STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235395	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation of Three Rivers	517 S Erie St Three Rivers, MI 49093

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36221 Based on observation, interview, and record review, the facility failed to promote dignity and respect in 2 of 7 residents (Resident #44 and Resident #58) reviewed for dignity, resulting in the potential for feelings of diminished self-worth, sadness, and anxiety. Findings include: Review of Fundamentals of Nursing ([NAME] and [NAME]) 8th edition revealed, Promote Dignity and Self-Esteem. A sense of dignity includes a person's positive self-regard .attending to the patient's physical appearance promotes dignity and self-esteem. Cleanliness, absence of body odors, and attractive clothing give patients a sense of worth . [NAME], P. A., [NAME], A. G., Stockert, P. A., & Hall, A. (2014). Fundamentals of Nursing (8th ed.). St. Louis: Mosby. p. 721. Resident #44 Review of an Admission Record revealed Resident #44 was a male, with pertinent diagnoses which included cerebral infarction (stroke), depression, and anxiety. Review of a Minimum Data Set (MDS) assessment for Resident #44, with a reference date of 9/5/24, revealed a Brief Interview for Mental Status (BIMS) score of 3, out of a total possible score of 15, which indicated severe cognitive impairment. Review of a current Care Plan for Resident #44 revealed the focus .ADL (Activities of Daily Living) Self care deficit related to CVA (stroke) . with interventions which included .Assist with daily hygiene, grooming, dressing, oral care and eating as needed . both initiated 8/1/24. In an observation on 9/26/24 at 10:08 AM, Resident #44 was noted in a padded, reclining wheelchair in his room, with the door to his room open. Observed Resident #44 wore a brief, which was loosely held together with private areas visible from the hallway. Noted Resident #44 appeared to have removed his hospital-style gown, and was holding it in his hand out in front of him. Resident #44 was not wearing a shirt or pants at this time. (continued on next page)

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an observation on 9/26/24 at 12:12 PM, Resident #44 was noted in a padded, reclining wheelchair in his room, with the door to his room closed. Observed Resident #44 wore a brief, which was unsecured and hanging open, with private areas completely exposed. Noted Resident #44 did not have on a shirt or pants, and a hospital-style gown was on the floor beside his wheelchair. In an observation on 10/1/24 at 12:39 PM, Resident #44 was noted in the dining room, seated at a table with several other residents. Noted Resident #44 appeared to be asleep with his eyes closed, and head tilted down, drooling slightly. Observed some white stains and food debris on the front of his dark colored shirt. Resident #44's lunch meal was on the table in front of him. No clothing protector utilized at this time. No staff present at this time to provide meal assistance/cues. 41424 Resident #58: Review of an Admission Record revealed Resident #58 was a female with pertinent diagnoses which included dementia, heart failure, COPD, diabetes, sarcopenia (muscle loss that occurs with aging and/or immobility), high blood pressure, respiratory failure with hypoxia, and emphysema. Review of current Care Plan for Resident #58, revised on 09/09/24, revealed the focus, .The resident uses anti-anxiety medications r/t (related to) anxiety disorder . with the intervention .Monitor the resident for safety . Administer anti-anxiety medication as ordered by physician . Review of current Care Plan for Resident #58, revised on 09/09/24, revealed the focus, .At risk for changes in behavior and mood r/t depression . with the intervention .Modify environment as needed: Adjust room temperature, dim lights, reduce noise, etc .May attempt distraction interventions: music, activities, relaxation techniques, positioning, etc . During an observation on 09/26/24 at 09:34 AM, Resident #58 had a yellow Stop Sign on the wall out side of her room (Indicating she was on transmission based precautions). During an observation on 09/26/24 at 09:42 AM, Family Member (FM) 'WW requested for Resident #58's room door to remain open as she was feeling very anxious. Licensed Practical Nurse (LPN) XX informed FM WW the door would need to remain closed due to the resident's COVID positive diagnosis. In an interview, FM WW reported to this writer the resident was fearful of dying alone and shut door felt very anxious inducing and she was experiencing claustrophobia due to having the door closed all day every day. Review of Progress Note dated 9/23/2024 at 4:38 PM, revealed, .gets anxious at times. reassurance given . Remains in covid isolation . Review of Progress Note dated 09/25/24 at 00:00 AM, revealed, Patient is using oxygen. The bluish discoloration on the greater toes of bilateral feet has been gone. Patient is very drowsy. Reportedly patient was awake last night and has been having anxiety issues. Nursing request to order Xanax for the patient as it has been helping with the patient previously. Xanax for 10 days ordered PRN every 8 hours . (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Progress Note dated 9/26/2024 at 01:14 AM, revealed, .Resident is AAO x2 this shift . She did C/O (complain of) SOB (shortness of breath) and anxiety. She requested antianxiety medication. Given with effect . In an interview on 10/01/24 at 10:30 AM, Social Services Coordinator (SSC) OO reported he was not aware of Resident #58's request to have her room door open or he would have ensured it was open as she had the right to have the door open. In an interview on 10/01/24 at 12:12 PM, Director of Nursing (DON) B reported that Resident #58 on Friday, September 27th was very anxious, her anxiety was high, and she wanted the blinds open the day before. In an interview on 10/01/24 at 12:33 PM, Infection Preventionist (IFP) C reported that since Resident #58 was COVID positive there was a concern with having her room door open as she felt it was a safety risk as it was not a designated COVID unit. According to the Centers for Disease Control, Infection Control Guidance: SARS-CoV-2, (June 2024), Patient Placement: Place a patient with suspected or confirmed SARS-CoV-2 infection in a single-person room. The door should be kept closed (only if safe to do so).

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. 36221 Based on observation, interview, and record review, the facility failed to determine the safety of self-administration of medication in 1 of 6 residents (Resident #5) reviewed for medication administration, resulting in the potential for complications for Resident #5's medical condition. Findings include: Review of the policy/procedure Medication Administration, dated 8/7/23, revealed .POLICY OVERVIEW: To safely and accurately prepare and administer medication according to physician order, professional standards of practice, and resident needs .Remain with resident until administration of medication is complete . Review of an Admission Record revealed Resident #5 was a female, with pertinent diagnoses which included chronic respiratory failure, muscle weakness, anemia, morbid obesity, peripheral vascular disease (PVD), high blood pressure, diabetes, seizure disorder, neuropathy (weakness, numbness, and pain from nerve damage), and major depression. Review of a Minimum Data Set (MDS) assessment for Resident #5, with a reference date of 8/21/24, revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated she was cognitively intact. In an observation and interview on 9/27/24 at 9:00 AM, Registered Nurse (RN) E entered Resident #5's room to administer her morning medications. Observed RN E check Resident #5's blood sugar level, and place a small cup of pills on the bedside table, beside Resident #5's breakfast tray. RN E then administered Resident #5's insulin injections, and exited the room (leaving the cup of pills on the tray table). RN E reported Resident #5 .always . has her pills left at the bedside. In an interview on 9/27/24 at 12:14 PM, Resident #5 stated in regard to her medications .I take whatever they give me . and reported she is unsure which medications she takes or the reasons why she is taking them. Resident #5 reported the nurses usually leave her pills at the bedside for her to take when the coffee is delivered. In an interview on 9/27/24 at 12:33 PM, RN E reported the information about whether or not a resident can have medications left at the bedside is in the care plan. RN E stated in regard to the pills left at Resident #5's bedside .The only reason I leave them there is because when she (Resident #5) is eating she takes them in between bites . RN E reported the Unit Manager would be responsible to complete an assessment for self-administration of medication. Review of a current Care Plan for Resident #5 revealed no information about medications being left at the bedside, or that the resident was safe to self-administer her own medications. (continued on next page)

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 9/27/24 at 12:47 PM, Licensed Practical Nurse (LPN) I reported for a resident to self-administer medications, an assessment must be completed. LPN I reported the managers would then review the assessment for final approval, and a lock box would be provided in the room for safe medication storage. LPN I reported it was important for the resident to understand each medication and the reason they are taking it. LPN I reported in general, medications pulled by the nurse should not be left unattended at the bedside. LPN I reported the nurse should stay with the resident until all medications have been administered. In an interview on 10/1/24 at 1:28 PM, Director of Nursing (DON) B reported medications/pills should not be left at the bedside, unless the resident has been assessed as safe to self-administer the medications. DON B reported if a resident is assessed as safe to self-administer medication, a lock box would be provided to store the medication in the room. DON B reported the facility does not currently have any residents that administer their own medications.

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. 47955 Based on observation and interview the facility failed to honor resident choices in 2 (Resident #14 and Resident #42) of 7 residents reviewed for self-determination resulting in feelings of anger and frustration. Findings include: Resident #14 Review of an Admission Record revealed Resident #14 had pertinent diagnoses which included: Type 2 diabetes (a condition that occurs when the body is unable to use insulin resulting in persistently high blood sugar levels). Review of a Minimum Data Set (MDS) assessment for Resident #14, with a reference date of 9/22/24 revealed a Brief Interview for Mental Status (BIMS) score of 14/15 which indicated Resident #14 was cognitively intact. On 9/26/24 at 9:26 AM., Resident #14 reported she was no longer able to access the vending machines and that made her angry. Resident #14 reported the vending machines were moved to the employee break room and residents no longer had access to them. Review of Order Summary for Resident #14 revealed .cardiac/diabetic diet, regular texture, thin consistent . ordered 9/23/2024 . Resident #42 Review of an Admission Record revealed Resident #42 had pertinent diagnoses which included: acquired absence of the right and left legs above the knee. Review of a Minimum Data Set (MDS) assessment for Resident #42, with a reference date of 8/17/24 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #14 was cognitively intact. On 9/26/24 at 8:30 AM., Resident #42 reported she was no longer able to access the vending machines. Resident #42 reported residents who had diabetes or high blood pressure were not following their diets, so management moved the machines into the employee break room and residents no longer have access. Resident #42 reported she was angry that she no longer had access to the vending machines. Review of Order Summary for Resident #42 revealed .regular diet, regular texture, thin consistency .ordered 3/19/2024 . On 9/26/24 at 9:45 AM., no vending machines were noted to be in the dining room of the facility. (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/25/24 at 2:30 PM., Maintenance Manager (MM) 'HH reported the vending machines were relocated into the employee break room and the residents no longer had access to them. MM HH reported he did not move the machines, and he did not know why the machines were moved. In an interview on 9/27/24 at 9:04 AM., Clinical Coordinator (CC) UU reported she was unaware the vending machine were no longer accessible by residents. CC UU reported she did not know why they were moved. In an interview on 9/27/24 at 9:26 AM., Registered Dietitian (RD) DD reported the vending machines were relocated to the employee break room due to some residents not following their recommended diets. In an interview on 9/27/24 at 12:15 PM., CC UU reported that the vending machines were moved by the previous management team due to several residents accessing the machine with special diet due to conditions such as diabetes, or high blood pressure. CC UU reported she would work on moving the machines back into a common area where residents would have access to the vending machines again.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36221 Based on observation, interview, and record review, the facility failed to develop and/or implement comprehensive care plans in 6 of 22 residents (Resident #46, #29, #19, #42, #41, & #51) reviewed for comprehensive care plans, resulting in the potential for unmet medical, physical, mental, and psychosocial needs. Findings include: Review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, v1.18.11, Chapter 4: Care Area Assessment (CAA) Process and Care Planning, dated October 2023, revealed .the comprehensive care plan is an interdisciplinary communication tool. It must include measurable objectives and time frames and must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The care plan must be reviewed and revised periodically, and the services provided or arranged must be consistent with each resident's written plan of care . According to [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME]; Hall, [NAME]. Fundamentals of Nursing, Tenth Edition - E-Book (Kindle Location 15861 of 76897). Elsevier Health Sciences.A nursing care plan includes nursing diagnoses, goals and/or expected outcomes, individualized nursing interventions, and a section for evaluation findings .The plan promotes continuity of care and better communication because it informs all health care providers about a patient's needs and interventions and reduces the risk for incomplete, incorrect, or inappropriate care measures. Nurses revise a plan when a patient's status changes . The plan of care communicates nursing care priorities to nurses and other health care providers. It also identifies and coordinates resources for delivering nursing care . Resident #46 Review of an Admission Record revealed Resident #46 was a male, with pertinent diagnoses which included obstructive lung disease, high blood pressure, anxiety, and depression. Review of a Minimum Data Set (MDS) assessment for Resident #46, with a reference date of 9/11/24, revealed a Brief Interview for Mental Status (BIMS) score of 12, out of a total possible score of 15, which indicated moderate cognitive impairment. In an observation and interview on 10/1/24 at 9:50 AM, Resident #46 was in bed in his room. Noted a pink colored lighter on the nightstand beside Resident #46's bed. Resident #46 reported the facility is non-smoking, so he signs out at the nurses desk to smoke outside, off of the property. Resident #46 reported he stores his cigarettes .wherever I can hide them . and clarified that the facility does not secure/store his smoking supplies/cigarettes. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of a current Care Plan for Resident #46 revealed the focus .The resident is a smoker and prefers to go off of facility property to smoke despite staff education on smoking (cessation) . with interventions which included .The resident's smoking supplies are stored in locked box on locked nursing cart per facility policy . both initiated 5/15/24. In an observation and interview on 10/1/24 at 12:26 PM, Resident #46 approached Agency Licensed Practical Nurse (LPN) HHH (his assigned nurse) at the nurses desk. Observed Resident #46 state to Agency LPN HHH he was .going outside for a smoke . Agency LPN HHH assisted Resident #46 to sign out prior to leaving the building. After Resident #46 left, Agency LPN HHH reported today was her first day at the facility. Agency LPN HHH reported she was informed in the morning shift report that Resident #46 signs out to go smoke outside. Agency LPN HHH stated in regard to where Resident #46 obtained the supplies for smoking . he didn't get them from me. I don't know if they are kept with him or not . In an interview on 10/1/24 at 12:43 PM, LPN I reported smoking supplies should be locked in the medication cart when not in use. LPN I reported when a resident signs out of the facility to go smoke, they should obtain the supplies from the nurse. LPN I reported these supplies should be returned to the nurse when they come back inside and locked in the medication cart. In an interview on 10/1/24 at 12:55 PM, Agency LPN BBB reported she was unsure of the facility smoking policy. Agency LPN BBB reported no education was received about the facility smoking policy and stated .I just assumed it was a non-smoking facility . In an interview on 10/1/24 at 1:28 PM, Director of Nursing (DON) B reported the facility has a no smoking policy. DON B stated .We don't have a smoking area or anything like that . DON B reported if a resident chooses to smoke, they sign out of the facility and must go off of the property to smoke. DON B reported cigarettes/lighters and other smoking supplies should be secured in the medication carts by the nurses when not in use. DON B stated .It's a patient safety issue .To prevent possible injury or fire or other residents getting them . 41424 Resident #29 Review of an Admission Record revealed Resident #29 was a male with pertinent diagnoses which included paralysis affecting left side, anxiety, cerebral infarction (a serious condition that occurs when brain tissue dies due to lack of blood flow to the brain), convulsions, and rheumatoid arthritis (chronic inflammatory disorder when your immune system attacks your body's own tissues). Review of current Care Plan for Resident #29, revised on 4/17/24, revealed the focus, .At risk for falls due to history of falls, poor safety awareness, unsteady gait, hx (history) of CVA (cerebral vascular accident) . with the intervention .Bed in low position when resident is in bed . During an observations on 09/25/24 at 10:02 AM, 09/27/24 at 09:23 AM, 09/27/24 at 11:32 AM, 09/27/24 at 1:46 PM, and 09/27/24 at 03:11 PMResident #29 was observed lying in his bed and his bed was not low to the ground. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 10/01/24 at 10:52 AM, Certified Nursing Assistant (CNA) M reported the information to care for the residents was on the kardex in the electronic medical record. We also get information from shift report and the nurses. CNA M reported she would also reach out to her hall mate for how to care for a resident. In an interview on 10/01/24 01:48 PM, Director of Nursing (DON) B reported the care plans were updated during morning meeting when they discuss residents, 24 hour report was reviewed, a Interdisciplinary note would be entered in the resident's record as well. 47955 Resident #19 Review of a Covid-19 SARS-CoV2 antigen test revealed Resident #19 was positive on 9/17/24. Resident #42 Review of a Covid-19 SARS-CoV2 antigen test revealed Resident #42 was positive on 9/19/24. Review of Order Summary for Resident #19 and #42 revealed no noted order for droplet isolation related to acute infection of Covid-19. Review of Care Plan for Resident #19 and #42 revealed no noted care plan in place related to droplet isolation or an acute infection of Covid -19. In an interview on 10/1/24 at 9:24 AM., Infection Preventionist (IP) C reported residents should have a care plan developed for precautions put into place, and for any acute infections, including Covid-19. 48637 Resident #41 (R41) Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed R41 admitted to the facility on [DATE] with diagnoses of type 1 diabetes and depression. Brief Interview for Mental Status (BIMS) reflected a score of 15 out of 15 which indicated R41 was cognitively intact (13 to 15 cognitively intact). On 9/25/2024 at 12:24 PM, there was a STOP sign outside of R41's room which indicated he had COVID and precautions that needed to be taken were listed on the back of the sign. Review of the COVID positive list provided by the facility revealed he tested positive for COVID on 9/17/2024 and he would come off precautions on 9/28/2024. Review of R41's chart revealed that he didn't have a COVID care plan indicating he was under precautions. Resident #51 (R51) (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed R51 admitted to the facility on [DATE] with diagnoses of type 1 diabetes, anxiety and depression. Brief Interview for Mental Status (BIMS) reflected a score of 15 out of 15 which indicated R51 was cognitively intact (13 to 15 cognitively intact). On 9/25/2024 at 11:46 AM, there was a STOP sign outside of R51's room which indicated she had COVID and precautions that needed to be taken were listed on the back of the sign. Review of the COVID positive list provided by the facility revealed she tested positive for COVID on 9/19/2024 and she would come off precautions on 9/30/2024. Review of R41's chart revealed that she didn't have a COVID care plan indicating she was under precautions. During an interview on 9/26/2024 at 2:30 PM, Infection Preventionist (IP) C stated that when a resident tests positive for COVID, a care plan should be put into the resident chart. IP C stated that any nurse managers including the Director of Nursing can put a care plan in. Review of the Care Plan- Comprehensive and Revision Policy with an issue date of 8/8/2022 and a revision date of 8/25/2023 revealed Assessments of residents are ongoing and care plans are revised as information on about the residents and the residents' conditions change.

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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** 36221 Based on observation, interview, and record review, the facility failed to update/revise a comprehensive care plan after a change in resident condition in 2 of 22 residents (Resident #44 & #14) reviewed for comprehensive care plans, resulting in an inaccurate reflection of the resident's status, and the potential for unmet medical, physical, mental, and psychosocial needs. Findings include: Review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, v1.18.11, Chapter 4: Care Area Assessment (CAA) Process and Care Planning, revealed .the comprehensive care plan is an interdisciplinary communication tool. It must include measurable objectives and time frames and must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The care plan must be reviewed and revised periodically, and the services provided or arranged must be consistent with each resident's written plan of care . According to [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME]; Hall, [NAME]. Fundamentals of Nursing, Tenth Edition - E-Book (Kindle Location 15861 of 76897). Elsevier Health Sciences.A nursing care plan includes nursing diagnoses, goals and/or expected outcomes, individualized nursing interventions, and a section for evaluation findings .The plan promotes continuity of care and better communication because it informs all health care providers about a patient's needs and interventions and reduces the risk for incomplete, incorrect, or inappropriate care measures. Nurses revise a plan when a patient's status changes . The plan of care communicates nursing care priorities to nurses and other health care providers. It also identifies and coordinates resources for delivering nursing care . Resident #44 Review of an Admission Record revealed Resident #44 was a male, with pertinent diagnoses which included cerebral infarction (stroke), anemia, diabetes, high blood pressure, heart failure, and dysphagia (difficulty swallowing). Review of a Minimum Data Set (MDS) assessment for Resident #44, with a reference date of 9/5/24, revealed a Brief Interview for Mental Status (BIMS) score of 3, out of a total possible score of 15, which indicated severe cognitive impairment. Review of an Order Summary Report for Resident #44 revealed the active physician order .Regular diet Puree texture, Thin consistency, per hospital recommendations may have pleasure food/drinks for pleasure feedings . with a start date of 9/10/24. In an observation on 10/1/24 at 12:39 PM, Resident #44 was in the main dining room, sitting at a table with his lunch served. Observed Resident #44 take a sip of his beverage independently, and attempt to take a bite of his lunch meal. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a current Care Plan for Resident #44 revealed the focus .RISK FOR ASPIRATION RELATED TO: dx (diagnosis) of Dysphagia, Hx. (history) of CVA (stroke), Patient is NPO (nothing by mouth) . initiated 8/2/24. Review of an Order Summary Report for Resident #44 revealed the physician order .NPO diet NPO texture, NPO consistency . had a status of discontinued. Note the Care Plan was not updated after the order change. Review of a current Care Plan for Resident #44 revealed the focus .Risk for Bleeding internally or externally related to medication intake, currently on Coumadin . initiated 8/2/24. Review of an Order Summary Report for Resident #44 revealed the physician order .Warfarin Sodium Oral Tablet (Coumadin) . had a status of discontinued. In an interview on 10/1/24 at 2:50 PM, Director of Nursing (DON) B reported care plans are updated by the Interdisciplinary Team (IDT) quarterly and with any changes. In an interview on 10/1/24 at 3:07 PM, DON B reported Resident #44's Coumadin order was discontinued on 8/21/24. DON B reported the care plan should have been revised at that time. 47955 Resident #14 Review of an Admission Record revealed Resident #14 had pertinent diagnoses which included: Type 2 diabetes (a condition that occurs when the body is unable to use insulin resulting in persistently high blood sugar levels). Review of a Minimum Data Set (MDS) assessment for Resident #14, with a reference date of 9/22/24 revealed a Brief Interview for Mental Status (BIMS) score of 14/15 which indicated Resident #14 was cognitively intact. Review of Order Summary Report for Resident #14 revealed .insulin glargine subcutaneous solution . inject 50 units subcutaneous one time a day for DM2 (diabetes type 2) .ordered on 6/13/2024 . insulin lispro injection solution .inject 4 units subcutaneously before meals and at bed time for DM .ordered on 6/26/2024 . Review of Blood Sugar Summary on 9/26/2024 for Resident #14 revealed . 7/22/2024 11:26 .Value 210.0 . No further documented blood sugar readings were noted. Review of Care Plan for Resident #14 revealed .has a history of refusing prescribed treatment and cares at times AEB: refusing insulin and meal . In an interview on 9/26/24 at 9:40 AM., Nurse Practitioner (NP) SS reported her expectations were a blood sugar reading should be obtained at least daily for a resident who received an insulin injection daily. NP SS reported if the resident was stable on daily injections of insulin then blood sugar checks should be done one to two times a week. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 9/26/24 at 12:40 PM., Nurse Manager/Licensed Practical Nurse (NM/LPN) G reported blood sugar should be monitored before insulin was given. NM/LPN G reported no resident residing in the building who received insulin refused to have their blood sugars checked. In an interview on 9/27/24 at 10:18 AM., Resident #14 reported she gets insulin injections 4 times a day. Resident #14 reported she does not have her blood sugar checked. In an interview on 9/27/24 at 10:19 AM., Licensed Practical Nurse (LPN) I reported Resident #14 receives insulin injections before meals and at bedtime and her blood sugar is not checked at all. LPN I reported the last time Resident #14's blood sugar was documented was 7/22/24. LPN I reported she did not know why Resident #14's blood sugar was not monitored, and it was checked if she was symptomatic. In an interview on 9/27/24 at 10:52 AM., Director of Nursing (DON) B reported blood sugars are not checked if they are not ordered to be checked by the provider and residents have the right to refuse to have their blood sugar checked. DON B reported Resident #14 frequently refuses to have her blood sugar checked. DON B reported that Resident #14 should have a care plan related to her refusing to have her blood sugar checked. Review of Resident #14's record revealed no noted documentation related to Resident #14's refusal to have her blood sugar checked.

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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** 41424 This citation pertains to intake: MI00146657 Based on interview and record review, the facility failed to ensure a resident was consistently provided with showers/bathing for 5 of 7 residents (Resident #27, #80, #28, #5, #57) reviewed for activities of daily living, resulting in unmet personal hygiene needs with the potential for isolation, psychosocial harm, skin breakdown, harboring infection, and decreased self-esteem. Findings include: Resident #27: Review of an Admission Record revealed Resident #27 was a male with pertinent diagnoses which included abnormalities of gait and mobility, diabetes, heart failure, kidney disease, repeated falls, acquired absence of left leg below knee. Review of current Care Plan for Resident #27, revised on 6/12/24, revealed the focus, .Resident has an ADL self-care performance deficit related to: Activity Intolerance, Amputation (Left BKA), Dementia . with the intervention .Resident will participate in ADLs within functional limitations .Resident will reach highest practicable physical, mental, and psychosocial well-being, and will continue to participate in ADLs daily x 90 days .Resident's ADL needs will be anticipated and provided by staff daily x 90 days .Resident and his wife prefer scheduled showers to be tuesday/saturday 2nd shift .Bathing/Showering: 1 person assist . BATHING/SHOWERING: Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse .DRESSING: 1 person assist .Locomotion: Up to wheelchair daily as tolerated. Assist with propelling around facility prn (as needed) .PERSONAL HYGIENE/ORAL CARE: 1 person assist . TOILET USE: 1 person assist . In an interview on 09/25/24 at 10:02 AM, Family Member (FM) VV reported the facility was not doing showers for the residents due to the COVID outbreak in the building. In an interview on 09/27/24 at 03:15 PM, Family Member (FM) VV inquired with CNA K if Resident #27's shower days had been switched to Saturday nights as they had church on Sundays. CNA K reported his shower days were Fridays and Tuesdays. During an observation on 09/27/24 at 03:27 PM, FM VV inquired with the nurse for Resident #27 when he had a shower last. She informed FM VV the resident would receive a shower tonight (which was a Friday) on second shift. FM VV reported to the nurse she wanted his shower day changed to Saturday for church on Sunday. Resident #80: Review of an Admission Record revealed Resident #80 was a female with pertinent diagnoses which included diabetes, stroke with left sided weakness, and high blood pressure. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of current Care Plan for Resident #80, revised on 10/1/24, revealed the focus, .At risk for falls due to history of falls, poor safety awareness, unsteady gait, hx (history) of CVA (cerebral vascular accident) . with the intervention .Bed in low position when resident is in bed . Review of Kardex for Resident #80 dated 10/1/24, revealed, .Safety: Bed in low position when resident is in bed .hipsters on at all times .signage at bedside to encourage resident to call for assistance prior to transferring .toilet frequently with cares .toileting x 1 person . In an interview on 10/01/24 at 01:03 PM, CNA J reported Resident #80 was incontinent and she doesn't use the toilet. She reported the CNAs reviewed the kardex to inform them of how to take care of the residents they were assigned to for the shift. Review of Important Resident Information posted on the wall above the head of Resident #80's bed revealed, .ADL FMP: Take (Resident #80) to the toilet first thing in the morning Allow (Resident #80) extra time to participate with dressing and toileting. She can help--needs minimal assistance . In an interview on 09/27/24 07:04 PM, Anonymous LLL reported Resident #80 had such long toe nails the nails were cutting her skin between the toes. Resident #80 was observed to be completely soaked in the morning and he(sic-her) bottom was red. She was care planned to be taken to the toilet first thing in the morning and if the staff took her to the bathroom regularly she would go. Anonymous LLL reported Resident #80 would use the toilet when staff assisted to the restroom, but staff would leave Resident #80 in her bed soaked, and then would need to change her and her bedding. Resident #28: Review of an Admission Record revealed Resident #28 was a female with pertinent diagnoses which included muscle weakness, diabetes, heart failure, acquired absence of right leg below knee, acquired absence of left leg below knee, and end stage renal disease. Review of a Minimum Data Set (MDS) assessment for Resident #28, with a reference date of 8/4/24 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated Resident #28 was cognitively intact. Review of current Care Plan for Resident #28, revised on 7/29/24, revealed the focus, .ADL Self-care deficit d/t impaired mobility, poor endurance and activity intolerance, ble amputee. Asthma, DM, Morbid obesity, CHF, Depression, CKD Stage . with the intervention .ADL Assist: 1 person assist bed mobility: 1 person assist .transfer: 1 person assist with slide board and gait belt, except for dialysis days which the transfer is 2-person assist with full mechanical lift. Please use white or gray sling for Dialysis .Assist to bathe/shower as needed .Assist with daily hygiene, grooming, dressing, oral care and eating as needed . During an observation and an interview on 10/01/24 at 09:30 AM, Resident #28 was lying in her bed which was not low to the ground. Resident #28 reported she did not get bathed or showered during the entire time she was on isolation precautions. She reported she did not remember the last time she had received a shower and that it had been a long time. Resident #28 reported she was unsure when the last time was she had her hair washed was. She reported she finally received a bed bath the previous night but when she asked staff to use the shower cap to wash her hair, they informed her the facility did not have any of those. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 10/01/24 at 10:47 AM, CNA M reported when the residents would refuse a shower, they would report it to the nurse and document it in the medical record. The nurse would also document in the medical record of the resident's refusal. In an interview on 09/27/24 at 06:26PM, Anonymous LLL reported the residents were not receiving their showers. The CNAs were to do their own showers and if there was one CNA, the CNA couldn't leave the hallway unsupervised, so the residents weren't getting their showers. For example, on C Hallway, there were quite a few falls, so the facility needed to have someone in the halls to keep an eye on them. 36221 Resident #5 Review of an Admission Record revealed Resident #5 was a female, with pertinent diagnoses which included chronic respiratory failure, muscle weakness, anemia, morbid obesity, peripheral vascular disease (PVD), high blood pressure, diabetes, seizure disorder, neuropathy (weakness, numbness, and pain from nerve damage), and major depression. Review of a Minimum Data Set (MDS) assessment for Resident #5, with a reference date of 8/21/24, revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated she was cognitively intact. Review of a current Care Plan for Resident #5 revealed the focus .(Resident #5) has an ADL (Activities of Daily Living) Self care deficit as evidenced by weakness r/t (related to) morbid obesity, Chronic respiratory failure, PVD, Idiopathic neuropathy . initiated 4/2/24, with interventions which included .Assist to bathe/shower as needed . initiated 6/7/24, and .assist x 1 with bathing, dressing and grooming needs . initiated 4/5/24. In an observation and interview on 9/25/24 at 1:19 PM, Resident #5 was in bed in her room. Resident #5 reported she preferred to get washed up in bed due to concerns with the shower room. Resident #5 reported the aides assist her with bed baths .once in a while . and at times use a hair-washing cap to clean her hair. Resident #5 stated .but my hair is still really ooey and gooey after that . Resident #5 became tearful and stated .I wash my hair in the sink. This last year I have been so sick that I don't have the strength to stand up by the sink. I just take a washcloth and wet it down, and go through my hair . In an observation and interview on 10/1/24 at 2:32 PM, Resident #5 was in bed in her room. Resident #5 reported in regard to frequency of bed baths, staff assist her with a bed bath .at least halfway once a week . Resident #5 clarified and reported that she gets cleaned up in different areas throughout the week. Resident #5 reported her legs are washed when dressing changes are completed, her armpits in the mornings, and her private area with brief changes. Resident #5 stated staff have not washed her hair .in a long time . Noted Resident #5's hair appeared greasy, with visible flakes of dry skin noted along her hairline. Review of the Master (Unit Name) Shower Schedule, updated 8/1/24, revealed Resident #5 was scheduled for showers/baths on Wednesdays and Saturdays, first shift. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #5's Task: Type of Bathing/ GG Shower Bath documentation for the past 30 days revealed refusals documented on Wednesday 9/4/24, Saturday 9/7/24, Wednesday 9/11/24, Saturday 9/14/24, Saturday 9/21/24, and Wednesday 9/25/24. This task was documented as Not Applicable on Wednesday 9/18/24. Noted no documentation of a completed shower or bed bath for Resident #5 in the past 30 days. Review of the Progress Notes for Resident #5, from 9/1/24 to 9/27/24, revealed no documentation related to showers/bed baths completed, or refusals of scheduled showers/bed baths. Personal hygiene affects patients' comfort, safety, and well-being. Hygiene care includes cleaning and grooming activities that maintain personal body cleanliness and appearance. Personal hygiene activities such as taking a bath or shower and brushing and flossing the teeth also promote comfort and relaxation, foster a positive self-image, promote healthy skin, and help prevent infection and disease. [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME]; Hall, [NAME]. Fundamentals of Nursing - E-Book (Kindle Locations 50742-50744). Elsevier Health Sciences. Kindle Edition. 47955 Resident #57 Review of an Admission Record revealed Resident #57 had pertinent diagnoses which included: cerebral infarction (stroke) and hemiplegia and hemiparesis affecting right dominant side (lack of use of the right side of the body). Review of a Minimum Data Set (MDS) assessment for Resident #57, with a reference date of 6/11/24 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #57 was cognitively intact. In an interview on 9/25/24 at 1:25 PM., Resident #57 reported she had not had a shower in the last week, nor was she getting a bed bath. Resident #57 reported she was told no showers were being given due to an outbreak in the facility. On 9/25/24 at 1:30 PM., there was no noted indication that Resident #57 was on isolation precautions. In an interview on 9/25/24 at 3:10 PM., Licensed Practical Nurse (LPN) H reported residents who were in isolation due to the outbreak were not to be transported to the shower room, but residents who were not in isolation should be getting showers. In an interview on 9/26/24 at 3:08 PM., Nursing Schedule Coordinator (NSC) QQ reported showers did not get done when staffing was short. In an interview on 9/27/24 at 2:28 PM., Resident #57 reported she still had not had a shower in two weeks. Resident #57 reported her shower days were Monday, Wednesday, and Friday. Resident #57 reported the last shower she received was September 11, 2024. Resident #57 reported she had been told by staff that not enough staff working was a reason she did not get her showers on her assigned days. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Master B Hall Shower Scheduled provided by the facility with a revision date of 8/1/24 revealed showers were assigned by room numbers and were to be given on two days each week on either Monday and Thursday, or Tuesday and Friday or Wednesday and Saturday. Resident #57 room number (omitted) was listed to have a shower on .Monday and Thursday, Tuesday and Friday, and Wednesday and Saturday, 1st shift . Review of Bathing/GGShower Bath for 30 days beginning on 9/2/24 revealed .documentation on 9/2/24 at 13:59 (1:59 PM), 9/4/24 at 13:33 (1:33 PM) and 9/11/24 at 10:54, indicated Resident #57 received a shower. Documentation noted on 9/23/24 at 7:53 and 9/25/24 at 13:59 (1:59 PM), indicated that Resident #57 did not receive a shower as the task was documented as not applicable . In an interview on 9/27/24 at 3:00 PM., Certified Nursing Assistant (CNA) W reported when the facility was short staffed, resident showers did not get completed during a shift. In an interview on 9/27/24 at 4:09 PM., CNA U reported some of the things that were not completed when the facility was short staffed included resident showers. In an interview on 10/1/24 at 9:24 AM., Infection Preventionist (IP) C reported her expectations were residents who were not on isolation should still be getting showers in the shower room. IP C confirmed that Resident #57 was not on isolation.

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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. 41424 Based on observation, interview, and record review, the facility failed to implement care planned intervention and updated interventions after a fall to maintain safety in 1 of 4 residents (Resident #80) reviewed for falls, resulting in the potential for injury and continued falls. Findings include: Resident #80: Review of an Admission Record revealed Resident #80 was a female with pertinent diagnoses which included diabetes, stroke with left sided weakness, and high blood pressure. Review of current Care Plan for Resident #80, revised on 10/1/24, revealed the focus, .At risk for falls due to history of falls, poor safety awareness, unsteady gait, hx (history) of CVA (cerebral vascular accident) . with the intervention .Bed in low position when resident is in bed . Review of Kardex for Resident #80 dated 10/1/24, revealed, .Safety: Bed in low position when resident is in bed .hipsters on at all times .signage at bedside to encourage resident to call for assistance prior to transferring .toilet frequently with cares . Review of Incident Reports dated 8/3/24 at 1:45 PM, 8/5/24 at 3:50 PM, 8/7/24 at 03:00 AM, 8/14/24 at 02:36 AM, 9/20/24 at 5:17 PM, revealed Resident #80 had falled out of bed and had no injuries after each fall. There were no additional care planned interventions to prevent falls or minimize injuries from falls after the incidents. During an observation on 10/01/24 at 01:03 PM, Resident #80 was observed lying in her bed, wheelchair was not in reach. CNA J reported and demonstrated her bed was not in the lowest position. CNA J reported the bed was to be in the lowest position in case the resident were to fall out of her bed. CNA J reported she was not aware if the resident had posey hipsters to wear, she reported she had not ever seen them.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47955 This citation pertains to intake MI00146657 Based on observation, interview, and record review the facility failed to ensure sufficient staffing, resulting in the potential for unmet care needs of the residents who resided in the facility. Findings include: Review of (Name Omitted) Daily Schedule dated 9/25/24 revealed . shift times for nurses was 6 am to 6 pm, scheduled were 3 nurses for 12 hours, and one nurse for a 6-2 shift .7 Certified Nurse Assistants (CNA) scheduled for day shift 6 am to 2 pm with no shower aides scheduled . Review of (Name Omitted) Daily Schedule dated 9/26/24 revealed .RN/LPN (registered nurse/licensed practical nurse) 6 pm to 6 am scheduled were one on A hall and one on C hall . In an interview on 9/25/24 at 1:15 PM., LPN/Agency BBB reported it was her first day, her first shift and she had had no training or orientation. In an interview on 9/25/24 at 1:52 PM., Resident #57 reported she had not had a shower in a week and two days because there was not enough staff to give showers. In an interview on 9/25/24 at 3:10 PM., LPN H reported staffing should be one nurse, and two to three CNAs on each of the four halls. LPN H reported call ins were a problem, and when a call in happens, staff was moved to split a hall making staffing one and a half on each of the halls. LPN H reported the facility started using agency within the last couple of weeks, and that management did have to cover open shifts on the floor. In an interview on 9/26/24 at 8:30 AM., Resident #42 reported when the facility was short staffed she did not get her shower or fresh water at the bedside. Resident #42 reported the staff will tell the resident they were short staffed and they did not have time to give showers. In an interview on 9/26/2024 at 2:27 PM., Nursing Staff Coordinator (NSC) PP stated Staffing is challenged. NSC PP reported staffing had been short on the weekends for several months and the facility started using agency staff on September 14, 2024, to cover open shifts. NSC PP reported call ins or staff not showing up to scheduled shifts was a problem, and if another staff member or agency staff picked up the last-minute shift, it would take time to get to the facility. NSC PP reported when CNAs had to be reassigned due to call ins, CNAs from halls C and D were the first ones moved to other halls for coverage. NSC PP reported she and other management staff have had to work the floor to cover for the staffing shortage. In an interview on 9/26/24 at 3:08 PM., NSC QQ reported staffing was not great on the weekends and there was not enough staff to meet the needs of the residents. NSC QQ reported that showers did not get done when staffing was short. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 9/26/24 at 3:10 PM., NSC PP reported ideal staffing on day shift was three on each of the four halls. NSC PP reported there had been day shifts with only one CNA on each hall, and another CNA to split A and B hall and a CNA to split C and D hall for a total of 6 CNAs. NSC PP reported there had been shifts with only one CNA on each of the four halls. In an interview on 9/26/24 at 3:34 PM., NSC PP reported when there were 3 CNAs between C and D hall, showers did not get done. In an interview on 9/26/24 at 4:40 PM., Clinical Coordinator (CC) UU reported the facility had consistent call ins and staff who worked only part of a shift or staff who did not complete their scheduled shifts which caused a disruption in the schedule. CC UU reported CNAs are scheduled both 8- and 12-hour shifts which caused a gap in coverage where only one CNA was working on a hall for several hours. CC UU reported halls that have higher acuity (level of care or assistance a resident may require) or more dependent (relying on others for care) residents should have at least two CNAs assigned to those halls. In an interview on 9/26/24 at 4:45 PM., Nursing Home Administrator (NHA) A reported resident of the facility had complained the facility was short staffed and he had completed a past noncompliance report. Review of Facility assessment dated [DATE] revealed .A hall staffing requirements (based on numbers, not acuity) were 1 nurse 6 am to 6 pm and 1 nurse 6 pm to 6 am; 1-3 CNAs 6 am to 2 pm, 1-2 CNAs 2 pm to 10 pm, and 1 CNA 10 pm to 6 am; B hall staffing requirements were 1 nurse 6 am to 6 pm and 1 nurse 6 pm to 6 am; 1-3 CNAs 6 am to 2 pm, 2 CNAs 2 pm to 10 pm, and 1 CNA 10 pm to 6 am; C hall staffing requirements were 1 nurse 6 am to 6 pm and 1 nurse 6 pm to 6 am; 2 CNAs 6 am to 2 pm, 2 CNAs 2 pm to 10 pm, and 1 CNA 10 pm to 6 am; D hall staffing requirements were 1 nurse 6 am to 6 pm and 1 nurse 6 pm to 6 am; 3 CNAs 6 am to 2 pm, 2 CNAs 2 pm to 10 pm, and 1 CNA 10 pm to 6 am . In an interview on 9/27/24 at 3:00 PM., CNA W reported when the facility was short staffed, resident showers and passing of fresh ice water were some of the tasks that did not get completed during a shift. In an interview on 9/27/24 at 4:09 PM., CNA U reported staff that consistently showed up was being burnt out by having to do all the work with no additional help. CNA U reported some of the things that were not completed when the facility was short staffed included resident showers and bedside water for residents. In an interview on 10/1/24 at 9:24 AM., Resident #19 reported she had been told in August she could not get a shower due to the facility being short staffed. See F677 for additional information. 41424 In an interview on 09/25/24 at 10:29 AM, Licensed Practical Nurse (LPN) I reported the agency had been brought in the last few weeks, the Director of Nursing and the Administrator left, and a bunch of nurses left after they did. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 09/27/24 09:41 AM, review of the resident listing revealed C Hallway had 18 residents with one CNA to provide care for them. The schedule indicated it was a split assignment but this writer did not observed the split CNA on the hallway throughout the observations the whole day. In an interivew on 09/27/24 at 09:45 AM, Anonymous LLL when queried reported the C Hallway always had one CNA. The CNAs never got breaks because there was not enough staff to cover. In an interview on 09/27/24 06:26PM, Anonymous LLL reported the administration staff would never come to the hallway to assist the nursing staff unless the surveyors were in the building. The situation in the facility was so bad many of the CNAs had quit or went as needed, and the facility couldn't get anyone to work. The residents were not taken care of and not getting the showers even before the COVID outbreak. Anonymous LLL reported the residents were not receiving their showers. The CNAs were to do their own showers and if there was one CNA, the CNA couldn't leave the hallway unsupervised so the residents weren't getting their showers. For example on C Hallway, there were quite a few falls, so the facility needed to have someone in the halls to keep an eye on them. Anonymous LLL reported when new staff start they were not getting fully trained or acclimated to the facility and the residents. The CNAs were to be mentored for three days and that was not happening and they were left on their own most of the time. 48637 During an interview on 9/26/2024 at 2:30 PM, Infection Preventionist (IP) C stated that it depends on the circumstances, but she works the floor as a nurse one to two times a week and it is 12-hour shifts. IP C said that patient care is first so her job duties have to be put aside when she works the floor.

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. 47955 Based on interview and record review the facility failed to ensure annual competency evaluations were completed for 3 certified nursing assistants (CNAs) of 5 reviewed for annual competency evaluations resulting in the potential for unmet resident care needs. Findings include: On 10/1/24 at 10:15 AM., employee education files provided by Nursing Home Administrator (NHA) A for 5 CNAs were reviewed for annual competency evaluations; no annual competency evaluations were noted in the files. In an interview on 10/1/24 at 10:55 AM., Human Resources/Payroll (HR/P) MM reported that annual competency evaluations for CNAs was done electronically. HR/P MM reported that the director of nursing (DON) was responsible for the CNA evaluations. HR/P 'MM reported the DON was notified electronically when a CNAs evaluation was due, and it should be completed electronically. HR/P MM reported when the manager had completed the evaluation the CNA was notified electronically that it was ready for review. On 10/1/24 at 11:00 AM., HR/P MM provided an annual competency evaluation for a CNA with a date of hire of 12/31/2022 and a date of review 11/20/2023. It was complete and acknowledged by the manager,but not acknowledged by the CNA. HR/P MM provided an annual competency evaluation for a CNA with a date of hire of 9/28/2023 and a date of review 11/20/2023. The evaluation was not completed. HR/P MM provided an annual competency evaluation for a CNA with a date of hire of 3/18/2016 and a date of review 11/20/2023. It was complete and acknowledged by the manager but not the CNA.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 36221 Based on observation, interview, and record review, the facility failed to ensure medications remained safely stored in 2 of 4 medication carts, resulting in the potential missing medications. Findings include: Review of the policy/procedure Medication Administration, dated 8/7/23, revealed .POLICY OVERVIEW: Lock medication cart when not in direct view of nurse administering medications . In an observation on 9/26/24 at 9:34 AM, noted the C Hall medication cart was unlocked, with no staff present nearby (not in direct view of nurse administering medications). In an observation on 9/26/24 at 9:37 AM, Agency Registered Nurse (RN) XX returned to and locked the C Hall medication cart. Agency RN XX reported today was her first day at the facility. In an observation on 10/1/24 at 12:30 PM, noted the C Hall medication cart was unlocked, with no staff present nearby (not in direct view of nurse administering medications). In an observation on 10/1/24 at 12:34 PM, Director of Nursing (DON) B approached and locked the C Hall medication cart. DON B reported the nurse on C Hall today was an Agency Nurse, and today was his first day. DON B reported the expectation was for medication carts to be locked when not in use. In an observation on 10/1/24 at 1:25 PM, noted the A Hall medication cart was unlocked, with no staff present nearby (not in direct view of nurse administering medications).

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22050 Based on observations, interviews, and record reviews, the facility failed to: (1) effectively clean and maintain food service equipment, and (2) date mark all potentially hazardous ready-to-eat food products effecting 82 residents, resulting in the increased likelihood for cross-contamination, bacterial harborage, and resident foodborne illness. Findings include: On 09/26/24 at 09:00 A.M., A comprehensive tour of the food service was conducted with Corporate Director of Food and Nutrition Services GGG. The following items were noted: Six color coded (beige, yellow, purple, blue, white, red) cutting boards were observed severely (etched, scored, worn) resting upon the storage rack, adjacent to the hand sink. The oven backsplash panel was observed severely soiled with accumulated and encrusted food residue. The griddle surface corners and side panel plates were also observed severely soiled with accumulated and encrusted food residue. The Vulcan convection oven interiors were observed severely soiled with accumulated and encrusted food residue. The can opener assembly was observed soiled with accumulated and encrusted food residue. The [NAME] 4-slice bread toaster was observed severely soiled with accumulated and encrusted food residue, within the Dry Storage Room. On 09/26/24 at 09:35 A.M., An interview was conducted with Dietary [NAME] CC regarding the use of the bread toaster. Dietary [NAME] CC stated: I will be using the toaster today for lunch. The Walk-In Freezer refrigeration unit and Freon lines were observed with accumulated ice [NAME]. Ice accumulation was also observed on a large cookie sheet, located directly beneath the refrigeration unit. The Caravell 2-door top reach-in cooler was observed with accumulated and encrusted ice [NAME] protruding from the interior side panels. The door panels and tracks were also observed soiled with accumulated and encrusted food residue. Main Dining Room: The two-compartment hand sink basin was observed soiled with accumulated and encrusted dirt/grime. The countertop surface was also observed soiled with accumulated and encrusted food/dirt residue. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The 2017 FDA Model Food Code section 4-601.11 states: (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. One 16-inch-wide non-stick fry pan, and one 18-inch-wide non-stick fry pan were observed severely (etched, scored, particulate), creating a non-cleanable/sanitizable surface. Dietary [NAME] CC was observed placing the worn fry pans beneath a storage cart for proper disposal. The 2017 FDA Model Food Code section 4-202.11 states: (A) Multiuse FOOD-CONTACT SURFACES shall be: (1) SMOOTH; (2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections; (3) Free of sharp internal angles, corners, and crevices; (4) Finished to have SMOOTH welds and joints; and 117 (5) Except as specified in (B) of this section, accessible for cleaning and inspection by one of the following methods: (a) Without being disassembled, (b) By disassembling without the use of tools, or (c) By easy disassembling with the use of handheld tools commonly available to maintenance and cleaning personnel such as screwdrivers, pliers, open-end wrenches, and [NAME] wrenches. (B) Subparagraph (A)(5) of this section does not apply to cooking oil storage tanks, distribution lines for cooking oils, or BEVERAGE syrup lines or tubes. The Vulcan convection ovens (2) interior light bulb assemblies were observed non-functional. The 2017 FDA Model Food Code section 6-303.11 states: The light intensity shall be: (A) At least 108 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry FOOD storage areas and in other areas and rooms during periods of cleaning; (B) At least 215 lux (20 foot candles): (1) At a surface where FOOD is provided for CONSUMER self-service such as buffets and salad bars or where fresh produce or PACKAGED FOODS are sold or offered for consumption, (2) Inside EQUIPMENT such as reach-in and under-counter refrigerators; and (3) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, WAREWASHING, and EQUIPMENT and UTENSIL storage, and in toilet rooms; and (C) At least 540 lux (50 foot candles) at a surface where a FOOD EMPLOYEE is working with FOOD or working with UTENSILS or EQUIPMENT such as knives, slicers, grinders, or saws where EMPLOYEE safety is a factor. The overhead light assembly plastic lens cover was observed cracked and broken, adjacent to the Dietary Manager's Office. A hole measuring approximately 4-inches-wide by 6-inches-long was further observed, within the protective plastic lens cover. The 2017 FDA Model Food Code section 6-202.11 states: (A) Except as specified in (B) of this section, light bulbs shall be shielded, coated, or otherwise shatter-resistant in areas where there is exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; or unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES. (B) Shielded, coated, or otherwise shatter-resistant bulbs need not be used in areas used only for storing FOOD in unopened packages, if: (1) The integrity of the packages cannot be affected by broken glass falling onto them; and (2) The packages are capable of being cleaned of debris from broken bulbs before the packages are opened. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The mechanical dish machine final rinse temperature gauge and wash temperature gauge were observed reading 122 degrees Fahrenheit and 138 degrees Fahrenheit respectively during an operation cycle. The final rinse temperature gauge should read at least 180 degrees Fahrenheit during the final rinse cycle. The wash temperature gauge should read a minimum of 150 degrees Fahrenheit during the mechanical dish machine operation cycle. The 2017 FDA Model Food Code section 4-502.11 states: (A) UTENSILS shall be maintained in a state of repair or condition that complies with the requirements specified under Parts 4-1 and 4-2 or shall be discarded. (B) FOOD TEMPERATURE MEASURING DEVICES shall be calibrated in accordance with manufacturer's specifications as necessary to ensure their accuracy. (C) Ambient air temperature, water pressure, and water TEMPERATURE MEASURING DEVICES shall be maintained in good repair and be accurate within the intended range of use. A utensil or food temperature measuring device can act as a source of contamination to the food it contacts if it is not maintained in good repair. Also, if temperature or pressure measuring devices are not maintained in good repair, the accuracy of the readings is questionable. Consequently, a temperature problem may not be detected, or conversely, a corrective action may be needlessly taken. On 09/26/24 at 10:34 A.M., A comprehensive tour of the Nutrition Room was conducted with Corporate Director of Food and Nutrition Services GGG. The following items were noted: The Scotsman ice machine ice dispensing spout exterior surface was observed with accumulated and encrusted mineral (lime and calcium) deposits. The interior surface of the ice dispensing spout was also observed with accumulated and encrusted mineral (lime and calcium) deposits. The ice machine backsplash and undersplash were additionally observed soiled with accumulated and encrusted food residue. The [NAME] reach-in chest freezer was observed with unprotected loose cubed ice resting on the interior floor of the unit. One dial thermometer was also observed resting on the floor of the unit, within the unprotected loose cubed ice. The 2017 FDA Model Food Code section 4-601.11 states: (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. One gallon of [NAME] whole milk (1/4 full) was observed without an effective date mark, within the Vissani refrigerator. The manufacturer's use-by-date was also observed to read 10-10-24. The 2017 FDA Model Food Code section 3-501.17 states: (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 09/26/24 at 03:45 P.M., Record review of the facility Policy/Procedure entitled: The Maintenance and Cleaning of Kitchen Equipment dated 02/2023 revealed under Policy: The Food Service department of the facility will adequately clean and maintain dietary equipment in accordance with the state and US Food Codes, OSHA, and best practices in order to minimize the risk of foodborne illness and employee safety. On 09/26/24 at 04:00 P.M., Record review of the facility Policy/Procedure entitled: Food Storage Policy dated 04/01/2022 revealed under Policy: It is the policy of this facility to provide sufficient storage to keep foods safe, wholesome, and appetizing according to the USDA Food Code guidelines. On 09/26/24 at 04:15 P.M., Record review of the facility Policy/Procedure entitled: Kitchen Sanitation to Prevent the Spread of Viral Illness dated 02/2023 revealed under Policy: The Food Service employees of the facility will practice good sanitation practices in accordance with the state and US Food Codes in order to minimize the risk of cross-contamination and spread of illness through food. 36221 In an observation and interview on 9/25/24 at 9:10 AM, accompanied by Dietary Manager BB, noted a metal cookie sheet in the walk-in freezer within the main facility kitchen, under the refrigeration system, with a visible buildup of ice on the tray. Dietary Manager BB reported there was an issue with the system not fully draining, resulting in ice buildup. Review of the 2017 FDA Model Food Code, Section 4-601.11 (C), revealed .NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris . In an observation and interview on 9/25/24 at 9:15 AM, accompanied by Dietary Manager BB, reviewed the dry storage room within the main facility kitchen. Noted some debris and staining on the floor throughout the dry storage room. Dietary Manager BB reported all items are marked with delivery dates to ensure they are used timely/discarded appropriately. Observed a 126 ounce can of Hot Fudge, with no delivery date noted on the can. Observed a 58 ounce can of Pineapple Topping, with no delivery date noted on the can. Dietary Manager BB was unsure when these items were delivered, and removed the items from the dry storage room. Review of the 2017 FDA Model Food Code, Section 6-501.12 (A), revealed .PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean . In an observation and interview on 9/25/24 at 9:25 AM, accompanied by Dietary Manager BB, reviewed the dish washing area of the main facility kitchen. Noted the facility utilized a high temperature dishwasher. Observed the dishwasher log had multiple missing entries for the month of September 2024. Dietary Manager BB ran the dishwasher to check the temperatures. Noted the wash gauge did not go above 150 degrees Fahrenheit. Dietary Aide III reported the wash gauge does not work, so staff generally write the minimum required temperature on the dishwasher log. Review of the 2017 FDA Model Food Code, Section 4-502.11 (C), revealed .Ambient air temperature, water pressure, and water TEMPERATURE MEASURING DEVICES shall be maintained in good repair and be accurate within the intended range of use . (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	In an observation and interview on 9/25/24 at 9:30 AM, accompanied by Dietary Manager BB, reviewed the facility nourishment room. Noted a small refrigerator used for storage of snacks and resident personal food items. Observed five half sandwiches in the refrigerator, with a prepared date of 9/20/24. No use by date noted. Dietary Manager BB reported the sandwiches are good for three days, and then removed/discarded the sandwiches. Observed a foam container with leftover food on a shelf in the refrigerator. No dates noted on the container. Dietary Manager BB removed and discarded the leftover food. Review of the 2017 FDA Model Food Code, Section 3-501.17 (A), revealed .refrigerated, READY-TO EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded .

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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** 41424 This citation pertains to intake: MI00147064 Based on interview, observation, and record review, the facility failed to:1.) implement effective infection control to prevent the spread of COVID-19 and, 2.) maintain effective Enhanced Barrier Precautions (EBP) for 3 of 21 residents (Resident #23, #17, and #51) reviewed for infection control, resulting in the potential for the continued spread of COVID-19 with negative resident outcomes and the increased risk for the transmission/transfer of pathogenic organisms and cross contamination between residents. Findings include: Review of the COVID Positive list of residents received on 9/27/24, revealed, there were 50 COVID positive residents out of a census of 82 at entry. During an observation on 09/25/24 at 09:21 AM, There were yellow Stop Signs posted on the wall for Rooms D-106 and D-109 with no other signage which indicated the appropriate PPE (personal protective equipment) to wear or to see a nurse prior to entering a room. There were no PPE carts/bins outside of the door. In an interview on 09/25/24 at 09:21 AM, Medical Records (MR) RR reported she was still a certified nursing assistant (CNA). She reported the yellow Stop signs indicated the residents for the room were under COVID precautions. MR RR reported the majority of the residents were coming off of COVID precautions soon, when they come off, housekeepers come in the room and clean it while they were in the shower room getting a shower. MR RR reported the residents were taken out of their rooms during isolation and provided a shower. MR RR reported she was central supply and normally the third shift CNAs were stocking the PPE bins and she would also walk around during her shift, 7 AM - 3 PM to make sure the PPE bins were stocked. In an interview on 09/25/24 at 10:46 AM, CNA N reported the residents only had bed baths done in the rooms during the Covid outbreak. For those residents who were capable of washing themselves, she would bring them a basin so they were able to wash themselves up. In an interview on 09/25/24 at 09:53 AM, Nursing Staff Coordinator (NSC) PP reported she had been a CNA for years before becoming the scheduler. NSC PP reported when the COVID outbreak happened the infection preventionist (IFP) came around and re-educated the staff on the use of PPE. During an observation on 09/25/24 at 11:01 AM, Social Services Coordinator (SSC) OO was observed at the PPE cart grabbed a gown, had gloves in his hands, and a surgical mask on his face. He went into Covid positive room, and the CNA gave him an N95 when she entered the room. SSC OO did not don a face shield prior to entering the room as well. During an observation on 09/25/24 at 11:06 AM, SSC OO exited the room removed his glasses and placed them on the top of the PPE bin and did not sanitize them. He was observed heading down the hallway to his office to throw away his N95 mask as there was not waste basket in the hallway. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 09/26/24 at 09:34 AM, Resident #58 had a yellow Stop Sign on the wall out side of her room. Licensed Practical Nurse (LPN) XX was entering a Covid positive room and she donned gown, gloves, left her surgical mask on, and did not don a face shield. At 09:46 AM, LPN XX exited the room wearing the surgical mask and continued down the hallway to the medication cart and then proceeded towards the nurse's station. In an interview on 09/26/24 at 09:49 AM, LPN XX reported the stop sign was posted for those residents who were COVID positive, and the other sign was for Enhanced barrier precautions. This writer requested LPN XX review the back of the stop sign and she reported for a resident who was diagnosed with COVID, she was to wear an N95, wear a face shield, and replace her mask when finished. During an observation on 09/26/24 at 09:39 AM, SSC OO was entering Resident #23's room to assist her. He asked CNA J to bring the sit to stand into the room. SSC OO entered the resident's room with no face shield on. During an observation on 09/26/24 at 03:01 PM, Resident #28 was lying in her bed. The PPE waste basket was overflowing onto the floor. The contaminated PPE was touching the privacy curtain and the wall where the waste basket was placed. During an observation on 09/27/24 at 03:16 PM, CNA Z entered Room D-109 who was on COVID precautions, without donning any PPE and then she exited out and down the hallway. Resident #23 Review of an Admission Record revealed Resident #23 was a female with pertinent diagnoses which included heart failure, thyrotoxicosis (too much thyroid hormone in your body), lupus (disease that occurs when your body's immune system attacks your own tissues and organs, sarcopenia (muscle loss that occurs with aging and/or immobility, and high blood pressure. Review of Progress Notes dated 9/16/2024 at 00:00 AM, revealed, .CHIEF COMPLAINT: COVID f/u . HISTORY OF PRESENT ILLNESSES: General: Patient is a [AGE] year old female .who is being seen today for an acute visit. Patient was recently diagnosed with COVID 19. She is requesting assistance to ambulate to the toilet. She mainly ambulates with use of her wheelchair but is able to take a few steps with her walker. She complains of having diarrhea, and reports that it is chronic. She reports feeling a little poor today, reports a cough with phlegm, and denies shortness of breath or other respiratory symptoms. She denies any pain or discomfort at this time. Her vitals are reviewed and noted to be stable. She is afebrile . Review of Nursing - Progress Note dated 9/18/2024 at 08:28 AM, revealed, .Resident not responding to voice or physical touch. resp shallow. O2 on at 2L. skin warm and dry. NP visited. orders received to send to (Local Hospital) ER for eval. 911 called and report called to (Local Hospital) ER . (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Medical ICU Attending Physician Note dated 9/18/24 at 1:28 PM, revealed, .EMS was called for hypoxia and altered mentation. The patient had been diagnosed with COVID on 9/15. She was found to be hypoxic with oxygen saturation in the 60% range on room air. She was administered DuoNeb(bronchodilator sued to open the airways to the lungs) and seemed to improve some but her oxygenation remained low. She then reportedly had an episode of posturing and there was concern for seizure so she was administered 5 mg of IV Versed. She became somnolent (drowsiness) with minimal respiratory effort after this. She arrived to the emergency department with a GCS of 3 (Glasgow Coma Scale, used to measure a patient's level of consciousness. A score of 3 very low.) and was intubated for airway protection .She received a total of 1 L of IV fluids per ED nursing (500 mL by EMS and 500 mL in the emergency department. She was febrile and had atrial fibrillation with rapid ventricular rate up to the 140s. However, her blood pressure was stable. The patient was more alert during my evaluation in the emergency department was purposefully moving her hands towards the endotracheal tube. She required additional propofol (anesthetic used for sedation) for comfort and heart rate control .Pertinent physical exam findings: Chronically ill, critically ill, obese female who is intubated, sedated and mechanically ventilated (tube was inserted into a patient's airway with a machine to assist with the work of breathing) .Lungs demonstrate scattered coarse rhonchi (low-pitched, continuous rattling lungs sounds often described as snoring or gurgling) with diminished breath sounds at bilateral bases. Irregularly irregular with atrial fibrillation on telemetry with rates in the 120s on telemetry .Pertinent Laboratory data: ABG (arterial blood gas) demonstrates respiratory acidosis (decreased ventilation increases the concentration of carbon dioxide in the blood) with poor oxygenation on 50% FiO2 (% of oxygen in a gas mixture, The FiO2 for room air is 21%) .Positive COVID .Assessment: Acute hypoxemic (low level of oxygen in the blood) and hypercapnic (CO2 retention) respiratory failure .Sepsis secondary to COVID-19 pneumonia with possible bacterial coinfection .Plan: Continue full ventilatory support with weaning when appropriate . Initiate remdesivir (antiviral medication to treat a range of viruses) and Decadron (injectable steroid); continue cefepime and vancomycin; (antibiotic injection used to treat serious infections) .Sepsis due to COVID-19 from Pneumonia with SIRS criteria, Acute hypoxic respiratory failure, Acute hypercapnic respiratory failure, Respiratory acidosis, and Acute toxic metabolic encephalopathy .note possible seizure activity by EMS was likely secondary to hypoxia and hypercapnia .Due to a high probability of clinically significant, life threatening deterioration, this patient required my highest level of preparedness to intervene emergently . Review of Progress Note dated 9/25/2024 at 00:00 AM, revealed, .Follow up after re-admission. HISTORY OF PRESENT ILLNESSES: General: Patient is a [AGE] year old female .who is being seen today for follow up after hospital admission. Patient was intubated with ET tube and orogastric tube. A fib with rapid ventricular rate has been observed in the ER. Respiratory acidosis, elevated bicarbonate level . Antibiotic treatment provided for possible bacterial infection along with Covid. Chest x-ray on 09/18/24 has shown suspected right plural effusion with adjusted patchy atelectasis (complete or partial collapse of a lung), and or consolidation within the right lung base, mild pulmonary, vascular congestion. patient has been discharged with the instructions of continuous 2 L per minute oxygen as tolerated. Patient states that she is feeling good. Breathing is better. Working on breathing exercise. States that speaking has been improved. No other concerns at this time . In an interview on 09/26/24 11:24 AM, Resident #23 reported she had requested the COVID booster shot for the last few months and she did not get it. She reported she did not know why she was sent to the hospital as she was so out of it and had no idea. Resident #23 reported she had been intubated for 3 days, and she never wants that to happen again as it was so scary for her, not knowing what was going to happen to her. When queried in regards to her oxygen use, Resident #23 reported she guessed the oxygen was here to stay. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview 10/01/24 09:11 AM, Licensed Practical Nurse (LPN) FFF reported when she went to check on her early in the day, the resident was not super responsive, very lethargic, and that was not like her at all. LPN FFF reported the resident's respirations were shallow, she seemed to be struggling to breath, and she had oxygen on. Resident #23's oxygen saturation was not very high. LPN FFF reported at this time, the resident was only using oxygen overnight. When she was diagnosed with COVID she started wearing it all the time. She was not breathing right, used a lot of muscles to breath. LPN FFF reported she was not normally lethargic and not as responsive, normally the resident would engage in conversation and would respond right a way. 48637 Resident #17 (R17) Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed R17 readmitted to the facility on [DATE] with diagnoses of tracheostomy and traumatic brain injury. Brief Interview for Mental Status (BIMS) reflected a score of 5 out of 15 which indicated R17 was severely cognitively impaired (00 to 07 is severe cognitive impairment). Review of R17's physician orders revealed Enhanced Barrier Precautions: Indwelling Medical Device, Trach (Tracheostomy tube) : Care every shift and prn (as needed). Surgical chest wound Enteral (Tube) Feed . On 9/25/2024 at 10:35 AM, it was observed that R17 did not have an Enhanced Barrier Precautions (EBP) sign on his door. During an interview on 9/25/2024 at 10:28 AM, Licensed Practical Nurse (LPN) BBB stated it was her first day working as an agency nurse in the facility. When asked what EBP means, LPN BBB said she didn't know. She also stated that she didn't know R17 should be on EBP with his trach and said when performing trach care on him she wears gloves and a mask and no gown. On 9/26/2024 at 8:00 AM, an EBP sign was observed outside of R17's door. During another interview on 9/26/2024 at 8:13 AM, LPN BBB stated that she understands EBP now since she spoke to someone for clarification and knows it's for any residents with an indwelling device or wounds. She said that anyone that talks to a resident who is under EBP must wear a gown, mask and gloves even if care isn't being provided. During an interview on 9/26/2024 at 8:24 AM, Certified Nursing Assistant (CNA) L stated that she didn't know what the EBP sign meant outside R17's room and it must be a mistake. CNA L said that she wasn't sure if gowns should be used in an EBP room. Review of Centers for Disease Control and Prevention (CDC) dated March 20,2024 revealed .Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities .EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities Effective Date: April 1, 2024 . (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #51 (R51) Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed R51 admitted to the facility on [DATE] with diagnoses of type 1 diabetes, anxiety and depression. Brief Interview for Mental Status (BIMS) reflected a score of 15 out of 15 which indicated R51 was cognitively intact (13 to 15 cognitively intact). On 9/25/2024 at 11:46 AM, there was a STOP sign outside of R51's room which indicated she had COVID and precautions that needed to be taken were listed on the back of the sign. Review of the COVID positive list provided by the facility revealed she tested positive for COVID on 9/19/2024. Review of R51's chart revealed no order for COVID precautions. During an interview on 9/25/2024 at 11:46 AM, R51 stated that she was finally feeling better and was looking forward to moving back to her previous room. Review of R51's chart revealed she had a room change on 9/20/2024 after she tested positive for COVID. During an interview on 9/25/2024 at 10:28 AM, when discussing the COVID residents on her hall, LPN BBB said that staff were wearing N95 masks, gown and gloves when going into COVID positive resident rooms but they weren't wearing face shields. During an interview on 9/25/2024 at 1:22 PM, Director of Nursing (DON) B stated that face shields are not optional and must be worn in COVID positive rooms. During an interview on 9/25/2024 at 2:46 PM, Infection Preventionist (IP) C stated if a resident tested positive for COVID then the roommate was tested and if he/she was negative then they were moved to another room if the resident agreed. During another interview on 9/26/2024 at 2:30 PM, Infection Preventionist (IP) C stated that any resident with an indwelling device such as a wound, trach, tube feeding and/or foley needs to be under EBP and staff must wear gloves, gown and a mask when providing care. When asked if staff know the differences between EBP and COVID precautions, IP C stated that staff should be aware of the difference and signs are posted for them to read and know what to do. IP C stated she has a discussion with staff if she sees something wrong when rounding. IP C' said that when someone is on EBP or TBP (COVID) a physician order is put in the chart and care plans are put in place. When discussing why room changes were done with COVID positive and negative residents, IP C said that was the best way to contain it and they tried to keep them on same hallways and not mix them up but it was hard to do. She stated that they would move the exposed but negative residents in with other residents that were found already exposed as close as possible to the same timeline or moved a positive resident with another positive resident. IP C' stated their policy says to not continue with exposure, move the resident out that was negative but she didn't ask the health department if that was recommended. During an interview on 10/1/2024 at 8:46 AM, IP C' stated that they tried to move COVID negative residents together but sometimes to cohort better they moved 2 COVID positives together. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	36221 In an observation on 9/25/24 at 12:39 PM, the lunch tray cart was delivered to the D Hall. Observed Licensed Practical Nurse (LPN) I don a gown, gloves, N95 mask, and face shield prior to entering a COVID-19 positive resident room (marked with a yellow STOP sign) to deliver the lunch meal. Prior to exiting the room, LPN I removed and discarded her gown and gloves, and performed hand hygiene. Noted LPN I did not remove or discard her N95 mask or eye protection upon exiting the COVID-19 positive resident room. LPN I then continued down the D Hall, delivering lunch trays to residents on the unit, while wearing the same N95 mask and face shield. In an observation on 9/25/24 at 12:51 PM, LPN I continued to deliver lunch trays to residents on the D Hall. Noted LPN I still wore the same N95 mask and face shield initially donned prior to entering a COVID-19 positive resident's room. In an observation and interview on 9/25/24 at 12:59 PM, LPN I finished passing lunch trays on the D Hall, removed her N95 mask and face shield, and placed the used PPE on the top of the D Hall medication cart before donning a surgical mask. LPN I reported when entering multiple COVID-19 positive resident rooms, she changes her gown and gloves between residents but wears the same N95 mask and face shield. In an observation and interview on 9/26/24 at 8:57 AM, Certified Nursing Assistant (CNA) O donned a gown, gloves, and face shield, in addition to a surgical mask already worn, prior to entering a COVID-19 positive resident room (marked with a yellow STOP sign) on the B Hall. When care was completed, CNA O exited the room, removed her PPE (Personal Protective Equipment) in the open doorway, placed the soiled PPE in a clear plastic trash bag, and discarded the trash in the soiled utility room. CNA O reported a N95 mask was not required in the room. Noted the back of the yellow STOP sign listed the required PPE to be worn in the room, which included a gown, gloves, eye protection, and a N95 mask. In an interview on 9/26/24 at 11:33 AM, Infection Preventionist C reported for COVID-19 positive resident rooms, staff are required to don a gown, gloves, N95 mask, and face shield (eye protection) prior to entering the room. Infection Preventionist C reported staff should place a surgical mask over the N95. Infection Preventionist C reported prior to exiting the COVID-19 positive resident room, staff should remove and discard the gown, gloves, face shield, and surgical mask, and exit wearing the N95 mask. Staff should then dispose of the used N95 and switch to a new surgical mask. Review of the Centers for Disease Control (CDC) Infection Control Guidance: SARS-CoV-2 (June, 2024) Nursing Homes .Placement of residents with suspected or confirmed SARS-CoV-2 infection: Ideally, residents should be placed in a single-person room as described in Section 2. If limited single rooms are available, or if numerous residents are simultaneously identified to have known SARS-CoV-2 exposures or symptoms concerning for COVID-19, residents should remain in their current location. Source control options for HCP include: A NIOSH Approved(R) particulate respirator with N95(R) filters or higher; A respirator approved under standards used in other countries that are similar to NIOSH Approved N95 filtering facepiece respirators (Note: These should not be used instead of a NIOSH Approved respirator when respiratory protection is indicated); (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A barrier face covering that meets ASTM F3502-21 requirements including Workplace Performance and Workplace Performance Plus masks; OR A well-fitting facemask. When used solely for source control, any of the options listed above could be used for an entire shift unless they become soiled, damaged, or hard to breathe through. If they are used during the care of patient for which a NIOSH Approved respirator or facemask is indicated for personal protective equipment (PPE) (e.g., NIOSH Approved particulate respirators with N95 filters or higher during the care of a patient with SARS-CoV-2 infection), they should be removed and discarded after the patient care encounter and a new one should be donned.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48637 Based on interview and record review, the facility failed to ensure that pneumococcal vaccines were offered to one resident (Resident #51) of five residents reviewed for pneumococcal vaccinations, resulting in the resident potentially acquiring and experiencing complications related to pneumonia. Findings include: Resident #51 (R51) Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed R51 admitted to the facility on [DATE] with diagnoses of type 1 diabetes, anxiety and depression. Brief Interview for Mental Status (BIMS) reflected a score of 15 out of 15 which indicated R51 was cognitively intact (13 to 15 cognitively intact). Review of R51's immunization records revealed that she did not have a pneumonia vaccine listed. R51's chart also revealed there weren't any signed consents or declination of the vaccine. During an interview on 9/27/2024 at 9:07 AM, Infection Preventionist (IP) C stated that R51 was due for a pneumonia vaccine and was not offered one upon admission. IP 'C verified that consents or declination of the vaccine paperwork was not offered. Review of the Vaccination-Pneumococcal Vaccine Policy with an issue date of 10/13/2023 revealed Guidelines: Upon admission residents will be evaluated for eligibility to receive pneumococcal vaccine series. Residents will be offered a pneumococcal vaccine unless it is medically contraindicated, or the resident has already been immunized Residents receiving the influenza vaccine, or their legal representatives, will provide informed consent to the administration of the vaccine which will be documented in the residents medical record If the pneumococcal vaccination is refused or the resident did not receive due to medical contraindications it will be documented in the resident's medical record.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48637 Based on interview and record review, the facility failed to ensure COVID-19 immunizations were offered to three residents (Residents #51, #343, #23) of five residents reviewed for COVID-19 immunizations, resulting in the increased likelihood of severe infection and complications/death related to COVID-19. Findings include: Resident #51 (R51) Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed R51 admitted to the facility on [DATE] with diagnoses of type 1 diabetes, anxiety and depression. Brief Interview for Mental Status (BIMS) reflected a score of 15 out of 15 which indicated R51 was cognitively intact (13 to 15 cognitively intact). Review of the COVID positive list provided by the facility revealed R51 tested positive for COVID on 9/19/2024. Review of R51's immunization records revealed historical data that her last COVID-19 booster dose 2 was given on 11/22/2022. R51's chart also revealed that a COVID 19 SARS-CoV2 Antigen Test Assessment was not found and there weren't any signed consents or declination for the current COVID 19 vaccine. Resident #343 (R343) Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed R343 admitted to the facility on [DATE] with diagnoses of type 2 diabetes and obesity. Brief Interview for Mental Status (BIMS) reflected a score of 13 out of 15 which indicated R343 was cognitively intact (13 to 15 cognitively intact). Review of the COVID positive list provided by the facility revealed R343 tested positive for COVID on 9/23/2024. Review of R343's immunization records revealed historical data that her last COVID-19 booster dose 1 was given on 10/22/2021. R343's chart also revealed that there weren't any signed consents or declination for the current COVID 19 vaccine. During an interview on 9/27/2024 at 9:07 AM, Infection Preventionist (IP) C stated that R51and R343 were due for the current COVID vaccine and they were not offered one upon admission. She also reported that a COVID-19 Assessment was not completed for R51. IP 'C verified that consents or declination of the COVID 19 vaccine paperwork was not offered to both R51 and R343. (continued on next page)

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the COVID-19 Policy with an issue date of 6/27/2023 and a revision date of 10/26/2023 revealed Residents will be offered the COVID-19 vaccination per CDC (Centers for Disease Control) and or FDA (Food and Drug Administration) regulations unless such immunization is medically contraindicated, they have already been immunized during the time period or they refuse to receive the vaccine . the resident's medical record will provide documentation that indicates, at a minimum, that the resident or resident representative was provided education regarding the benefits and potential side effects of the COVID-19 vaccine, and that the resident or representative either accepted and received the COVID-19 vaccine or did not receive the vaccine due to medical contraindications, prior vaccination or refusal documentation should include the date the education offering took place, and the name of the representative that received the education accepted or refused the vaccine, if the resident has a representative that makes decisions for them. 41424 Resident #23: Review of an Admission Record revealed Resident #23 was a female with pertinent diagnoses which included heart failure, thyrotoxicosis (too much thyroid hormone in your body), lupus (disease that occurs when your body's immune system attacks your own tissues and organs, sarcopenia (muscle loss that occurs with aging and/or immobility, and high blood pressure. Review of COVID Positive Residents revealed, .9/15/24 date of positive test . In an interview on 09/26/24 11:24 AM, Resident #23 reported she had requested the COVID booster shot for the last few months and she did not get it. She reported she did not know why she was sent to the hospital as she was so out of it, she reported she had been intubated for 3 days, she doesn't want that to happen again as it was so scary. She reported she thought she was going to have to stay on oxygen now. She reported she went to the restroom and the staff had to have therapy come and assist to get her up and out because she was so weak. She didn't have the oxygen on then. Review of Resident #23's historic Immunization records, revealed, .SARS-COV-2 (COVID-19-Johnson & Johnson): 4/9/2021 .SARS-COV-2 (COVID-19-Pfizer) Bivalent booster: 10/24/2022 . Review of the medical record showed no consent for vaccinations, no declination, or offering of the vaccination. Resident #23 was admitted to the facility on [DATE]. Requested via electronic correspondence on 9/27/24 at 10:24 AM the consent or declination of Resident 23's COVID vaccination. This requested information was not provided prior to exit from facility.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 22050 Based on observations, interviews, and record reviews, the facility failed to effectively clean and maintain the physical plant effecting 82 residents, resulting in the increased likelihood for cross-contamination, bacterial harborage, decreased air quality, and cross-connections between the potable (drinking) and non-potable (non-drinking) water supplies. Findings include: On 09/26/24 at 01:30 P.M., The facility grounds oxygen storage building interior was observed soiled with dead leaves, paper products, plastic products, etc. The storage building interior flooring surface was also observed soiled with accumulated dust and dirt deposits. On 09/26/24 at 03:35 P.M., A common area environmental tour was conducted with Environmental Services Director EE. The following items were noted: A-B Shower Room: 1 of 4 return-air-exhaust ventilation grills were observed heavily soiled with dust and dirt deposits. 1 of 2 shower stall wand assemblies were observed missing an atmospheric vacuum breaker. C-D Shower Room: The hand sink basin waste drain and faucet assembly were observed leaking water onto the flooring surface. Pooling water was also observed on the flooring surface, adjacent to the hand sink basin and commode base. On 09/27/24 at 10:50 A.M., A common area environmental tour was conducted with Director of Maintenance HH and Environmental Services Director EE. The following items were noted: Floor Care Storage Room: The room was observed in complete disarray. The flooring surface was also observed soiled with accumulated and encrusted dust/dirt deposits. Janitor Closet: The return-air-exhaust ventilation grill was observed heavily soiled with accumulated and encrusted dust/dirt deposits. The mop sink basin was also observed heavily soiled with accumulated and encrusted dust, dirt, grease deposits. Occupational Therapy/Physical Therapy: The Storage Room overhead light assembly was observed non-functional. On 09/27/24 at 11:40 A.M., An interview was conducted with Director of Maintenance HH regarding the facility maintenance work order system. Director of Maintenance HH stated: We have the TELS software system. On 09/27/24 at 11:45 A.M., An environmental tour of sampled resident rooms was conducted with Director of Maintenance HH and Environmental Services Director EE. The following items were noted: A107: The hand sink basin was observed draining slowly. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235395	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optalis Health and Rehabilitation of Three Rivers	517 S Erie St Three Rivers, MI 49093

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A109: The drywall surface was observed etched and scored, adjacent to the hand sink soap dispenser. B102: The restroom commode base caulking was observed stained and cracked. B105: The drywall surface was observed etched and scored, adjacent to the hand sink soap dispenser. The drywall surface was also observed (etched, scored, particulate), adjacent to the Bed 1 headboard. The damaged drywall surface measured approximately 4-feet-long by 3-feet-wide. B109: The restroom commode base caulking was observed (etched, scored, stained). The Bed 1 television set was also observed non-functional. Resident #14 stated: The TV has not worked since I've been here. Resident #14 was asked: How long have you been here? Resident #14 stated: Eight months. B110: The restroom commode base caulking was observed (etched, scored, stained). The hand sink basin was also observed draining very slow. The Portable Terminal Air Conditioning (PTAC) Unit was further observed not functioning as designed. B113: The hand sink basin was also observed draining very slow. C103: The restroom commode base caulking was observed (etched, scored, stained). C106: The restroom commode base caulking was observed (etched, scored, particulate). D105: The restroom commode base caulking was observed (etched, scored, stained). On 09/27/24 at 02:48 P.M., An interview was conducted with Director of Maintenance HH regarding the Portable Terminal Air Conditioning (PTAC) Unit within resident room B110. Director of Maintenance HH stated: The motherboard is fried. Director of Maintenance HH also stated: The PTAC in A109 also needs replacement. On 09/27/24 at 03:00 P.M., Record review of the Policy/Procedure entitled: Maintenance Inspection dated 11/01/2020 revealed under Policy: It is the policy of this facility to utilize a maintenance inspection checklist in order to assure a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. On 09/27/24 at 03:15 P.M., Record review of the Policy/Procedure entitled: Routine Cleaning and Disinfection dated 08/2022 revealed under Policy: It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible. On 09/27/24 at 03:30 P.M., Record review of the Policy/Procedure entitled: Resident Environmental Quality dated 11/01/2020 revealed under Policy: The facility should be designed, constructed, equipped, and maintained to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235395	A. Building B. Wing	10/01/2024

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 09/27/24 at 03:45 P.M., Record review of the Policy/Procedure entitled: Resident Room and Bathroom Discharge Cleaning dated (no date) revealed under Policy: Resident Room will be extensively cleaned every time a resident vacates a room - provide a clean environment for the next resident to move in free of soil and cross-contamination with pleasant living standards for resident and family members. In addition, all personal items shall be removed from room by nursing personnel. On 09/27/24 at 04:00 P.M., Record review of the Direct Supply TELS Work Orders for the last 90 days revealed no specific entries related to the aforementioned maintenance concerns. 36221 In an observation on 9/26/24 at 10:08 AM, noted a significant amount of spackling covering a portion of the wall behind the bed in Room A112-1. Noted the repaired wall area had not been smoothed or repainted. In an observation on 9/26/24 at 12:12 PM, noted the mattress in Room A112-2 was completely bare, with the sheets/blankets stripped and lying in a pile on the floor, near the foot of the bed. Observed the bed in Room A112-1 was unmade, with visible debris/particles noted on the surface of the sheets. In an observation on 10/1/24 at 9:50 AM, noted a significant amount of spackling covering a portion of the wall behind the bed in Room A112-1. Noted the repaired wall area had not been smoothed or repainted. Observed a hole in the wall, approximately the size of a golf ball, between the bathroom and closet doors, below the outlet.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 47955 Based on interview and record review the facility failed to ensure the completion of 12-hours of annual in-service trainings by 1 Certified Nursing Assistant (CNA) of 5 reviewed for the completion of 12-hours of annual in-service training, resulting in the potential of unmet resident care needs. Findings include: In an interview on 10/1/24 at 10:55 AM., Human Resource/Payroll (HR/P) MM reported 12-hour annual in-services are assigned at hire, and then annually by the corporate office. HR/P MM reported she can access the online system used for in-services to print reports, but she had no other responsibilities regarding in-service trainings for CNAs. HR/P MM reported managers presented educations to new hire CNAs at orientation, but she was unsure about long term staff. HR/P MM reported that 4 modules were assigned to staff a month. HR/P MM reported department managers were responsible for tracking employee completion of assigned education modules. In an interview on 10/1/24 at 12:18 PM., Clinical Coordinator (CC) UU reported CNA in-services were provided by both online education modules and in person trainings. CC UU reported department managers should be tracking completion of in-services. In an interview on 10/1/24 at 12:41 PM., CC UU was unable to provide documentation for the 1 of the 5 requested CNA reports and confirmed that 1 of the CNAs reviewed had not completed any assigned online education modules and that CNA did not have 12-hours of in-service training completed as required.