STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235150	A. Building B. Wing	08/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthsource Saginaw, Inc	3340 Hospital Rd Saginaw, MI 48603

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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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. 39059 Based on observation, interview and record review, the facility failed to ensure that grievances were followed up timely and ensure that all residents were invited to the Resident Council meeting for a confidential group of residents, resulting in feelings of being left out, frustration, crying, continued complaints of staff being loud, rude, slow and disrespectful call light responses. Findings include: On 8/6/24, at 4:00 PM, during Resident Council, the group complained that the facility doesn't follow up on their complaints. The group complained that they often complain about loud staff in the hallways and nothing has changed at all or nothing gets done about it. They also complained that the staff continue to answer their call lights rudely and say what do you want; don't answer them timely and/or cancel them and don't come back. The following complaints were voiced: they will come in a grab my tray, but leave me in my mess (referring to bowel movement) They will tell you to start going and will help you, but they don't They say I have to go to bed now because they're short staffed If it's church day and they're short staffed, you don't get to go It depends if they are shorthanded you have to be patient and wait they come in and cancel your light but never come back you have to put your call light on sometimes 2 or three times and then they say oh, I forgot they cancel the light, don't come back right away and then when they do they say I was doing someone else it depends on who is working (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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	they cancel the light quickly and then don't even give you enough time to say what you need they will talk and laugh loud and sometimes it's like they are at the bar in the hallway sometimes they will be discussing amongst themselves like you're not even there On 8/07/24, at 1:38 PM, a private interview with a resident council member was conducted. The council member complained they didn't know about the meeting with the state until after the concert and that somebody had told them they were going to pick only certain people. The resident council member offered that they often sit it in the dining room from lunch until about 3 or 4 everyday and felt left out from the meeting as if it was on purpose. The council member offered that they complained over the phone to Activity Director L and that AD L told the resident they only wanted a certain amount of people to go. The Resident council member offered they felt left out and was upset and offered they didn't want me there because I open my mouth and tell them what I want to say. The resident council member offered that they go to the council meeting every moth. A review of the facility provided LONG TERM CARE RESIDENT COUNCIL minutes revealed the following: DATE: 5/29/2024 . NEW BUSINESS . said staff are still loud in the hallway during shift change and at night . There was no concern forms provided from the facility for the date of 5/29/24 referring to the loud staff. DATE: 4/24/2024 . NEW BUSINESS . questioned who trains the staff on how to give a shower, she does not feel they know what to do . feels that slowly they are getting amenities taken away. She was referring to the snacks on the unit . feels the staff is stretched thin . (two residents) suggested we schedule extra staff to cover the people that call in . stated that after midnight the staff are not around, that they don't answer your call light for a very long time. (two other residents agreed) . There was no concern forms provided from the facility for the date of 4/24/24 for the above concerns. DATE: 3/27/2024 . NEW BUSINESS . was in the beauty shop but mentioned she had a concern about staff being loud in the hallway . she also asked who is pulling staff from other places because they are mean, cruel and nasty . she had a nasty nurse response 2 Sundays ago, when she asked her if one medicine is the same as another . There was only one concern provided for the month of March, 2024 and the concern above was not addressed or listed. DATE: 2/28/2024 . NEW BUSINESS . said she is woken up by staff laughing in the hallway at night and during shift change . There were three concern forms provided for the month of February, 24 and the concern listed above was not addressed or listed. DATE: 1/31/2024 . NEW BUSINESS . continues to have food she ordered missing on her tray . some others forget to get her water, are loud in the hallway and they run in the hallway . said staff are loud in her hallway, work doubles and are tired of working short . There were four concerns forms provided for the month of January, 24 and the above concerns were not addressed or listed. A review of last 12 months of grievances provided by the facility were reviewed and revealed the most recent concern form was completed on 5/29/24 and revealed: (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	CONCERN/COMPLAINT FORM . Answer light in a reason amt of time . be more friendly . check on me every once in a while . Date 5/29/24 . Date delivered to LTC leadership 5/31/24 . LTC leadership Response Discussed issue with showers, residents states that 1st shift couldn't give shower but he did receive shower later that day. Educated (the resident) if 1st shift can't give shower that 2nd shift can. Discussed call light issue, (the resident) states, at times call lights aren't answered in timely manner. Lately they have been but at times they aren't. Talked to Nurse/aides about filling out dry erase board daily. (the resident) stated care is good and happy with care he receives . Social Work Contact . Met with (the resident) and wife. They are pleased with the follow up from nursing. There was no documented mention as to the call light response concern. On 8/07/24, at 3:56 PM, The Director of Nursing (DON) was asked who follows up on council grievances and the DON stated, oh, I don't know. The DON was alerted of the need for review of all of grievances since last annual survey.

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F 0574 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The resident has the right to receive notices in a format and a language he or she understands. 39059 Based on observation, interview and record review, the facility failed to ensure that previous survey results, State Hotline and Ombudsman contact information were accessible for all residents, resulting in the potential for all residents to be frustrated and/or uninformed of the previous survey results and unsure how and who to complain to. Findings include: On 8/6/24, at 4:00 PM, During Resident Council, group members complained they did not know where the survey results were located. The resident council president reminded the group that the book was in the front lobby and the following complaint was made by members not everyone gets to the lobby. During Resident Council, group members complained they didn't know how to get a hold of the ombudsman and was not sure how to get the state hotline number. The following complaint was made: they were in the hallway, but I think they took them down I know someone in here that has the number On 8/7/24, at 8:45 AM, a measurement of the main corridor hallway from the 500 hallway/nursing unit to the lobby where the survey results binder was located revealed .11 miles/580 feet. On 8/07/24, at 9:43 AM, an interview with the Director of Nursing (DON) was conducted regarding the posting of the previous survey results, The DON was asked where the survey results binder was located and the DON stated, right under the staffing. The DON was asked if there were survey results in the media center or anywhere else in the facility for the residents to review and the DON stated, anybody who comes in the front door can see it. On 8/08/24, at 9:32 AM, During an interview with Activity Director (AD) L, AD L was asked if the survey binder was located in the front lobby and AD L stated, yes it is. AD L was asked if they were aware of how long the main corridor hallway was and AD L stated, it's 1 7th of a mile. AD L was asked if all the residents could get to the front lobby and AD L stated, some of the residents are independent with their wheelchair. AD L was asked to provide an observation as to where the State Hot Line number and Ombudsman contact information was located. On 8/08/24, at 9:50 AM, an observation along with AD L was conducted of the Patriot Nursing unit. There was a file folder attached to the wall approximately 5 feet high. The page sized contact information was hanging above the file folder and was out of view for residents who would be in a wheelchair. The printed information was not large print. Down the hall, there was a much larger document on the wall that housed resident rights and how to contact HCAM. (continued on next page)

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F 0574 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 8/08/24, at 2:07 PM, a record review of the survey results binder along with Switchboard operator Y was conducted. The survey binder was located in a file folder on the front desk of the main lobby.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666 Based on observation, interview, and record review the facility failed to provide a clean, comfortable and home like environment to ensure that residents' rooms, dining rooms and other facility areas were 1) Clean, uncluttered and in good repair including Rooms 383, 422 and 449; 2) Without pests; 3) Cleaning supplies were stored properly; and 4) A Confidential group of residents received proper silverware, resulting in an unclean and non-homelike physical environment, resident dissatisfaction and complaints. Findings Include: FACILITY Environment On 8/5/2024 at 9:58 AM, during a tour of the building room [ROOM NUMBER] was observed to have a yellow, urine-soaked wash rag, laid out flat on the floor in front of the toilet. The room smelled strongly of urine. On 8/05/2024 at 2:40 PM, during a tour of the facility large bags of clothes were observed in a laundry basked under the sink in the bathroom in room [ROOM NUMBER]. There was also a plastic storage container next to the toilet. Unit Manager JJ was interviewed while observing the sink area in room [ROOM NUMBER]. Unit Manager JJ said the plastic bags were full of soiled clothes. She said the resident wanted them there, as the resident washed her own clothes in the laundry area for residents. She said staff helped to cart the clothes down there. There were several empty laundry hampers observed in the resident's room. The Unit Manager was asked if the facility attempted to offer the resident options for storing the soiled clothes. She said it was the resident's home, and why was it an issue? Reviewed with her that items are not to be stored under the sink, as it is an Infection Control issue due to potential contamination. During the tour of the facility on 8/5/2024 at room [ROOM NUMBER] was observed to have 3 glass vases on the floor in the bathroom and next to them was a wash basin. On 8/6/2024 at 2:45 PM, while touring the Hallways on the 500 unit, it was noted the upper half of the wall was painted light blue and the lower part of the wall was white. The white areas had dark scuff marks; they were scratched and soiled. While walking with Nurse KK the soiled wall were discussed and the Nurse said she thought the residents' wheelchairs scuffed the walls. 39059 On 8/05/24, at 1:15 PM, an observation of the day room on the 500 hall revealed 4 utility carts in the corner pushed all together. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/05/24, at 1:36 PM, room [ROOM NUMBER] was noted to have an alive spider in a cobweb in the corner of the bathroom. The caulk around the shower had red/orange residue. The caulk around the toilet had brown residue buildup. The shower curtain had brown residue. There were chips of drywall missing. The floor was dirty with food debris. There was an open alcohol swab on the floor with blood on it, an orange insulin cap along with a small piece of blue plastic (appeared to be from a lancet). The resident offered yeah, it looks pretty bad but I don't think I did it. On 8/05/24, at 2:20 PM, room [ROOM NUMBER] shower curtain was noted with brown residue. The walls down the 520 hallway had numerous black scuffs that appeared as wheelchair tire marks up and down the wall from the floor nearly to the handrail. On 8/6/24, at 8:25 AM, room [ROOM NUMBER] was observed to have black residue buildup on the folded crease of the shower curtain that was resting on the floor. The resident complained the sink stinks when they brush their teeth. There was bowel movement residue on the toilet seat. On 8/06/24, at 8:31 AM, Resident # 39 was in their room and complained their room doesn't get cleaned and that they rarely mop and that it had been 2 days since her rug was vacuumed. There were food particles scattered throughout the floor. An observation of a spider web hooked to the leg of a chair near the window was conducted. There were spiders in the web and also around the legs of the nightstand. Staff Member R entered the room and was asked what they saw and staff member R stated, yes, those are spiders. On 8/06/24, at 8:40 AM, room [ROOM NUMBER] had a spider web along with spiders in the corner by the nightstand, plastic drawer cart and over the legs of the wooden table. There were black scuff marks on the bathroom wall and the bedroom wall. CENA [NAME] entered the room and was asked if they observed the dusty cob webs and spiders and CENA shook their head yes. room [ROOM NUMBER] had an open bag of incontinent briefs on the floor behind the toilet. There were black scuff marks on the walls. On 8/06/24, at 9:39 AM, Activity Director (AD) L was interviewed regarding resident council in the activity room. There were two spiders noted in the corner near the baseboard near the shelving unit that housed condiment packets and a microwave. AD L was asked what they thought they were and AD L stated, that is a spider and yes to seeing the second one. On 8/06/24, at 9:49 AM, room [ROOM NUMBER] was noted to have scuff marks on the walls. On 8/06/24, at 9:57 AM, room [ROOM NUMBER] had scuff marks on the bathroom walls. There was dusty buildup in the corners. The caulk on the windowsill was peeled up with an area of chipped drywall. The windowsill had 2 large chips of missing laminate. On 8/6/24, at 10:30 AM, an observation of the media center revealed spiders and webs in the corner. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/6/24, at 10:40 AM, An observation of the main dining room revealed alive spiders and numerous piles of dead dried insects on the floor near the windows and baseboards. An interview along with Environmental Services Director D was conducted in the main dining room. Environmental Services Director D offered, the silver fish come in from the outside. It was observed there was missing baseboard/toe kick near the pile of dead insects. On 8/06/24, at 4:21 PM, the main dining room remained with spiders and the dirty floor of the dead dried insects. Nurse S entered the dining room and was alerted of the spiders and dead insects and that they remained. On 8/06/24, at 4:35 PM, the Director of Nursing was alerted of the spiders found during the survey. The DON was asked what they would do if it was their home and the DON offered, I would call pest control. On 8/07/24, at 9:17 AM, spiders and webs remain in the media center. On 8/07/24, at 10:15 AM, an observation of the day room on the 500 hall revealed 4 utility carts in the corner pushed all together remained. There were dirty brooms and dustpans in the corner by the wash sink. Resident Council During resident council, the residents complained of not getting silverware with their meals. The following complaints were made: with the money they make, you think they would give us silverware how are we supposed to cut out meat with plastic silverware they give us a whole baked potato and expect us to cut it in half with a plastic knife On 8/07/24, at 1:10 PM, an observation of Resident #343, 327, and 362 during their lunch meal. They all were eating with plastic silverware. Resident #327 was asked why they were using plastic silverware and Resident #327 stated, we always do. A confidential interview with staff was conducted regarding meals and snacks on the various units for resident consumption. Confidential staff made statements such as: yes they have been getting plastic silverware they never get condiments with their meals; no butter no sour cream, no tomato or lettuce with their tacos, the chicken is overbaked and then we can't help them cut it because the send a plastic knife and fork On 8/08/24, at 10:53 AM, Hospitality Director (HD) A was asked why plastic silverware was being passed on the meal trays and HD A offered, we ordered new silverware two weeks ago, it's here and in service. HD A further offered they ordered 6 dozen knives and 6 dozen forks.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666 Based on interview and record review the facility failed to ensure a Preadmission Screening and Annual Resident Review (PASARR) Level II completed by Community Mental Health with recommendations for specialized mental health services was incorporated into the residents' plan of care for two residents (Resident #26 and Resident #59) of 2 residents reviewed for PASARR, resulting in the potential for absence of available services for mental health disorders . Findings Include: Resident #26: PASARR A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #26 was admitted to the facility on [DATE] with diagnoses: Guillain-Barre syndrome, quadriplegia dysphagia, bipolar disorder, pneumonia, pain, depression, and hypertension. The MDS assessment dated [DATE] revealed the resident had full cognitive abilities with a Brief Interview for Mental Status (BIMS) score of 15/15; the resident had functional limitations in bilateral upper and lower extremities and the needed assistance with all care. On 8/06/2024 at 2:27 PM, during a record review of the documents for Resident #26 identified a form 3877: Level I-Preadmission Screening and Annual Resident Review (PASARR) dated 4/26/24 was noted. It indicated the resident had mental illness and required a Level II screening. On 8/07/2024 at 10:07 AM, Social Worker M was interviewed and said Resident #26 would have needed a Level II assessment by Community Mental Health/CMH due to the mental illness diagnoses without a dementia diagnosis. She said the document should be in the medical record. On 8/7/2024 at 10:45 AM, Social Worker M provided a copy of the Level II screen for Resident #26. It was dated June 5, 2024 and said, . CMHA completed an OBRA Level II Evaluation on the above-named individual (Resident #26) and made a recommendation on placement and services . Determination: Nursing Facility-Specialized Mental Health Services. Result of the Determination: The individual may continue to resident in a nursing facility and may choose to receive specialized mental health/developmental disabilities services. The local community mental health services agency will discuss with the individual, the individual's legal representative and the nursing facility a plan for the provision of specialized services . A review of the Care Plans for Resident #26 provided the following: Mood State: (Resident #26) has long history of depress (ion) and Bipolar. He lacks independence for his age, dated 5/31/2024 with 3 interventions all dated 5/31/2024 including: Acknowledge to the resident that the current situation must be difficult . Encourage resident to become involved with physical activities . Encourage resident to verbalize feelings . There was no mention of specialized services. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Psychotropic drug use: (Resident #26) has a long history of bipolar and is currently on antipsychotic medication, dated 5/31/2024 with 2 interventions both dated 5/31/2024 including: AIMS (abnormal involuntary movement scale- completed for residents receiving antipsychotic medications) every 6 months. Follow through behavior management. Offer support as needed . Attempt to give the lowest dose possible . There was no mention of specialized mental health services. On 8/08/2024 at 12:47 PM, Social Worker M was interviewed and she was asked if a specialized plan was developed for the resident she said she didn't know, that someone from CMH would have spoken to the resident. She was asked if she spoke to CMH about a specialized plan for the resident. She said she had not and would call them. There was no additional information from the Social Worker about a specialized plan for the resident. Resident #59: PASARR A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #59 was admitted to the facility on [DATE] with diagnoses: Diabetes, obesity, hypothyroidism, Bipolar disorder, arthritis, heart failure, hypertension, peripheral vascular disease, fibromyalgia, and restless leg syndrome. The MDS assessment dated [DATE] revealed the resident had full cognitive abilities with a Brief Interview for Mental Status (BIMS) score of 15/15 and the resident needed assistance with all care. On 8/06/24 at 2:24 PM, during a record review of the documents for Resident #59 revealed a form 3877: Level I-Preadmission Screening and Annual Resident Review (PASARR) dated 2/6/2024 was noted. It indicated the resident had mental illness and required a Level II screening. Social Worker M was interviewed and said Resident #59 would have needed a Level II assessment by Community Mental Health/CMH due to the mental illness diagnoses without a dementia diagnosis. She said the document should be in the medical record. She identified a Level II evaluation dated 2/22/2024 in the resident's medical record. It also recommended specialized mental health services. The Social Worker said CMH would have followed up with the resident, but she did not know what the result of that conversation would have been. When asked if the resident was receiving specialized mental health services, she said she didn't know. A review of the Care Plans for Resident #59 identified the following: Mood state: (Resident #59) had shared that she had suicidal thoughts in the past, start date 11/28/2022 with Interventions including: Place on behavior management list for monthly visits, dated 4/30/2023. All interventions were generic, dated 11/28/2022 or 4/30/2023 and did not mention a specialized mental health plan for the resident. Psychotropic drug use: (Resident #59) receives antidepressant and antipsychotic medications . start date 11/28/2022 with 2 Interventions: Assess/record effectiveness of drug treatment . and Monitor (Resident #59's) mood and response to medications . There was no mention of a specialized mental health plan. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility policy titled, Resident Assessment-Coordination with PASARR Program, undated provided, This facility coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs . Recommendations, such as any specialized services, from a PASARR level II determination and/or PASARR evaluation report will be incorporated into the resident's assessment, care planning, and transitions of care .

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666 Based on observation, interview and record review, the facility failed to update/revise individualized, person-centered care plans to reflect changing care needs for three residents (Resident #12, Resident #16, and Resident #117), of 32 residents reviewed for care plans, resulting in the potential for unmet care needs. Findings Include Resident #16: Pressure Ulcer/Injury A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #16 was admitted to the facility on [DATE] and the most recent readmission of 4/16/2024 with diagnoses: History of brain injury, quadriplegia, seizures, hydrocephalus, dysphagia, multiple pressure ulcers, and anxiety. The MDS assessment dated [DATE] revealed the resident had severe cognitive decline and was dependent with all care. On 8/06/24 at 9:53 AM, Resident #16 was observed lying in bed. He had an air mattress set at 400 normal pressure; on the static setting. The resident was awake and alert, but unable to answer questions. On 8/08/24 at 12:28 PM, during an interview with Wound Nurse P she said Resident #16 had some chronic wounds and some newer wounds that had healed: right lateral foot older Stage IV- healed and reopened; right ischium Stage 4 recently healed- reopened; left ischium and sacrum- left ischium almost healed stage 4- sacrum unstageable now, prior stage 4. The Wound Nurse reviewed the wound measurements and orders in the electronic medical record/emr. During the interview on 8/8/2024 at 12:28 PM, the Wound Nurse P was asked what interventions were in place to aid in preventing skin breakdown for Resident #16 and she listed the following: low air loss mattress, turning wedge/left to right, heels off cushion/heel boots, bars to keep blanket off feet, foot extender. Upon review of the Care Plans for Resident #16 with Wound Nurse P on there were 3 skin care plans: 10/11/2022 start date: (Resident #16) has alteration in skin integrity related to immobility, quadriplegia, and chronic osteomyelitis. Stage 4 pressure to coccyx and Left ischial tuberosity; Stage 2 pressure on bottom right foot x 2 and Right buttock. All of the interventions were dated 10/11/2022 (approach start date). All of the interventions were generic and did not mention the specific interventions identified by Wound Nurse P. The Care Plan indicated it was last reviewed/revised 8/5/2024, but there were no updated interventions specific to Resident #16. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	8/2/2023 start date: Pressure Ulcer Injury: (Resident #16) has anticipated increase in wounds due to chronic osteomyelitis and decline in condition. All of the interventions were dated 8/2/2023 except for one Enhanced barrier precautions in place, dated 4/16/2024. An intervention dated 8/2/2023 identified wound treatments for the Coccyx, ischium left great toes, left lower extremity, right heel, right ischium and right bottom outer foot. The wound treatments were compared to the physician orders and were no longer in use. In addition, some of the wounds were no longer present. The Care Plan had not been updated. 7/4/2024 start date: Pressure ulcer/injury: (Resident #16) is at risk for pressure ulcers related to quadriplegia, immobility, chronic wounds. All of the interventions were dated 7/4/2024 and did not include all of the interventions mentioned by the Wound Nurse P. Resident #117: Accidents A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #117 was admitted to the facility on [DATE] with diagnoses: Alzheimer's disease history of falls, depression, dysphagia, weight loss, hypertension, and diabetes. The MDS assessment dated [DATE] reveled the resident had severe cognitive deficit with a BIMS score of 0/15 and the resident needed some assistance with all care. On 8/06/24 at 11:10 AM, during an interview with Confidential Person GG he said Resident 3117 had recently tripped and fell in another resident's room. He stated, They called me. She's fallen a few other times too. Resident #117 was observed sitting in a chair in her room during the interview. A record review of the progress notes and event documentation indicated resident #117 had fallen on 8/1/2024, 2/13/2024, and 2/2/2024: 8/1/2024 4:57 PM: found on floor in another residents room, wanders into others room, seen by staff walking in halls earlier on that day- PT ordered for eval and treat 8/5/2024- no injury. No updated interventions. Fall Care plan: Falls: (Resident #117) at risk for falling related to history of falling and decline in physical and cognitive function, start date 5/14/2021. All interventions dated 5/14/2021 except for 2 interventions dated 11/21/2021 (One assist with ADL's and one assist with transfers and independent with ambulation. And 6/23/2022 (May ambulate independently on unit and staff will monitor gait to ensure it remains steady). The ADL/Activities of Daily Living Care Plan dated 5/14/2021 had an intervention dated 6/23/2022 that provided, Independent with transfers and ambulation. Staff to use 1-2 assist with transfers when (Resident #117) is exhibiting any behaviors. This contradicted what was listed on the Fall Care Plan. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Fall Care Plan was reviewed by the facility on 8/5/2024 with no updated interventions to aid in preventing future falls. It did not mention interventions related to the resident wandering into other resident's rooms and then falling in their rooms. 2/13/2024 6:20 PM: resident found on floor covered in a blanket in another resident's room [ROOM NUMBER]/590-no injury. Sleep study ordered for 7 days. No additional interventions. 2/2/2024 3:32 PM: resident observed sitting on the floor in another resident's room. The facility recommendation was to place shoes on resident during the day and send slippers home. The Fall Care Plan did not mention shoes or slippers and on 5/14/2021 said, Provide proper, well-maintained footwear. The Fall Care Plan had not been updated. On 8/07/24 at 2:57 PM, the Assistant Director of Nursing/ADON BB was interviewed about Resident #117 recently falling and said the staff were to monitor the resident and perform frequent room checks- at least every 2 hours. She said the resident had to frequently be redirected out of other residents' rooms. This was not mentioned on the Fall Care Plan. 39059

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49944 Based on observation, interview and record review the facility failed to provide Activities of Daily Living (ADL) care for five dependent residents (Resident #59, Resident #60, Resident #62, Resident #117 and Resident #135) of eight residents reviewed for ADL's resulting in long, dirty fingernails, female residents having facial hair, lack of assistance with oral care and timely assistance with toileting. Findings include: Resident #135 (R135): Resident #135 is [AGE] years old, non-verbal and admitted to the facility on [DATE] with diagnoses that include dementia, aphasia, depression and cognitive communication deficit. On 08/06/24 at 11:18 AM, R135 was observed sitting in the dining room on the 500 unit, R135 was observed to have facial hair on the chin and upper lip and dirty nails. On 08/07/24 at 10:40 AM, R135 was observed during an activity and noted to still have facial hair and dirty nails. On 08/07/24 at 10:43 AM, an interview was conducted with Activity Aide O. Activity Aide O was asked who is responsible for providing nail care and shaving assistance to the residents. Activity Aide O stated that the certified nursing assistants (CNA's) are responsible for nail care and shaving of the residents. Activity Aide O went on to state it is a big problem down here with long, dirty nails and residents not being shaved. Activity Aide O stated that the activities department would have more activities centered on painting nails if the CNA's would provide nail care for the residents. Activity Aide O was asked if they had brought this to the attention of any other staff. Activity Aide O stated this problem has been brought up before to the Infection control (IC) nurse and that it got better but it still is not good. On 08/08/24 at 12:05 PM, record review of the care plan for R135 revealed that they were to be provided nail care to hands and feet weekly and required assistance from staff to help shave. A policy on ADL Care was requested but not provided. 37666 Resident #59: Activities of Daily Living (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #59 was admitted to the facility on [DATE] with diagnoses: Diabetes, obesity, hypothyroidism, Bipolar disorder, arthritis, heart failure, hypertension, peripheral vascular disease, fibromyalgia, and restless leg syndrome. The MDS assessment dated [DATE] revealed the resident had full cognitive abilities with a Brief Interview for Mental Status (BIMS) score of 15/15 and the resident needed assistance with all care. On 8/06/2024 at 10:14 AM, during a tour of the facility, Resident #59 was observed sitting on the side of the bed. The room smelled strongly of urine. The resident said she didn't always have her call light answered timely. She said sometimes it took 5 hours for someone to assist her. She said her blankets had to be changed frequently and this was not always done either. A review of the Care Plans for Resident #59 revealed the following: 1/6/2023 problem start date: (Resident #59) is at risk for urinary tract infections related to history of UTI's (urinary tract infections) and incontinence, with Interventions including: Encourage prompt, complete bladder emptying, dated 1/6/2023. 11/28/2022 problem start date: ADL's . (Resident #59) is limited in ability to perform ADL's/hygiene/transfers related to: obesity, weakness and arthritis, with Interventions including: Staff to assist with toileting every 2 hours and prn (as needed) while awake. Resident #117 Activities of Daily Living A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #117 was admitted to the facility on [DATE] with diagnoses: Alzheimer's disease history of falls, depression, dysphagia, weight loss, hypertension, and diabetes. The MDS assessment dated [DATE] reveled the resident had severe cognitive deficit with a BIMS score of 0/15 and the resident needed some assistance with all care. On 8/06/24 at 11:04 AM, during an interview with Confidential Person GG, he stated, I'm worried about her (Resident #117) brushing her teeth. I brought in supplies, and mouthwash but I don't think they are using them. She is not brushing her teeth. Resident #117 opened her mouth and showed her teeth. They were coated with thick matter. They had not been brushed. A review of the ADL care plan dated 5/14/2021 for Resident #117 revealed: 5/14/2021 start date- provide one assist for oral care. 39059 Resident #60: On 8/06/24, at 9:53 AM, Resident #60 was lying in their bed. Their nails were approximately 10 Millimeters long with brown build up underneath. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/06/24, at 10:14 AM, Resident #60 was lying in their bed. Nurse T entered the room. Nurse T observed Resident #60 's long dirty nails and offered they will clip them. Nurse T was asked who is responsible for ensuring nail care and Nurse T usually the nursing assistants. On 8/06/24, at 11:30 AM, a record review of Resident #60's electronic medical record revealed an admission on 4/24/24 with diagnoses that included Hemiplegia, Stroke (CVA) and cognitive communication deficit. Resident #60 required extensive assistance with all Activities of Daily Living (ADL's) and had intact cognition. A review of the Problem Start Date: 11/03/2022 Category: ADL's Functional Status/Rehabilitation Potential (the resident) is limited in ability to perform ADL's/hygiene/transfers related to CVA . Approach Start Date: 11/03/2022 Nail care to hands and feet weekly. Discipline CENA, Nursing . Resident #62: On 8/05/24, at 1:28 PM, Resident #62 was sitting in their wheelchair in their room. Resident #62 had numerous long facial whiskers. Nurse U entered the room. Nurse U was asked who helps female residents with facial hair and Nurse U offered they would assist Resident #62 with their facial hair. On 8/06/24, at 11:45 AM, a record review of Resident #62's electronic medical record revealed an admission on 2/5/2023 with diagnoses that included Dementia, Dysphagia and repeated falls. Resident #62 required extensive assistance with ADL's and had severely impaired cognition. A review of the Problem Start Date: 11/25/2022 Category: ADL's Functional Status . (the resident) is limited in ability to perform ADL's . Approach Start Date: 11/25/2022 Provide 1 assistance for facial hair, Use electric razor. Discipline CENA, Nursing . On 8/07/24, at 8:53 AM, Resident #62 was resting in their recliner in their room. Resident #62 appeared comfortable the long facial hair was gone.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666 This Citation pertains to Intake Number MI00143547. Based on interview and record review the facility failed to monitor and treat blood glucose levels for one resident (Resident #165) of five residents reviewed for medication management, resulting in Resident #165 developing a change of condition due to low blood glucose levels and being transferred to the hospital. Findings Include: Resident #165: hospitalization A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #165 was admitted to the facility on [DATE] with diagnoses: Diabetes, end stage kidney disease, renal dialysis, Alzheimer's disease, GERD, COPD, hypothyroidism, and hypertension. The MDS assessment dated [DATE] indicated the resident had full cognitive abilities with a Brief Interview for Mental Status (BIMS) score of 14/15 and needed assistance with all care. On 8/07/24 at 2:00 PM, during an interview with the Assistant Director of Nursing/ADON BB related to a facility reported incident for Resident #165, she said the resident was transferred to the hospital for a change of condition on 4/27/2024 related to low blood sugar. She said the resident had multiple instances of low blood sugar (CDC: Diabetes- About Low Blood Sugar (Hypoglycemia) May 16, 2024: . Low blood sugar can be dangerous if left untreated .Blood sugar below 70 mg/dl is considered low .). A review of the electronic medical record documentation with the ADON revealed that nurses continued to give insulin, after the resident's blood sugar was identified to be low. There were multiple episodes of low blood sugar between 4/20/2024 and 4/27/2024. It was noted some nurses continued to give insulin in the evening after having low blood sugar during the day with no documentation of contacting the physician. This also occurred on 4/26/2024 with a low blood sugar of 55 at 4:44 PM, and then insulin was given that evening. The residents blood sugar the next morning on 4/27/2024, was so low at 48, that she had decreased responsiveness and was transferred to the hospital. A review of an Event documentation dated 4/27/2024 at 6:58 AM revealed, Resident treated with insulin and needed administration of multiple glucagon (medication for low blood sugar) injections. A review of the physician orders revealed 4 orders for Glucagon Emergency Kit: (glucagon human recombinant) reconstituted solution; 1 mg; amt: 1mg; injection, Once-One time- PRN (as needed), dated: 4/11/2024, 4/24/2024, 4/26/2024 and 4/27/2024. There were also orders for insulin: Lantus U-100 Insulin (Insulin glargine) solution; 100 unit/ml; Amount to Administer: 16 units' subcutaneous; Once a morning, start date 4/3/2024. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Humalog U-100 Insulin (insulin lispro) solution; 100 units/ml; Amount to Administer: 4 units before meals; subcutaneous, start date 4/3/2024. The administration times were 6:45 AM, 11:00 AM, 4:00 PM and 9:00 PM. The resident's blood glucose (blood sugar) level was to be obtained and recorded prior to administering each dose. A record review of Resident #165's Medication Administration Record/MAR and Treatment Administration Record/TAR for April 2024 indicated there was no blood glucose level recorded 4 times between 4/19/2024-4/27/2024: 11:00 AM and 4:00 PM 4/20/2024, 11:00 AM 4/23/2024, 11:00 AM 4/25/2024. A review of the progress notes identified the following: 4/27/2024 at 9:16 AM: Blood sugar check results 48, attempted to give sugar-milk mixture, unable to get resident to drink. Glucagon subq (subcutaneous) given. Rechecked BS (blood sugar) 58 . Called and Talked to (Physician AA) of changes in resident . ok'd for resident to be sent to be evaluated at (hospital). 4/27/2024 at 6:40 AM: Humalog (insulin) not given, unable to amend administration. Lantus 16 units given as per order BS 111. Will continue to monitor. This entry was documented on 4/27/2024 at 12:16 PM after the resident was admitted to the hospital and it was intended for 4/26/2024 at 8:30 AM: 0730 (7:30 AM) resident not eating breakfast when I entered the room. Resident had a blank stare, not answering questions. BS checked with results of 38, oral sugar attempted, glucagon given subq. Resident becoming more awake, able to take a few sips of milk BS 50 . 4/24/2024 at 1:50 AM: Aide notified writer Patient not responding Patient sweating profusely. Blood sugar 31 mg/dl. Dose of glucagon administered. Blood sugar began to trend to 67 mg/dl and then dropped back to 48 mg/dl. Another dose of Glucagon 1mg administered and patient eventually trended to 86 mg/dl. At this point patient became responsive . 4/24/2024 at 8:07 AM: (Physician AA) notified of patient hypoglycemic episode. No new orders at this time. The physician was notified on the morning of 4/24/2024 of Resident #165's very low blood sugar levels and not again until 4/27/2024 when the resident was transferred to the hospital. The nurses were not notifying the physician of the repeated low blood glucose levels and the resident's need for repeated doses of Glucagon in response to the low levels, so the physician could assess the resident and determine if a change in medications or care was needed. A review of the Care Plans for Resident #165 provided the following: (Resident #165) has alteration in metabolic status related to Diabetes type 2, start date 3/29/2024 with Interventions: Administer medications: Humalog 4 units AC (before meals) and HS(at bedtime): hold Humalog for blood sugar less than 150; Lantus at HS; If blood glucose is less than or equal to 60 mg/dl follow orders and notify PCP (primary care provider); Monitor for signs of hypoglycemia (blood glucose <60 mg/dl; sweating, cold, clammy skin, numbness of fingers, toes, mouth, rapid heartbeat, nervousness, tremors, faintness, dizziness). All interventions were dated 3/29/2024. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility policy titled, Resident Change in Condition, dated initiated June 2006, reviewed May 2008 and revised December 2022 provided, To ensure each Extended Care Center resident receives treatment at the time of a condition change. The facility will contact the Physician at the time of a resident's condition change that is unrelieved with nursing interventions or requires a medical intervention that is not available by Standing order. Such contact shall be documented in the medical record. Condition change shall include: . A change in the resident's physical, mental, or psychosocial status in either life threatening conditions . or clinical complications . Notification of the physician is the responsibility of the Licensed Nurse .

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22347 Based on observation, interview and record review, the facility failed to prevent two residents (Resident's #415 and Resident #75) from developing pressure ulcers, resulting in discomfort/pain, the likelihood for infection, delayed healing, antibiotic usage, and weekly wound care. Findings Include: Resident #415: Review of the Face Sheet, Wound Documentation dated 6/6/24 through 8/6/24, and care plans dated 1/23, revealed Resident #415 was [AGE] years old, admitted to the facility on [DATE] and readmitted on [DATE], alert and his own person and required staff assistance with Activities of Daily Living/ADL's. The resident's diagnosis included, dementia, stroke, muscle weakness, anorexia, malnutrition, chronic pain, chronic kidney disease, and heart failure. The resident developed a pressure ulcer on the right heel while at the facility due to shearing of bedding. Observation was done on 8/6/24 at 6:15 a.m., of Resident #415's right heel pressure ulcer dressing change. The wound care and dressing change was done per orders; however, no pressure relieving devices were used at all to keep the heel off the bed prior to wound care and after it was completed. Wound Nurse RN P did not put any measures in place to keep his right heel off the bedding. During an interview done on 8/6/24 at 6:30 a.m., Nurse P said the resident's Stage II pressure ulcer was not there on admission and it was caused by friction from the bedding (the sheets had rubbed against the skin and caused a blister and it opened). Review of the resident's facility Wound Management Reports dated 6/6/24 and 8/6/24, revealed the heel pressure ulcer was first documented on 6/6/24 (2.5 cm by 1 cm in size) and last documented on 8/6/24 (2.5 cm by 1.5 cm in size). Review of the resident's facility Wound Management Report dated 6/6/24, stated Resident has an abrasion to Rt ankle r/t (related to) rubbing against bedding. Date/Time Observed Pressure Ulcer: 6/6/24 06:01. Review of the resident's facility Wound Management Report dated 8/6/24, stated Present on Admission/Re-entry? No. Review of the physician order dated 8/6/24, stated Cleanse Rt ankle with NS (normal saline), pat dry, apply Puracol (wound care) with Allevyn heel border dressing every Tues, Thurs, Sat and PRN (as needed. Review of the resident's facility Pressure Ulcer/Injury care plan dated 1/27/23, stated Keep bony prominence's from direct contact with one another, staff to utilize pillows, wedges or blankets as needed. Use a pillow under heels to relieve pressure on the heels while in bed. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Review of the facility Pressure Ulcers: Standard Of Care For Prevention & Treatment policy dated June 2021, stated Remove unnecessary irritations such as wrinkled bed linen, damp linen, chafing of two skin surfaces, pressure from casts/splints/dressings, crumbs, moisture due to feces, urine or perspiration. Utilize protectors as indicated (per care plan). Consult therapies for appropriate pressure relieving devices. 49944 Resident #75 (R75): Resident #75 is [AGE] years old and admitted to the facility 07/12/24 with diagnoses that include sepsis, rheumatoid arthritis, hypertension and acute respiratory failure with hypoxia. On 08/07/24 at 12:47 PM, R75 was observed with a dressing on their right heel. R75 was asked about the dressing and why it was there. R75 stated that the dressing was there for a wound on their heel. When asked how they got the wound on their heel, R75 stated it is from their ankle-foot orthosis (AFO) brace and the AFO is rubbing up and down on their heel. R75 stated that they are going to see [NAME] and Filippis (company that makes orthotics) to check on getting a better fitting brace for their right leg. R75 was observed to have an air mattress on their bed. No other interventions noted. R75 stated that staff puts his feet up on pillows now while in bed to keep his heel from rubbing anymore. On 08/07/24 at 01:10 PM, record review revealed that R75 developed this pressure sore on his right heel on 08/05/24 and that R75 scored a 16 on the Braden Scale indicating that they are at high risk for pressure ulcer development. Record review revealed that there was no physicians order located to monitor the skin around the AFO. On 08/07/24 at 02:48 PM, an interview was conducted with Wound Care Nurse P. Wound care nurse P was asked how they believe the wound developed. Nurse P stated that the resident believes it's from his AFO brace. Nurse P stated that R75 refused heel boots that were offered on admission and that they placed a low air loss mattress on bed prior to wound developing. Nurse P was asked if an order was put in on admission to monitor the skin and circulation around the AFO. Nurse P stated, yes, an order is put in for that on admission. Nurse P was asked what stage the wound is currently in. NurseP stated the wound is a Stage II, indicating that the wound is open. This surveyor was unable to locate an order for monitoring skin around AFO in the health record. NurseP was asked if there should have been an order on admission to monitor the skin around the AFO. Nurse P stated yes there should have been an order. On 08/08/24 at 10:33 AM, record review revealed that the facility did not enter an order to monitor the skin around the AFO brace on the right foot or create a care plan for it until 08/07/24 when it was brought to the attention of the wound nurse. An order was entered on 08/07/24 at 15:56 PM (3:56 PM) and a care plan to monitor the skin around the AFO was created on 08/07/24. On 08/08/24 at 01:01 PM, an interview was conducted with the Director of Nursing (DON). The DON was asked if there should be an order to monitor around AFO braces or splints if the resident admits with one. The DON replied yes there should be an order to monitor that. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Record review of the policy titled, Pressure Ulcers: Standard of Care for Prevention and Treatment revised February 2017 revealed: Purpose: 3. To protect against the adverse effects of pressure, friction and shear. Essential Points: If a patient is at risk for developing a pressure ulcer, open a problem on the care plan indicating the at-risk status. Modify CENA or other designated staff assignment as needed. Record percentage of food consumed. Consult with the dietician if intake is not adequate. Consult therapies for appropriate pressure relieving devices.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666 Based on observation, interview and record review, the facility failed to ensure that management and monitoring of a left arm splint was provided for one resident (Resident #78), of 1 resident reviewed for splint use, resulting in Resident #78 having a soiled hand splint, that had not been laundered. Findings Include: Resident #78: Position, Mobility A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #78 was admitted to the facility on [DATE] with diagnoses: Dementia, history of a stroke, diabetes, depression, weakness, COPD, obesity, pain, seizure disorder, dysphagia and left sided weakness. The MDS assessment dated [DATE] revealed Resident #78 had full cognitive abilities with a BIMS score of 15/15 and needed assistance with all care. On 8/05/24 at 1:28 PM, Resident #78 was observed sitting in a chair in his room. He showed his left-hand splint sitting on top of a table. The splint had a cream-colored soft material on the inside and was very soiled, brown. The resident said he wore the splint at night and a night shift aide helped him apply the splint. He was asked if he had two of the splints and he stated, No. The resident was asked if it had ever been washed and he said he didn't think so. On 8/07/24 at 12:33 PM, Restorative Nurse HH was interviewed about Resident #78's left hand splint. She said he was wearing a left-hand splint on admission and was previously working with OT/ Occupational Therapy. The Restorative Nurse said the resident was wearing the splint all the time, and as he progressed with therapy, they changed it to wearing it at night only. She said there should be an order for the splint and nurses were to help the resident with the splint. She said the resident was to wear it from bedtime until morning. Reviewed with the Restorative Nurse that the splint was very soiled on the inside material that would be placed next to the resident's skin. The Restorative Nurse stated, I will check with OT about another splint, so his can be washed. The Restorative Nurse was asked who was responsible for ensuring the splint was cleaned and she said she thought whoever assisted the resident with placing and removing splint would notice it was soiled. A policy for hand splints was requested and not received prior to exit. A review of the Care Plans for Resident #78 revealed the following: (Resident #78) has left sided deficit/weakness related to hemiplegia/hemiparesis of left side, start date 2/27/2024 with Interventions including: Use assistive devices recommended by therapy, start date 2/27/2024. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	ADL's (activities of daily living) Functional Status . (Resident 378) is limited in ability to perform ADL's/hygiene/transfers related to CVA (stroke) with left side hemiplegia, start date 4/6/2022 with Interventions including: Assist with donning (putting on) resting hand splint to left hand. Perform skin checks every shift to ensure no breakdown, start date 4/26/2024. There was no mention of when the resident was to wear the left-hand splint or to ensure that it was cleaned.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 39059 Based on interview and record review, the facility failed to ensure the safety for one resident (Resident #12) of 4 residents reviewed for accidents and falls, resulting in a left eyebrow laceration, pain and the likelihood of further injury. Findings include: Resident #12: On 8/6/24, at 1:00 PM, a record review of Resident #12's electronic medical record revealed an admission on 11/15/2022 with diagnoses that included Dementia, Parkinson's Disease and Alzheimer's. Resident #12 had severely impaired cognition and required assistance with all Activities of Daily Living (ADL's). A record review of the Problem Start Date: 11/24/2022 Category: ADL's Functional Status . (the resident) is limited in ability to perform ADL's/hygiene/transfers related to: Dementia; Parkinson's . Approach Start Date: 01/09/2024 Staff to use 2 assist with ADL's and hygiene when resident is exhibiting behaviors to help decrease risk for injury as needed . A review of the Problem Start Date: 07/22/2024 (the resident) has periods of swinging at staff, kicking at them. He will refuse to be changed. Hard to reason with. Goal . will allow care to assure his needs are met . Approach Start Date: 07/22/2024 Avoid power struggles with (the resident) . Maintain a calm environment and approach to the resident . When resident begins to resist care, STOP and try task later. Do not force the resident to do the task. A review of the EVENT INFORMATION Event Date: 07/28/2024 13:55 Description At 1300, was returning resident from bathroom to his bed, via Sara lift, the resident hit his left eyebrow against lift . Type of Injury . Laceration Activity During Skin Tear/Laceration Occurrence . Behavioral Outburst . Other - toileting, use of Sara lift . Outcome of Interventions Interventions Effective, describe below Evaluation Notes: Skin tear to left eyebrow area resulted from resident's head had made contact with object while on lift due to resident was exhibiting behaviors and kicking and swing out at staff during care. Staff attempted to redirect and calm resident down but resident was unable to calm down. Resident has history of combativeness with care and especially with showers. Will bring up in behavior management Signed (ADON BB) A review of the progress notes revealed: 07/28/2024 12:30 At 11:30, the resident was observed laying on his left side on floor in front of his w/c in Waterfront Grill. When this writer and another nurse attempted to roll him over the resident started kicking out with his right leg and hitting and swinging out with his Right arm and hand. This writer, another nurse and a CENA assisted resident up in his w/c, where he continued to kick out for a few minutes. The resident assisted back to his room in his w/c and assisted into his bed. On assessment, abrasion noted to top of head on left side . (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	07/28/2024 20:06 (8:06 PM) At 1300, CENA was returning resident from bathroom to his bed by Sara lift when resident started to kick out and hit his left eye brow against the Sara lift. The resident sustained a 1 inch laceration to his left eyebrow. Left eye brow cleansed with NS (normal saline), pat dry and approximated with 2 steri strips. During care to the resident's left eyebrow, the resident continued to hit out and kick out at this writer. After the treatment to Left eye complete. Safety devices put in place . There were no additional progress notes that day that documented Resident #12 had calmed down between the 11:30 AM incident in the dining room and the 1:30 PM transfer with the Sara lift with just the one staff member. On 8/07/24, at 2:45 PM, a record review along with the ADON BB was conducted regarding Resident #12's injury reports. ADON BB was asked to review the fall report from 7/28/24 at 11:30 in the dining room and ADON BB offered, he was kicking at staff. ADON BB was asked to review the care plan and clarify the assistance Resident #12's required and ADON BB offered, the resident is a one person assist with transfers and that the care plan did not mention the use of a Sara lift. ADON BB offered they would check into why the CENA assisted the resident with the mechanical lift. On 8/07/24, at 3:12 PM, a further interview with ADON BB regarding Resident #12's behaviors, ADL assistance and injury reports was conducted. ADON BB offered that the resident had behaviors was decreased off a psychotropic medication but then placed right back on it due to behaviors. ADON BB again offered the resident was a one person assist with transfers and ADL care. ADON BB was asked If they had checked into why Resident #12 was assisted with the Sara lift on 7/28/24 at 1:30 with just one CENA when the resident had documented behaviors just 1 and a half hours prior and ADON BB replied, why, do you think he should be a two person.

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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** 39059 Based observation, interview and record review, the facility failed to document food acceptance, provide suitable utensils, and assess, monitor and notify the physician of a weight loss for one resident (Resident #143) of three residents reviewed for nutrition, resulting in a significant weight loss and numerous undocumented meal consumptions. Findings include: Resident #143: On 8/06/24, at 9:08 AM, Resident #143 was sitting in bed. Their breakfast tray was on the overbed table and appeared untouched. There was 2 slices of bacon and pile of scrambled eggs. There was a medal fork, a plastic spoon and a plastic knife. There was no staff assistance. Resident #143 was asked if they needed help or could take a bite of eggs on their own. Resident #143 picked up the fork with a shaky hand and forked a bite of eggs. Resident #143 used their right hand with the fork and with their left hand pushed the fork of eggs into their mouth. It took the resident 2 full minutes to get a bite of eggs and chew it. The resident was scooted down in bed and the bed was nearly 90 degrees in elevation. On 8/06/24, at 9:14 AM, CENA DD entered Resident #143's room to removed the breakfast tray. The breakfast meal appeared untouched. CENA DD stated that's why I left the tray and offered she eats better for lunch. CENA DD was asked what they planned to document for the meal intake and CENA DD stated, zero. On 8/6/24, at 2:00 PM, According to Minimum Data set Assessment (MDS) dated [DATE] with an original admission on 9/23/23. Resident #143 had severely impaired cognition and for Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once meal is presented on a table/tray . 05 = Setup or clean-up assistance - Helper SETS UP or CLEANS UP, resident completes activity . A review of the Resident #143's weight results revealed that on 7/02/2024, the resident weighed 197 pounds and on 8/06/2024, the resident weighed 187 pounds which is a 5.08 % weight loss. A review of the weights revealed a steady decline: 08/06/2024 . 187.0 . 07/29/2024 . 193.4 . 07/24/2024 .192.8 . 07/16/2024 . 195.8 . 07/09/2024 . 197.2 . (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	07/02/2024 . 197 . 06/25/2024 . 199.8 . 06/18/2024 . 205.6 . A review of the Nutrition Progress notes revealed: 06/13/2024 . Nutrition quarterly assessment: (the resident) . PO intake varies, average reported meal intake is 45%. Resident reports . appetite has been declined since admission. RD adding magic cup at lunch for nutritional support. Weight review: 205# (6/11), 211# (5/21), 218# (4/12), 220# (3/13), 224# (2/14) . wt trends are gradually decreasing, Reviewed medications. No recent labs since last review . Resident is likely meeting 100% of nutrition needs. Will continue to monitor quarterly and/or sooner if needed. 08/07/2024 . Nutrition High Risk Wt reviewed: 217.8# (4/3), CBW 187#, significant 29# & 13.4 % wt loss x 3 months. Remains on Regular, diet w/Magic cup QD. Per chart, pt eating x 1-2 meals daily consuming 1%-100% meals & refusing meals consistently. Rec cont. increasing Magic cup bid & adding snacks to diet order to aid in intakes & appetite. Update preferences per meal tracker. Will monitor weights weekly. Pt as risk for malnutrition. RD to monitor point of care & follow up prn. On 8/07/24, at 1:25 PM, Resident #143 was sitting in their bed. There meal remained on the overbed table. The meal consisted of ham, scalloped potatoes and squash. It appeared the resident did not take any bites. The resident had plastic utensils for the meal. Resident #143 was asked if they were having a hard time using the plastic silverware and Resident #143 offered Yup. The orange juice and coffee remained covered. The roll was dry, and the butter packet was closed. On 8/8/24, at 8:45 AM, a record review of Resident #143's documented Intake: Breakfast, AM Snack, Lunch, PM Snack, Dinner, Bedtime Snack, Supplements, Fluids for the previous month revealed the following dates (18 days in total) did not have any documented results of consumption for Breakfast, Lunch and Dinner: 7/6 7/7 7/9 7/12 7/25 7/16 7/19 7/20 7/21 7/22 7/23 7/25 7/26 7/29 8/1 8/3 8/6 8/9. The following meals did not have documented results of consumption: 8/7 breakfast lunch 8/5 breakfast lunch 8/2 dinner 7/31 dinner 7/30 dinner 7/28 breakfast lunch 7/27 breakfast lunch (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	7/18 dinner 7/17 dinner 7/14 breakfast lunch 7/13 breakfast lunch 7/11 dinner 7/10 dinner There was only one documented snack consumption for the month of July and that was on 07/08/2024 AM Snack 26-50%. On 8/08/24, at 11:05 AM, Dietary staff B was interviewed regarding Resident #143 weight loss. Dietary Staff B offered that they increased the magic cup to two times a day. Dietary Staff B was asked to review the record and provide documentation the resident received snacks and Dietary Staff B stated, I only see one snack provided for the month of July. Dietary Staff B explained that residents need to ask for a snack. Dietary Staff B was asked if there was documented notification to the physician of the weight loss and Dietary Staff B stated, I was told all communication is to be through a phone call. There was no documented notification to the physician of he significant weight loss. On 8/08/24, at 11:39 AM, Physician AA was interviewed regarding Resident #143. Physician AA was asked if they had a visit the day prior and Physician AA stated, yes. Physician AA was asked what she is eating her meals well meant and Physician AA stated, that the resident didn't complain of appetite problems. Resident AA was asked if they were aware the resident had a 5% weight loss in 1 month and Physician AA stated, no, I haven't been told that.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22347 Based on observation, interview and record review, the facility failed to ensure that oxygen equipment for two residents (Resident #2 and Resident #60) and one continuous positive airway pressure (CPAP) mask and tubing for one resident (Resident #624) were clean, sanitized and stored properly after use of 4 residents reviewed for oxygen and CPAP equipment, resulting in the likelihood for cross contamination, respiratory illnesses/disease and increased antibiotic usage. Findings Include: Resident #624: Review of the Face Sheet, physician orders and care plans dated 8/2/24, revealed Resident #624 was [AGE] years old, admitted to the facility on [DATE], was alert and required staff assistance with Activities of Daily Living. The resident's diagnosis included fracture of left lower leg, fall, degenerative disease of nervous system, diabetes, peripheral vascular disease, sleep apnea and heart disease. During the environmental observation done on 8/7/24 at 10:00 a.m., Resident #624's CPAP was sitting out on the nightstand, not in the clear plastic bag next to the CPAP machine. The CPAP was also found to be dirty inside along with the tubing connected to it. Review of the facility CPAP policy (dated February 2023) stated To ensure the appropriate cleaning and disinfection of CPAP and BiPAP equipment to protect health and safety of each resident/patient by preventing the spread of disease, and revealed resident's CPAP's should be cleaned and disinfected by staff according to the schedules and labeled date change. Review of Resident #624 physician orders dated 8/1/24, revealed an order to clean the CPAP mask, tubing and headgear once a day. Review of Resident #624's facility care plans dated 7/31/24 to current, revealed no care plan for CPAP or apnea. 39059 Resident #60: On 8/06/24, at 8:28 AM, Resident #60 was resting in bed. Their oxygen concentrator was audibly alarming. Their oxygen tubing was on the floor and not supplying oxygen to the resident. Their breakfast tray was on their over bed table. On 8/06/24, at 8:46 AM, Resident #60 remained in bed and their oxygen tubing remained on the floor. The oxygen concentrator continued to alarm. Resident #60's breakfast tray was no longer on their over bed table. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/06/24, at 11:30 AM, a record review of Resident #60's electronic medical record revealed a readmission on 4/24/24 with diagnoses that included Hemiplegia, Stroke (CVA) and cognitive communication deficit. Resident #60 required extensive assistance with all Activities of Daily Living (ADL's) and had intact cognition. 49944 Resident #2 (R2): Resident #2 is [AGE] years old and admitted to the facility on [DATE] with diagnosis that include chronic obstructive pulmonary disease (COPD), acute and chronic respiratory failure, heart failure and atrial fibrillation. On 08/06/24 at 11:33 AM, R2 was observed sitting in their wheelchair in their room, oxygen tubing was noted to be placed in the nares of R2, the oxygen concentrator was not turned on and therefore not providing any supplemental oxygen to R2. The tubing on the oxygen concentrator was not dated. R2 stated they have been sitting here since about 10:30 AM after returning from therapy. This was verified with a nurse that the residents oxygen was not turned on, the nurse turned the concentrator on for R2. On 08/07/24 at 11:32 AM, record review revealed an order for oxygen administration, R2 is on 3L of oxygen. On 08/07/24 at 11:41 AM, observation of the oxygen concentrator in the room revealed that R2 is on 3L of oxygen. On 08/08/24, observation revealed that the tubing on the oxygen concentrator was still not dated. On 08/08/24 at 1:15 PM an interview was conducted with the Director of Nursing (DON). The DON was asked if oxygen tubing should be labeled and dated when it was changed. The DON stated, yes, the tubing should be changed weekly and labeled and dated. Record review of the policy titled, Oxygen Delivery Systems, currently under revision revealed: Nursing Implications: d. All disposal supplies changed every seven (7) days. Charting: a. Date and time started and stopped.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49944 Based on observation, interview and record review the facility failed to assess and monitor the dialysis port for one resident (Resident #54) of one resident reviewed for dialysis resulting in the resident starting on antibiotics. Findings include: Resident #54 (R54): Resident #54 is [AGE] years old and admitted to the facility on [DATE] with diagnoses that include end stage renal disease, hypertensive chronic kidney disease, heart failure and dependence on renal dialysis. On 08/07/24 at 02:23 PM, R54 was observed in their room, a dressing was noted on the upper right chest area where the dialysis port is located. On 08/07/24 at 02:24 PM, an interview was conducted with R54. R54 states they go to dialysis on Monday, Wednesday and Friday. R54 stated they were a bit tired after dialysis today but overall feeling good. On 08/07/24 at 02:29 PM, record review revealed there was no physician order to assess and monitor the dialysis port for any changes. On 08/08/24 at 10:46 AM, an interview was conducted with R54. R54 was asked if he is on antibiotics and why. R54 states that they are getting antibiotics at dialysis, but they are unsure why. A dressing was observed on the dialysis port site and is dated 8/6/24. Resident received dialysis on 8/7/24. On 08/08/24 at 10:48 AM, record review of the dialysis communication form revealed that R54 had been started on Vancomycin (an antibiotic) on 07/31/24 for drainage that was noted at the dialysis port site. Vancomycin is to be administered in five doses and to be given at the dialysis center. On 08/08/24 at 10:50 AM, record review revealed an order to monitor the right chest port site for any signs or symptoms of infection every shift. The order was dated 08/07/24 at 3:42 PM. On 08/08/24 at 10:52 AM, an interview was conducted with LPN Q. LPN Q was asked when you change the dressing over the dialysis port site for R54. LPN Q replied they change the dressing on the port every 7 days and as needed, unless something is done to it at dialysis then it gets changed there. On 08/08/24 at 12:51 PM, an interview was conducted with the Director of Nursing (DON). The DON was asked if they facility should assess and monitor the dialysis port site on admission and daily to look for any changes. The DON replied yes, we should have a policy and an order set to monitor the port site for changes. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Facility does not have a policy for dialysis regarding assessing and monitoring dialysis port sites or shunts.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Post nurse staffing information every day. 39059 Based on observation, interview and record review, the facility failed to ensure that the daily staff posting was accessible for all residents, resulting in the potential for all residents to be frustrated and/or uninformed of the daily available staff. Findings include: On 8/7/24, at 8:45 AM, a measurement of the main corridor hallway from the 500 hallway/nursing unit to the lobby where the staff posting was located revealed .11 miles/580 feet. On 8/07/24, at 9:43 AM, an interview with the Director of Nursing (DON) was conducted regarding the posting of the daily staff. The DON stated the staff posting was at the front desk. The DON was asked if the staff posting at the front desk was for the entire building and the DON stated, yes. The DON was asked for clarification if each of the nursing units had their own staff posting and the DON stated, no. On 8/08/24, at 2:05 PM, Central Staffing (CF) Z was interviewed regarding the staff posting and CF Z stated, they fill it out and email it to the switchboard operator each day. On 8/08/24, at 2:07 PM, a record review of the staff posting along with Switchboard operator Y was conducted. The staff listing for that day was located in a plastic clear file and was on the front counter. Switchboard operator Y explained the process that they print out the emailed posting each day and place it in the plastic file folder. They were asked if they post it anywhere else in the building and switchboard operator Y stated, I don't just here.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22347 Based on observation, and interview, the facility failed to ensure that 3 of 8 medication carts were free of crushed pills, pieces of loose paper, silver shards of foil from medication cartridges and dust on the bottom of the drawers, and one set-up of a resident's medications (room [ROOM NUMBER]) in a medication cup, resulting in the likelihood for cross contamination, low medications count with increased cost and missed resident medications. Findings Include: During observation of Patriot units cart 2 of 300 hall medication cart done on 8/5/24 at 1:43 p.m., accompanied by Nurse, RN I, revealed the second, third and fourth drawers were found to have crushed white pills, pieces of paper and dust on the bottoms of the drawers. During an interview done on 8/5/24 at 1:45 p.m., Nurse I stated I just cleaned this out last week, I am not sure who cleans the carts. During a second observation of Patriot units cart 1 of 300 hall medication cart done on 8/5/24 at 2:36 p.m., accompanied by Nurse, LPN J, revealed the second, third and fourth drawers were found to have crushed white pills, pieces of paper and dust on the bottoms of the drawers. During an interview done on 8/5/24 at 1:50 p.m., Nurse J stated I cleaned it last time I worked, I don't know who is supposed to clean it. During observation of Wheels units cart 1 of 300 hall medication cart done on done on 8/8/24 at 10:15 a.m., accompanied by Nurse RN, K, revealed all the carts drawers had tiny silver shards, pieces of paper and dust on the bottom of them. During an interview done on 8/8/24 at 10:18 a.m., Nurse, RN K said she had cleaned the cart last time she worked and thought second shift nurses were to clean the medication carts. During an interview done on 8/6/24 at approximately 10:30 a.m., the Director of Nursing revealed second shift nurse's were to clean the medication carts.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666 Based on observation, interview and record review, the facility failed to ensure that residents' food preferences were honored for four residents (Resident #23, Resident #26, Resident #42, and Resident #79) of 7 residents reviewed for food and nutrition, resulting in residents' feelings of anger, frustration and dissatisfaction with the meal experience, which could lead to decreased nutritional intake and weight loss. Findings Include: Resident #23: Food A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #23 was admitted to the facility on [DATE] with diagnoses: history of a stroke, left sided weakness, GERD, depression weakness, epilepsy and hypertension. The Minimum Data Set assessment (MDS) dated [DATE] revealed the resident had mild cognitive deficit with a Brief Interview for Mental Status (BIMS) score of 12/15 and the resident needed assistance with all care. On 8/05/2024 at 1:39 PM, during an interview with Resident #23, she said she was upset because she did not like the facility's food. Resident #23 stated, It's not good. They use too much pepper. The baked chicken is tough. They love serving zucchini here, but it is overcooked ; the cook it in water. The resident said food alternates were available, but she did not like them. The resident was asked if she attended the Food subcommittee meetings. She said she used to go to the meeting but doesn't go any longer. She said she is discouraged; she said the prior Chef would make the kitchen staff work on the food. The resident said that Chef is no longer at the facility, and she didn't feel the resident's concerns were being addressed. The resident said there were new food warming carts, but it seemed as if the food now sat too long in them. Resident #26: Food A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #26 was admitted to the facility on [DATE] with diagnoses: Guillain-Barre syndrome, quadriplegia dysphagia, bipolar disorder, pneumonia, pain, depression, and hypertension. The MDS assessment dated [DATE] revealed the resident had full cognitive abilities with a Brief Interview for Mental Status (BIMS) score of 15/15; the resident had functional limitations in bilateral upper and lower extremities and the needed assistance with all care. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/06/2024 at 10:32 AM, Resident #26 was interviewed in his room and he stated, I have cereal every day and today there was no cereal. Today I had a 1/2 piece of dry ham, coffee, milk, pineapple and nothing else. I'm allergic to seafood and they gave me fish one day. I went down to the kitchen one day because it is worse. It is worse. They don't give me a menu. I just get whatever. Some days that is alright, but a lot of times it's not cooked right. On 8/07/24 at 11:05 AM, the Director of Hospitality A was interviewed about the residents' concerns with their meals. She said it was the dietary department's goal to make sure the residents get what they requested. She said she manages diet tray accuracy to ensure diets are accurate on the trays. When asked if there was a Certified Dietary Manager/ CDM, she said there was not but the facility had 2 Registered Dietitian's/RD's, both new to the building 1 about 1 month and 1 had been there about 2 weeks. The Hospitality Manager said residents could choose menus weekly. She said the facility had 2 diet techs to assist the residents with menus as needed. She said Menus came out on Thursday or Friday for the next week. The menus were sent to the nursing units and nursing staff dispersed them to the residents. When they were completed, they placed the menus in another folder. She said she attended her first resident council in July 2024. On 8/07/24 at 11:33 AM, RD II was interviewed contracted about Resident #26's diet. He said the order was, NAS (no added salt) and it was calculated in for certain dietary needs. He said the resident was allergic to shellfish and fish except tuna. When asked if the residents received tuna, he said tuna was not always available and only on the menu a couple times over a 4 week rotation. The RD said Resident #26's diet ticket said cereal entree for breakfast every day and eggs were a dislike. Resident #42: Food A record review of the Face sheet and MDS assessment indicated Resident #42 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses: Heart failure, COPD, history of a stroke, right-sided weakness, diabetes, epilepsy, chronic kidney disease, dysphagia, and weakness. The MDS assessment dated [DATE] indicated Resident #42 could feed himself with set up assistance. On 8/05/2024 at 2:34 PM, during an interview with Resident #42 he said that for a while the food was really spicy, We don't need all those spices. He said the residents were complaining about the food at the resident council meetings and stated, A lot of people had a problem with the spices. The resident was asked about his meals earlier in the day and stated, For breakfast today, they gave me two pieces of bread dry, a little cup of peaches and French toast- coffee and milk. I wonder what's going on. They say I am on a diet, no protein. On 8/7/2024 at 11:35 AM, the Registered Dietitian/RD II was interviewed about Resident #42's diet. He said it was a Renal /carb consistent diet and he thought the breakfast was supposed to come with sausage and French toast that morning. When asked if the resident could have the sausage, he said he could have. When asked why the resident did not receive the sausage, he said he didn't know. When asked about the dry toast with nothing on it. He said there probably would not have been extra butter or jelly. He said the resident would specially need to request butter or jelly with his toast. Resident #79: (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Food A record review of the Face sheet and MDS assessment indicated Resident #79 was admitted to the facility on [DATE] with diagnoses: Diabetes, Morbid obesity, Stage 4 sacral pressure ulcer, osteomyelitis (bone infection) COPD, pulmonary hypertension, hypothyroidism, and chronic kidney disease. The MDS assessment dated [DATE] revealed the resident had full cognitive abilities with a BIMS score of 15/15 and the resident needed assistance with all care. On 8/05/2024 at 2:20 PM, Resident #79 was interviewed and said she does not like the food. She said she will eat snacks instead or a meal if her family brings it in- On 8/07/2024 at 11:44 AM, Registered Dietitian/RD II was interviewed about Resident #79's diet and said she had a Carb consistent diet to tracks carbs and keeps her glucose levels within normal limits. He said her preferences had previously been obtained and any special requests. He said she was offered the Cafe as a choice; the food in the cafe was not the same as what is served to the residents. He said the residents have to pay for the food from the Cafe and he did not believe Resident #79 ate from the Cafe. When asked if he had followed up on the resident's concerns, he said he was new to the facility at approximately 1 month and had not followed up with the resident. He said he had not attended the July 2024 resident council meeting but the Hospitality supervisor attended it. A review of the facility policy titled, Medical Rehabilitation Center: Food and Nutrition Services, date November 1992, last reviewed August 2022 and last revised May 2019 provided, The purpose of the Food and Nutrition Services Department is to provide nutrition and support services for guests (patients), community members and staff. Food that is appropriate, attractive, palatable . and that meets established guidelines with ongoing, continuous improvement .

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. 39059 Based on observation, interview and record review, the facility failed to provide snacks, including bedtime snacks, for a confidential group of residents, resulting in complaints of the unit refrigerators being empty of snacks, no availability for snacks, no personal choice of snacks, familiy and friends having to purchase snacks with the feelings of frustration, sadness and hunger. Findings include: On 8/6/24, at 4:00 PM, During Resident Council Task, all attendees complained of not getting snacks. The following complaints were voiced: Being a diabetic, you'd think you'd get healthy snacks like apple sauce, peanut butter and jellies, fruit or cheese our family has to bring us snacks you have to ask every afternoon with us being diabetic, they should give a snack for us at bedtime I save my chips from dinner so I have a bedtime snack my son brings me snacks I don't eat all my chips at dinner and save half the bag for nighttime I have my family bring me snacks my family brings me in fresh fruit because they don't give us any we only get 1 banana for breakfast on Sundays it would be nice to have a choice of fresh fruit each day, not just 1 banana a week they are always out of peanut butter you can go in the cafeteria but they will charge you our family brings us in food and they either throw it away or eat it they cut down snacks in our area there is usually nothing in the fridge (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	I've been asking for fresh fruit like melon and they haven't given it to us If I ask for a nighttime snack they will tell me there isn't anything left On 8/07/24, at 11:48 AM, the Hospitality Director (HD) A was asked if the residents get only 1 banana a week and HD A offered, sometimes there is a banana on the menu and they can go into the cafeteria and ask for food. HD A was asked if they could go into the cafeteria and ask for a peanut butter and jelly sandwich and HD A stated, they can but there would be a cost. HD A was asked to explain and HD A stated, if they walk in the cafeteria there will be a cost but if it comes on their tray there is no charge. HD A was asked to provide the snack list, the always menu list and what is stocked in the unit cafe's for the residents to snack on. On 8/07/24, at 12:50 PM, a record review along with the HD A of the Floor Stock list was conducted. HD A was asked what type of sandwich was offered and HD A stated, we rotate either turkey or turkey and cheese. HD A was asked if there were any other sandwiches offered and HD A offered, no, and every once in and awhile a resident requests a peanut butter and jelly. HD A was asked to explain the process what a resident has to do to request a peanut butter and jelly and HD A offered they will tell the diet tech or will get a nursing notification. The Floor Stock List had the following items listed: 2 % Milk Chocolate Milk Orange Juice Cranberry Juice Grape Juice Apple Juice Peanut Butter Coffee Crystal Light Prune Juice Sandwiches Sugar Sugar sub Ketchup (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Mayo BBQ Ranch Creamer (powder) Saltine Crackers Graham Crackers A review of the always available menu along with HD A was conducted. HD A offered the resident can ask for anything from the list. HD A offered that the fresh fruit plate and berries are seasonal but they always have grapes. Residents can write on their meal ticket or when they see the items on the menu. HD A was asked how residents get real butter and HD A offered they can ask for it. HD A was again asked to clarify the snack items provided for the residents on their units and HD A offered, the snack list are the only items stocked on the units. A confidential interview with staff was conducted regarding meals and snacks on the various units for resident consumption. Confidential staff made statements such as: there is only turkey sandwiches no Jello, no yogurts, no fruits no real butter On 8/7/24, at 1:30 PM, an observation along with CENA V was conducted of the Americana cafe. The cupboard had 1 bag of pretzels, a container that housed: salt, pepper, ketchup, mustard. There was no butter, no fresh fruit, no sandwiches. There was 1 yogurt that was undated. CENA V offered that was brought in by a family member for a specific resident. On 8/08/24, at 9:51 AM, an observation of the Patriot cafe snack cupboard revealed and large printed sign that read STAFF ONLY.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 22347 Based on observation, interview and record review, the facility 1) Failed to ensure that the Arbor Cafe's refrigerator was clean and sanitary, and 2) Failed to ensure a clean and sanitized kitchen for a census of 162 residents who eat from the kitchen, resulting in the likelihood for resident illness from cross contamination, unsafe food items and weight loss. Findings Include: On 8/05/24 at 9:15 a.m., during the initial kitchen tour accompanied by Chef F and VP of Dietary G, the following observations were made: -At 9:43 a.m., a large trash bin with trash up to the top was found sitting next to the grill, with no lid on it. -At 9:44 a.m., the microwave was found to have dried food particles on the inside top, sides and door. -At 9:45 a.m., the large can opener had dried food on it and the paint was chipping off the blade. -At 9:46 a.m., a clean and ready for use silver metal pan was stacked inside another pan and it was found to be wet inside. -At 9:47 a.m., in the backing area several staff members were making cookies and the large trash bin that was sitting directly behind the baked cookies on the cookie tray had the top completely open. -At 9:48 a.m., the freezer floor was found to have small pieces of food and papers on it. -At 9:49 a.m., in the cooler was found to have shrimp in a sauce, and crackers in zip-lock bag, were both found with no dates at all on them. -At 9:50 a.m., the large white plastic container of corn starch was found to have an excessive amount of corn starch on the top and no dates at all on the container. -At 9:50 a.m., the brown sugar containers expiration date was 8/4/24. -At 9:55 a.m., the toaster was found to have an excessive amount of crumbs on top, inside and underneath. -At 10:00 a.m., in the freezer was found 2 large silver pans of roast beef with no dates at all on them. -At 10:02 a.m., in the freezer were 2 jars of jelly with no dates on them (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-At 10:03 a.m., in the back refrigerator was found a large tray of fruit uncovered and with no dates at all. -At 10:10 a.m., in the dry storage room was found a large bag of opened noodles with no dates on the bag. Review of the facility Food Storage policy dated 9/7/22, stated All food products are correctly dated. According to the 2017 FDA Food Code: 4-602.11 Equipment Food-Contact Surfaces and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be cleaned: (5) At any time during the operation when contamination may have occurred. 39059

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39059 This Citation pertains to Intake Number MI00143547. Based on observation, interview and record review the facility failed to ensure Infection Prevention and Control standards of practice were followed for 1) Personal Protection Equipment/PPE use, 2) Hand Hygiene for Residents #56 and #143 and 3) Linen transport for a census of 162 residents, resulting in the potential for the spread of infection. Findings Include: On 8/05/24, at 1:35 PM, the in-room sanitizer for room [ROOM NUMBER] was not working. Resident #56: On 8/07/24, at 8:55 AM, an observation of Resident #56's incontinence care along with CENA X was conducted. CENA X had gloves on and assisted the resident with perineal care and placed a new incontinent brief on the resident. Resident #56 asked for a drink and CENA X picked up the bedside cup with their gloved hand and offered the bedside cup to the resident. CENA X did not remove their dirty gloves and perform hand hygiene prior to assisting with the fluids. On 8/05/24, at 2:08 PM, an observation of CENA CC who had gown and gloves on. CENA CC left out of room [ROOM NUMBER] without doffing the PPE or performing hand hygiene and walked down the hall into room [ROOM NUMBER]. A moment later, CENA CC left out of room [ROOM NUMBER] and reentered room [ROOM NUMBER] with the same PPE on. On 8/06/24, at 10:04 AM, an observation of CENA EE on [NAME] Lane who had a pile of clean linen on their left arm. The linen was touching their uniform. CENA EE was asked how they are supposed to carry the clean linen and CENA EE stated, I know I should have had a barrier. On 8/07/24, at 1:24 PM, CENA FF was observed with a pile of clean linen on their left arm walking toward a resident room. The clean linen was exposed to their uniform and was uncovered. On 8/08/24, at 12:52 PM, Resident #143 was lying in their bed. CENA DD entered to assist with bed mobility and perineal skin observation. CENA DD did not perform hand hygiene on entry. CENA DD pulled a pile of gloves out of their right pocket, removed two and placed the remaining gloves back into their right pocket.

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	235150	A. Building B. Wing	08/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthsource Saginaw, Inc	3340 Hospital Rd Saginaw, MI 48603

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666 Based on interview, and record review the facility failed to ensure that antibiotic orders identified the reason for use and antibiotic use was tracked for two residents (Resident #23 and Resident #79) of 3 residents reviewed for antibiotic use, resulting in the potential for inappropriate antibiotic use that could contribute to adverse effects, antibiotic resistance and the spread of infection. Findings Include: FACILITY Infection Control Resident #23: A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #23 was admitted to the facility on [DATE] with diagnoses: history of a stroke, left sided weakness, GERD, depression weakness, epilepsy and hypertension. The Minimum Data Set assessment (MDS) dated [DATE] revealed the resident had mild cognitive deficit with a Brief Interview for Mental Status (BIMS) score of 12/15 and the resident needed assistance with all care. A review of the physician orders for Resident #23 indicated the resident had an order for Doxycycline (an antibiotic) 100 mg capsule, every 12 hours; 1 capsule, PO (by mouth), every 12 hours, Take 1 capsule by mouth every 12 hours; Continuous per Dr. (LL) ; Take 2 hours before or after Calcium. Zinc, iron preps, magnesium, antacids, start date 7/19/2024. There was no diagnosis or indication what the antibiotic was ordered for on the physician order. A review of the physician notes identified a note dated 5/20/2024 at 2:10 AM, . She continues to take oral abx (antibiotic) long term prophylactic per Dr. LL with no adverse reaction . There was no mention of what the antibiotic was for. A review of the Infection Control Log indicated Resident #23 was not listed as having an infection in any month from January 2024-July 2024. There was no indication she had recurrent infections, and she was not listed as receiving an antibiotic in July 2024. Resident #79: A record review of the Face sheet and MDS assessment indicated Resident #79 was admitted to the facility on [DATE] with diagnoses: Diabetes, Morbid obesity, Stage 4 sacral pressure ulcer, osteomyelitis (bone infection) COPD, pulmonary hypertension, hypothyroidism, and chronic kidney disease. The MDS assessment dated [DATE] revealed the resident had full cognitive abilities with a BIMS score of 15/15 and the resident needed assistance with all care. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the physician orders for Resident #79 revealed the following: Bactrim (an antibiotic) tablet: 400-80 mg; amt: 1 tab; oral; Special Instructions: Resident has a 90 day prescription from Dr. MM prophylaxis. Will follow up in (August), start date 5/15/2024. There was no identified reason for the antibiotic in the physician's orders, or why it was to be given long term. A note dated 5/15/2024 for Resident #79 provided, History of recurrent UTI's. Placed on antibiotic per urologist; Prophylactic UTI. This was not reflected on the physician order. A review of the progress notes from 7/23/2024 to 8/8/2024 did not identify reference to the antibiotic. On 8/08/2024 at 10:11 AM, Infection Prevention and Control/IPC Nurse NN was interviewed about the facilities Infection Control Program. The IPC Nurse was asked about Resident #23 and Resident #79's long-term antibiotic use. She said Resident #23 was for urinary tract infections and Resident #79 for a previously infected hip joint. Reviewed the physician orders with the IPC Nurse that there was no mention of why they were being given. She said somewhere in each Residents' medical record documentation, it would mention why they were on the antibiotic. Discussed with the Nurse how difficult it would be to look through the chart to try to find why the antibiotic was being given. The IPC Nurse said the electronic medical record would not let them add the diagnoses with the order. During the interview with the IPC Nurse on 8/8/2024 at 10:11 AM, she said that Antibiotic Stewardship was reviewed monthly, but there was no mention of a lack of diagnosis with the orders. A review of the Infection Control Log for January 2024, indicated Resident #79 was admitted to the facility on [DATE] and was receiving an antibiotic Ceftin for hematuria (blood in urine), pain; Chronic Foley (urinary catheter) related to Stage 4 sacral wound with osteomyelitis (an infection that has spread to the bone). On 3/18/2024-3/22/2024 the resident received amoxicillin for a urinary tract infection with alpha hemolytic strep. On 3/26/2024 -4/1/2024 Resident #79 received an antifungal treatment for yeast in the urine after having the antibiotic. Resident #79 was not listed on the Infection Control Log again until May 15, 2024 when she was prescribed Bactrim daily. There was no mention of signs or symptoms of a UTI, only Prophylactic. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility policy titled, Antibiotic Stewardship, dated reviewed 6/2019 and revised 3/2023 provided, An Antibiotic Stewardship Program (at the facility) will serve to promote appropriate use of antibiotics while optimizing the treatment of infections, at the same time reducing the possible adverse events associated with antibiotic use . The World Health Organization has reported that antibiotic resistance is one of the major threats to human health, especially because some bacteria have developed resistance to all known classes of antibiotics. According to the CDC (Centers for Disease Control and Prevention), improving the use of antibiotics in healthcare to protect patients and reduce the threat of antibiotic resistance is a national priority . Infection prevention and/or pharmacy will be responsible for infection surveillance and MDRO (multi-drug resistant organism) tracking . Antibiotic orders have a documented indication .

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22347 Based on observation, interview and record review, the facility failed to ensure a clean and safe environment for 3 Units (Wheel's, Patriot, and Garden) of 4 units observed and failed to ensure that one resident's refrigerator (room [ROOM NUMBER]) was clean and all food items were dated, resulting in the likelihood for cross contamination, resident illnesses, cluttered resident rooms, and an unsafe environment. Findings Include: Environmental tour done on 8/7/24 starting at 10:28 a.m., accompanied by the Director of Nursing/DON, Director of Maintenance C, and the Director of Housekeeping A. During the tour, the following concerns were found: On Wheels Neighborhood starting at 10:30 a.m.: -In room [ROOM NUMBER], the CPAP (continuous positive airway pressure) was sitting on the nightstand, not in the clear plastic bag next to the CPAP machine. The CPAP and tubing were also found to be dirty. Review of the facility CPAP policy (dated February 2023) revealed the CPAP should be cleaned and disinfected by staff according to the schedules and labeled with date change. -In room [ROOM NUMBER], the oxygen nasal cannula/NC was on the floor. -In day room, the water/ice machine had a white calcium build-up on the nozzle of the ice maker. -In the day room, there was opened and partly used lemonade with no date on it in the freezer; there was ice cream sandwiches with the date of 4/4/24 only. They had been in the freezer from April to August, there was also ice build-up on the container. -In room [ROOM NUMBER], the resident refrigerator had opened and partly used ice cream with no date at all on it. During an interview done on 8/7/24 at 10:45 a.m., the Director of Nursing/DON stated, Dietary cleans the neighborhood refrigerators. On Patriot Neighborhood starting at 11:05 a.m.: -In the storage room, towels were on the floor, no lid was on the large soap that was sitting on the floor, a pile of towels were sitting in the sink and open, out of the container's, razors were found sitting on the sink. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-The shower room floor was dirty with pieces of paper on it, and a white commode bucket with dirty towels in it was found sitting on the floor. -There was a black large matt half rolled up sitting in the shower on the floor. -In room [ROOM NUMBER], the fan blades were found to have black dirt and dust on the blades. This fan is used by the resident. -In room [ROOM NUMBER], in the resident refrigerator was found to have opened un-dated meat, cheese and fish, and the last two days (8/7/24 & 8/8/24) temperatures were missing on the temp log. -In the day room, the refrigerator was found to have dried on spills and food particles inside on the bottom. -In the day room where 4 confused residents were sitting, 3 dirty brooms and a large black dustpan with dirt, dust and trash inside was observed next to the door, leaning against the wall. -In room [ROOM NUMBER], the oxygen nasal cannula was hanging over the oxygen E-tank, not in a bag. A plastic bag was attached to the E-tank at the time. On Garden Neighborhood starting at 11:30 a.m.: -A white Styrofoam cup was found sitting out with shampoo in it, no name or date was on it. In the facility Activity room starting at 11:47 a.m.: -In the refrigerator that stores foods for residents, was found yogurt, chicken, and cherries with no names or dates on them. During an interview done on 8/7/24 at 11:45 a.m., Activity Aide E stated We use it (the refrigerator) for residents; we are supposed to clean it and date it (the foods). The sign on the front of the refrigerator said Date all foods. Activity Aide said the foods found in the refrigerator were for the resident's. During an interview done on 8/8/24 at approximately 11:48 p.m., Activity Director L stated We clean the refrigerator (in activities) and we date the foods. On Great Lakes Neighborhood starting at 11:49 a.m.: -In the storeroom, depends, straws, and a broken foot pedal was found on the floor. Observation of the resident refrigerator in the Day Room revealed un-dated foods. Observations of room [ROOM NUMBER]: During an observation done on 8/5/24 at approximately 11:00 a.m., revealed in room [ROOM NUMBER], a partly eaten apple pie was noted sitting on the overbed table; no dates were on it at all. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a second observation done on 8/07/24 at 1:08 p.m., in Resident room [ROOM NUMBER] was observed a white small refrigerator that was sitting on the floor. The refrigerator had some black-like marks on the inside bottom with several food items in it without any dates on any of them (partly eaten apple pie and 2 small containers of food). During an interview done on 8/8/24 at 1:21 p.m., the Director of Maintenance C stated the refrigerator in the resident's room is supposed to be checked before they use it; they need to do a work order on it. Review of the Environmental Services job description (un-dated) stated, Implementation of environmental services programs which are designed to provide clean, sanitary facilities.