowledged that the physician should see all the recommendations from the pharmacy.</p> <p>Review of facility policy titled Medication Regimen Review read in part, .The consultant pharmacists evaluation may include .reviewing are or evaluating .laboratory results, diagnostic, studies,, or other medication therapy measurements are obtained by staff/physician and acted upon . the prescriber's (physicians) response will be recorded on a copy of the Medication Regimen Review report that shall remain in the facility or in the individual residents clinical record</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49735</p> <p>Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Indicate a specific end date for as needed (PRN) psychotropic (drug that affects brain activity) medication for Residents #21. 2. Conduct an Abnormal Involuntary Movement Scale (AIMS) assessment (measures side effects of medications, i.e. tardive dyskinesia) for two Residents (#3 and #10), <p>from a total of five residents reviewed for unnecessary medications.</p> <p>Findings include.</p> <p>Resident #21 (R21)</p> <p>Review of R21's Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE] with diagnoses including dementia. Section C of the MDS rated R21 as rarely or never is understood and requires cues or supervision regarding daily decision making.</p> <p>R21 was prescribed lorazepam (an antianxiety medication) every 12 hours PRN for anxiety. A review of the lorazepam order history revealed R21 was prescribed lorazepam PRN since 8/27/24, without a specific end date.</p> <p>Review of Physician notes in R21's medical record from 8/27/24 through 9/10/24 revealed no documented rationale by the physician for PRN lorazepam to continue, and no documentation was observed for rationale for continued use beyond the 14-day standard reevaluation criteria for PRN psychotropic medications.</p> <p>During an interview on 2/12/25 at 2:25 p.m., when asked about the PRN order for antipsychotics, the Director of Nursing (DON) stated, We can only write a PRN prescription for 14 days then the order would be stopped, and a new order would be written .</p> <p>Review of facility policy titled Chemical Restraints/Psychoactive Medications, last revised 4/22/24, read in part .antianxiety medications .as needed (PRN) orders not to exceed 14 days without physician documentation .</p> <p>Resident #3 (R3)</p> <p>Review of R3's MDS assessment dated [DATE], revealed admission to the facility on [DATE] with diagnoses including dementia, anxiety disorder, and depression. R3 scored a 10 of 15 on the Brief Interview for Mental Status (BIMS) assessment reflective of moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R3's Electronic Medical Record (EMR) revealed a Doctors order for Seroquel 25 mg, with an original start date of 8/16/24. Seroquel is an antipsychotic medication and requires periodic AIMS assessments. No AIMS assessment could be located in the EMR for R3.</p> <p>During an observation and interview on 2/13/25 at 11:54, Social Worker D was observed reviewing the chart for R21 for an AIMS assessment and stated, Oh my God, I do not see one .I guess we have not done one.</p> <p>During an interview on 2/13/24 at 11:58 am, Registered Nurse (RN) A acknowledged the nurses are supposed to complete an AIMS assessments quarterly for residents who are prescribed antipsychotics.</p> <p>Review of facility policy titled Chemical Restraints/Psychoactive Medications, last revised 4/22/24, read in part . the purpose of monitoring the use of psychoactive mediations are to .detect adverse consequences/side effects .the nursing staff is responsible for initiating an Abnormal Involuntary Movement Scale (AIMS) assessment .</p> <p>34568</p> <p>Resident #10 (R10)</p> <p>Review of R10's EMR revealed admission to the facility on [DATE] with diagnosis including dementia with behaviors, depression and anxiety. R10 scored a 10/15 on the Brief Interview for Mental Status (BIMS) assessment dated [DATE] indicating moderate cognitive impairment.</p> <p>Review of R10's Physician Orders revealed the following medication:</p> <p>Seroquel 25 mg every day; start date 5/10/24.</p> <p>R10's last AIMS assessment was completed 8/27/24.</p> <p>An interview with Social Worker D on 2/13/25 at 1:30 p.m. confirmed R10 was missing the last two quarterly AIMS assessments which should have been completed in November 2024 and February 2024. Social Worker D stated AIMS assessments should be completed quarterly for residents on an antipsychotic medication.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>34568</p> <p>Based on interview and record review, the facility failed to ensure the Quality Assurance and Performance Improvement (QAPI) committee met at least once per quarter with the required committee members resulting in the potential for quality-of-care concerns for all 27 residents in the facility. Findings include:</p> <p>On 2/13/2025 at 2:00 p.m., a review of the available attendance documentation for QAPI meetings with the interim-Nursing Home Administrator (NHA) and the Director of Nursing (DON), revealed the following:</p> <p>Meeting held on 2/5/2025: The Medical Director or designee did not attend.</p> <p>Meeting held on 10/24/2024: No attendance record found.</p> <p>NHA reported she was unsure where the October 2024 attendance record was placed and confirmed the medical director or designee did not attend the February 2025 meeting. The missing attendance records were not provided by survey exit on 2/13/2025 at 3:00 p.m.</p>

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35103</p> <p>Based on observation, interview, and record review, the facility failed to ensure a functional call light for one Resident (#129) of 12 residents reviewed for operational call lights. This deficient practice resulted in dissatisfaction with the timeliness of the provision of care and fear that care needs may not be met in an emergency.</p> <p>Findings include:</p> <p>Resident #129 (R129)</p> <p>During an interview on 2/11/25 at 12:40 p.m., R129 said staff were slow to respond to care needs and added that the call light did not work. R129 said staff were notified and knew the call light was not working. R129 said they reported the non-functional call light to Certified Nurse Aides (CNAs), and Nurses. R129 stated, That is frustrating for me. I have never timed how long it takes them to respond.</p> <p>On 2/13/25 at 12:43 p.m., review of R129's Minimum Data Set (MDS) assessment, dated 9/26/24, revealed a Brief Interview for Mental Status (BIMS) score from his previous admission on 9/26/24, of 12 out of 15, indicative of moderate cognitive impairment. Resident 129 was able to answer all questions appropriately on 2/11/25 at 12:40 p.m., and cognitive impairment was not identified during the conversation.</p> <p>On 2/11/25 at 12:44 p.m., R129 was observed pressing the call light to signal staff of a care need. The indicator light on the call light box located on the wall, which shows when a call light is pressed did not turn on. The call light cord/button was observed connected to the call light box, and the indicator light above the door outside of R129's room was observed not triggered.</p> <p>On 2/11/25 at approximately 12:45 p.m., R129's roommate, R128 was asked to press their call light. Roommate R129's call light was observed functional both inside and outside of the room. Roommate R128 said they had been pushing their call light when their roommate (R129) needed assistance, since [R129's] call light didn't work. R129 stated, In an emergency it (a non-functional call light) would be a problem.</p> <p>Review of R129's Care Plans revealed the following, in part:</p> <p>Focus: [R129] has limited physical mobility r/t (related to) weakness, history of stroke with residual affecting . right side. Date Initiated: 2/7/25 . Interventions/Tasks: AMBULATION: Not at this time. Date Initiated: 2/7/25.</p> <p>Focus: [R129] is a for falls (sic) r/t deconditioning. Gait/balance problems. Date Initiated: 2/7/25 . Interventions/Tasks: Be sure [R129's] call light is within reach and encourage him to use it for assistance as needed. Date Initiated: 2/7/25.</p> <p>(continued on next page)</p>

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Roommate R128's MDS assessment on 2/13/25 at 1:04 p.m., revealed R128 scored 15 of 15 on the BIMS, dated 2/6/25, reflective of intact cognition. R128 was lucid and answered all questions appropriately.</p> <p>During an interview on 2/11/25 at 12:56 p.m., CNA C confirmed R129 had a non-functional call light. CNA C stated, It (R129's call light) has been funky for a while and we put work orders in (to the facility maintenance department for repair). I am not sure when the last time it worked. The call light does not work, and I am going to put a call order in again today . I unplugged the call light and plugged it back in and it didn't work (at this time). It is just frustrating because I know that that there have been multiple work orders put in for the call light, but that is a maintenance thing, and they have not come to fix it (R129's call light).</p> <p>During an interview on 2/11/25 at 1:01 p.m., Registered Nurse (RN) B was asked about R129's call light. RN B stated, I am aware that [R129's] call light does not work. This morning, I had to give him an enema and I gave him [Roommate R128's call light] because [R128] was gone (out of the room) . There have been multiple work orders (put in to the maintenance department) for [R129's] call light, and they have not come to repair it. I don't know what is wrong with it. I have to do another work order (today).</p> <p>During an interview on 2/12/25 at 8:18 a.m., any and/or all work orders prepared or received by the facility maintenance department for R129's call light were requested from the Interim Nursing Home Administrator (NHA). The NHA said she would retrieve the requested information.</p> <p>During an interview on 2/12/25 at 8:24 a.m., Maintenance Director G was asked about work orders for R129's call light. Maintenance Director G said the nursing home did not put in work orders for call light repair into the hospital maintenance staff. Maintenance Director G said facility staff were supposed to call a third-party contractor to come and fix the call lights.</p> <p>On 2/12/25 at 8:40 a.m., an interview was conducted with both the NHA and the Director of Nursing (DON) . The NHA said they were working with the hospitals facilities department to get a copy of the work orders related to call lights. The DON stated, I want to tell you that they (maintenance department) do come here for call lights. They are supposed to come down and check the call light, and if it is something they can't fix then we are supposed to call [third party vendor for call lights.] The DON confirmed multiple work orders had been placed with the maintenance department for the call light in R129's room.</p> <p>During an interview on 2/12/25 at 10:40 a.m., Maintenance Director G acknowledged they did have all the work orders and asked why this Surveyor wanted to see them because they had a contract with a third party to repair the call lights in the facility. It was explained there were requested to review the work orders, to verify if they were closed out or attended to by maintenance staff.</p> <p>During an interview on 2/12/25 at 10:58 a.m., the NHA reported that they were unable to locate a call light policy, and they do not believe there is a policy regarding call lights. The NHA could not provide a third-party contractor agreement for call light repair at this time.</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/12/25 at 3:18 p.m., the NHA reported they had contacted [the third-party contractor] and the facility does not have a contract with this company to come and repair the call lights. The third-party company said when they purchased the call light system, they (Company Name) agreed to service the call lights if they were called. The NHA said if the third-party company was called for a repair, they charge them \$125 per hour to come out. When asked if facilities management provides other maintenance work within the facility, the NHA said Yes, they provide all of the other maintenance in the facility. The NHA expressed understanding of the concern related to R129's non-functional call light.</p> <p>Review of Work Orders for the call light in R129's room, entered into the electronic document submission program used during the survey on 2/12/25 at 3:23 p.m., revealed the following:</p> <ol style="list-style-type: none"> 1. Work Order #351741 - Request Date 9/8/24 at 4:54 PM. Status: CLOSED. Problem: room [ROOM NUMBER] call light is not working properly. It will work once in a while but not all the time. Had a resident trying to get help for an hour and the light would not work.5 hours (1/2 hour) of Labor was documented on 9/11/24. 2. Work Order #364168 - Request Date 11/15/2024. Status: CLOSED. Problem: room [ROOM NUMBER] bed #2 . is having issues with call light. It is not working. Resident states someone came to fix it recently and they got it working however it appears to be broken again as of 11/15/24.5 hours (1/2 hour) of Labor was documented on 11/18/24. 3. Work Order #364297 - Request Date 11/18/24. Status: CLOSED. Problem: Call light in room [ROOM NUMBER]-2 is not working.5 hours (1.2 hour) of Labor was documented on 11/18/24. 4. Work Order #370113 - Request Date 12/20/24. Status: CLOSED. Problem: room [ROOM NUMBER] bed 2 both call lights not working correctly. Please fix asap.75 hours (3/4 hour) of Labor was documented on 12/23/24. 5. Work Order #380366 - Request Date 2/11/25. Status: OPEN. Problem: Call light does work in room [ROOM NUMBER]-2. <p>Above Work Orders #1, #2, and #4 showed the call light in room [ROOM NUMBER]-2 was not repaired for three days after receiving notification of the non-functional call light.</p>		