| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235605 | A. Building<br>B. Wing | 01/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Coventry House Inn | 3905 Lorraine Path<br>St Joseph, MI 49085 |

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

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|---|---|
| F 0801<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.<br><br>Based on interview and record review, the facility failed to employ a staff member with appropriate credentials to supervise and manage the dietary department resulting in the potential for food service sanitation failures, food borne illness and for clinical areas of dietary needs of all residents being compromised and unmet. Findings include:During the kitchen tour on 1/6/2026 at 9:14 AM, Food Service Director (FSD) J stated that she had been in the FSD position for over a year and signed up for the Dietary Manager classes the end of October. FSD J said that the Registered Dietitian (RD) isn't full time at the facility but comes in 2-3 times a month. Review of the document FSD J provided revealed that she signed up for the Nutrition and Foodservice Professional Training Program on 10/29/2025. During another interview on 1/6/2026 at 3:12 PM, FSD J stated that her date of hire was 9/30/2024 and the previous Nursing Home Administrator (NHA) said it was fine for her to sign up for the Certified Dietary Manager (CDM) classes at a later date. FSD J clarified and showed this surveyor that the Nutrition and Foodservice Professional Training Program was in fact the CDM classes. During an interview on 1/6/2026 at 3:53 PM, Director of Nursing (DON) B and NHA A stated that they were unaware that FSD J wasn't qualified to run the dietary department and said that the RD comes into the facility a few times a month. |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure proper label and dating of foods in the kitchen and the resident refrigerator resulting in the potential to spread food borne illness to residents that consume food from the kitchen and the resident refrigerator. Findings Include:During the kitchen tour on 1/6/2026 at 9:14 AM with Food Service Director (FSD) J, the following was observed:The reach in refrigerator in the kitchen:2 large plastic bowls with salad with no label and date. Another reach in refrigerator contained the following:1 container of liquid eggs on bottom of the refrigerator (not on shelf), slightly open with no label and date.During a tour of the kitchenette with FSD J on 1/6/2026 at 9:28 AM, the following was found:1 ketchup bottle, opened with no label and date. During a tour of the resident refrigerator with FSD J on 1/6/2026 at 9:48 AM, the following was found:2 containers with Chinese food dated 12/27/2025 with room [ROOM NUMBER] noted, moisture underneath lid with no use by date noted.1 16-ounce container of soup dated 12/27/2025 with room [ROOM NUMBER] noted, moisture underneath lid with no use by date noted.1 small rice container dated 12/27/2025 with no use by date.1 plastic container of fruit salad, 1/2 full with no label and date.1 minute maid drink, open and 1/2 full with room [ROOM NUMBER]B with no open date.1 Jam container with soup in it in a plastic bag, 1/3 full with no label and date.1 Styrofoam container with resident name with unidentified food in it with no label and date.1 container with rolls with resident name with no label and date. The resident refrigerator also contained a big ice chuck on the top shelf.A sign was posted on the refrigerator Please label all food items with guest name and date. Food items will be discarded after 3 days. No staff food allowed.There was no temperature log for monitoring the resident refrigerator temperatures.During the tour on 1/6/2026, FSD J stated that the foods should have been labeled and dated in the kitchen refrigerator and in the resident refrigerator. FSD J stated that the resident refrigerator needed to be defrosted and a temperature log should be there. FSD J also stated that it was hard to monitor the resident refrigerator since anyone can put food in there. FSD J said she would get with the Director of Nursing (DON) B to discuss the process. During an interview on 1/6/2026 at 3:53 PM, DON B stated that everyone had access to the resident refrigerator and dietary monitors it and makes sure it was labeled and dated appropriately. DON B said the expectation was that everyone that puts food in there should label and date it. DON B also stated that she thought a temperature log was on the refrigerator. According to the 2022 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, 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. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety .Review of the Label and Dating Foods Policy dated 2021 revealed Policy: to decrease the risk for food borne illness and to provide the highest quality, foods is labeled with the date received, the date opened and the<br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | date by which it should be discarded.Procedure: Refrigerated Food.Refrigerated Potentially Hazardous Foods (PHF) or Time/Temperature Controlled for Safety (TCS) foods are labeled with the date received and if not opened, are discarded by the manufacturer's expiration date. If opened, the cold food item is labeled with the date opened and the date by which to discard or use by.Review of the Food Brought In By Family or Visitors Policy dated 2021 revealed .Procedure Refrigerated foods that have been opened or left-over food stored in the refrigerator will be marked with use-by date. The use-by date is six days from the day the food was opened or the day the left-over food was put in the refrigerator. |

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| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>Based on interview and record review, the facility failed to provide care and services to promote dignity and respect in 2 (Resident #1, Resident #17) of 2 residents reviewed for dignity/respect, resulting in long call light wait times and the potential for feelings of diminished self-worth, sadness, and frustration.Findings include:Resident #1Review of an admission Record revealed Resident #1 was a female, with pertinent diagnoses which included: weakness, difficulty in walking, and need for assistance with personal care. Review of a Minimum Data Set (MDS) assessment for Resident #1, with a reference date of 12/7/25 revealed a Brief Interview for Mental Status (BIMS) score of 12, out of a total possible score of 15, which indicated Resident #1 was cognitively impaired.In an interview on 1/6/2026 at approximately 10:48 AM, Resident #1 reported it can take a half hour to an hour sometimes for staff to answer her call light. Resident #1 reported she felt bad when than happened.Resident #17Review of an admission Record revealed Resident #17 was a male, with pertinent diagnoses which included: weakness, difficulty in walking, acquired absence of right leg above knee, and need for assistance with personal care. Review of a Minimum Data Set (MDS) assessment for Resident #17, with a reference date of 11/21/25 revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #17 was cognitively intact. Further review of said MDS revealed Resident #17 was dependent for Toilet transfer and was Occasionally incontinent (having no or insufficient voluntary control over urination or defecation) of urine and bowel.Review of a current Care Plan for Resident #17 revealed the focus of SKILLED THERAPY/ADL (activities of daily living): Self-Care deficit, require assist with ADLS r/t (related to) limited mobility, debility, and impaired balance with a Date Initiated of 11/18/2025 and care planned interventions which included Toileting: I need total assist of 2 to help me from bed last revised on 11/19/2025.In an interview on 1/6/2026 at 11:24 AM, Resident #17 reported call light response time would depend on the time of day but that sometimes he had to wait over an hour for staff to respond to his call light. Resident #17 reported he ended up having to use the urinal because he couldn't wait for staff to arrive and that made him mad.In a follow-up interview on 1/8/2026 at 10:04 AM, Resident #17 reported long call light response times were on all shifts. Resident #17 reported he had soiled his pants while he was waiting for staff to answer his call light and it made me feel less of a man. It was very degrading.In an interview on 1/7/2026 at 8:32 AM, Certified Nurse Aide (CNA) D reported residents had complained to her in the past about long call light wait times.In an interview on 1/8/2026 at 9:53 AM, Registered Nurse (RN) O reported she had heard residents complain about long call light wait times.In an interview on 1/8/2026 at 9:59 AM, CNA L reported residents had complained to her about long call light wait times. CNA L reported it depends on the shift and that residents say call light response on night shift takes excessively long times but that sometimes residents were not happy with excessive wait times for day shift as well.In an interview on 1/8/2026 at 10:25 AM, CNA I reported she has had residents complain to her about long call light wait times. |

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| F 0553<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Allow resident to participate in the development and implementation of his or her person-centered plan of care.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure resident participation in care planning for 1 (Resident #12) of 1 resident reviewed for participation in care planning, resulting in feelings of anxiety, frustration, and a fear of uncertainty with the course of treatment while staying in the facility.Findings include:Resident #12Review of an admission Record revealed Resident #12 was a female who originally admitted to the facility on [DATE] and had pertinent diagnoses which included: unspecified fracture of the upper end of the left humerus (broken left upper arm) and history of falling. Review of a Minimum Data Set (MDS) assessment for Resident #12, with a reference date of 12/25/25 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #12 was cognitively intact.In an interview on 01/06/26 at 9:05 AM, Resident #12 reported she felt very unsure about her stay at the facility; like she did not know what was going on.In a follow-up interview on 01/06/26 at 1:31 PM, Resident #12 reported she had been at the facility for about a month, and she had not spoken to anyone regarding her plan for care, what happens next or about going home. Resident #12 reported she was now weight bearing (able to put weight on a limb) with her left arm that she could not previously use. Resident #12 was unsure how that change affected her plan of care.In an interview on 01/06/26 at 1:40 PM, Family Member (FM) UU reported the facility did not communicate well and he was unsure of what happened next with Resident #12. When queried, FM UU was unable to recall if there had been a meeting with facility staff to discuss the plan of care for Resident #12.In an interview on 01/07/26 at 3:08PM, Social Service Director (SSD) T reported she was the one responsible for coordinating care conferences for residents. SSD T reported an initial care conference was held with Resident #12 on 12/10/25 the day after she admitted to the facility. SSD T reported that care conferences were as needed, they were not consistently scheduled for residents, they could occur weekly or every other week and the meetings should be documented in the resident's record. SSD T reported she met frequently with Resident #12. When queried if she had coordinated other care conferences SSD T reported she knew they had met with Resident #12, but it was not documented in her record. SSD T reported she met with Resident #12 on 01/06/26 and Resident #12's updated goals included gaining strength and referral for skilled home health when she went home.Review of Order Summary for Resident #12 revealed .Non weight bearing to left arm with an order date of 12/09/25. Weight bearing as tolerated with a start date of 12/23/25.In an interview on 01/08/26 at 9:50 AM, Rehab Director (RD) U reported she participated in one or two care conferences for Resident #12, but she could find documentation for only one. RD U reported there was a care conference scheduled for Resident #12 today (01/08/26) at 3:00 PM to discuss progress and possible assistance when she discharges. When queried, RD U reported she did not know who requested the care conference. RD U reported she participated in all initial care conferences and could request care conferences for things like barriers to resident's therapy, lack of progress, or if the resident was progressing faster or to discuss with family what they need to prepare for the resident. RD U reported there was not an established discharge date for Resident #12 due to her being non weight bearing for so long. RD U reported when Resident #12 or her family inquired about her progress her response was she is doing as expected. |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>Based on interview and record review, the facility failed to develop a comprehensive person-centered care plan for 1 (Resident #2) of 12 sampled residents reviewed for care planning, resulting in the potential for unmet care needs.Findings include:Resident #2Review of an admission Record revealed Resident #2 was a female, with pertinent diagnoses which included: essential (primary) hypertension (high blood pressure) and hyperlipidemia, unspecified (high cholesterol in the blood). Review of a Physician's Order For Resident #2 revealed, Apixaban Oral Tablet 5 MG (milligrams) (Apixaban) Give 1 tablet by mouth two times a day for Afib (atrial fibrillation - irregular heart rhythm). Active.Start Date 5/28/2025 Note that Apixaban is an anti-coagulant medication (blood thinner) and considered a high-risk medication.A review of Resident #2's current Care Plan on 1/8/2026 at 11:20 AM revealed no care planned focus, goals, or interventions related to Resident #2's Apixaban use.In an interview on 1/8/2026 at 11:29 AM, Registered Nurse Minimum Data Set Coordinator (RNMDS) EE reported Apixaban was a high-risk medication and should be care planned for the side effects to watch out for. RNMDS EE reviewed Resident #2's current Care Plan and reported there was no care planned focus, goals, or interventions related to Resident #2's Apixaban use but that there should have been. |

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| F 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>Based on interview and record review, the facility failed to review and revise a comprehensive, individualized plan of care for 1 (Resident #1) of 12 sampled residents reviewed for care plans, resulting in an inaccurate reflection of the resident's advance directive wishes and the potential for the resident's advance directives wishes not to be honored.Findings include:Resident #1Review of an admission Record revealed Resident #1 was a female, with pertinent diagnoses which included: chronic systolic (congestive) heart failure and cerebral infarction (stroke) due to thrombosis (blood clot) of right posterior cerebral artery.Review of a Code Status Form for Resident #1 revealed resident marked an X for DO-NOT-RESUSCITATE (DNR) Resident Consent I request that in the event my heart and/or breathing should stop, no person shall attempt to resuscitate me. Being of sound mind, I voluntarily execute this order, and I understand its full importance. signed by Resident #1 on 10/17/25 and by ( Medical Doctor (MD) V) on 11/6/2025.Review of a current Care Plan for Resident #1 with a focus of I am a FULL CODE with a date initiated of 9/2/2025.In an interview on 1/7/2026 at 8:38 AM, Registered Nurse Minimum Data Set Coordinator (RNMDS) EE reported care planning was a team effort, but the social worker was responsible to care plan advance directives.In an interview on 1/7/2026 at 8:41 AM Social Services Director (SSD) T reviewed Resident #1's care plan with this surveyor for her advance directive and SSD T reported the care plan indicated the Resident #1 was a full code but there was a physician order for DNR. SSD T reported Resident #1's care plan should have been updated to reflect Resident #1's code status for DNR but wasn't. |

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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure showers were provided as scheduled in 1 of 3 residents (Resident #12) reviewed for activities of daily living (ADLs) care, resulting in the potential for embarrassment and diminished self-esteem.Findings include:Review of an admission Record revealed Resident #12 was a female who originally admitted to the facility on [DATE] and had pertinent diagnoses which included: unspecified fracture of the upper end of the left humerus (broken left upper arm) and history of falling. Review of a Minimum Data Set (MDS) assessment for Resident #12, with a reference date of 12/25/25 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #12 was cognitively intact.In an interview on 01/06/26 at 9:05 AM, Resident #12 reported she went almost 2 weeks without a shower when she first arrived at the facility. Resident #12 reported she was embarrassed.In an interview on 01/06/26 at 1:31 PM, Resident #12 reported she received a shower today. Resident #12 reported her shower days were Tuesday and Friday, and she preferred them in the morning.Review of Grievance/Complaint Report filed by Resident #12 on 12/15/25 revealed .Name Omitted reports she needs a shower. Facility follow up on 12/15/25.Admin ( Nursing Home Administrator NHA A) spoke who reports shower given, asked to check [with] resident again to be cleaned, bed bath, or shower as desired.Resolution of Grievance/complaint. CNA and Nurse alerted and report bathing is being completed. documented signed by NHA A on 12/15/25.Review of Shower Documentation for the dates of 12/10/25 to 01/07/26 revealed .Shower . AM (morning) Tues/Fri (Tuesday and Friday) . a complete bed bath given on 01/01/26; Partial bed bath given on 12/19/25 and 12/25/25; a shower given on 12/18/25, 01/02/26, and 01/06/26.Shower documentation reflected not applicable on scheduled shower days 12/16/25 and 12/30/25; no documentation was available for scheduled shower days 12/23/25 or 12/26/25. In an interview on 01/07/26 at 2:52 PM, Resident #12 reported she thought the facility would do much better making sure she got her showers now that she did not have to wear the sling on her left arm anymore. Resident #12 reported she knew her showers were scheduled on Tuesday and Fridays. Resident #12 reported she had never refused a shower when offered.In an interview on 01/07/26 at 4:58 PM, DON B reviewed shower documentation for Resident #12 with this surveyor and explained that Resident #12's shower days were on Tuesday and Friday and the other days would be documented as NA (Not Applicable) as Resident #12's showers were not scheduled on other days. DON B reviewed shower documentation and confirmed that the first documented shower provided to Resident #12 was on 12/18/25. When queried, DON B confirmed that shower documentation for Resident #12 indicated she did not receive a shower until 12/18/25, 9 days after she admitted to the facility. DON B reported her expectations were that showers were given on the scheduled day.Review of facility policy Activities of Daily Living with a revision date of 5/21 revealed .procedure: hygiene.a resident self-image is maintained.showers or baths will be scheduled per facility protocol while incorporating residents shower/bath preference. |

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| F 0804<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.<br><br>Based on interview and record review, the facility failed to provide appetizing and palatable food products to 2 (Resident #1, Resident #21) of 3 residents reviewed for food palatability, resulting in dissatisfaction with meals and the potential for decreased food acceptance and nutritional decline.Findings include:Resident #1Review of an admission Record revealed Resident #1 was a female, with pertinent diagnoses which included: type 2 diabetes mellitus (a condition where the body is not able to properly use sugar from the blood) with hyperglycemia (high blood sugar) and moderate protein-calorie malnutrition. Review of a Minimum Data Set (MDS) assessment for Resident #1, with a reference date of 12/7/2025 revealed a Brief Interview for Mental Status (BIMS) score of 12, out of a total possible score of 15, which indicated Resident #1 was cognitively impaired.In an interview on 1/6/2026 at 10:48 AM, Resident #1 reported the food at the facility was terrible. Resident #1 reported sometimes the food was not hot enough when she received it.Resident #21Review of an admission Record revealed Resident #21 was a female, with pertinent diagnoses which included: type 2 diabetes mellitus with hyperglycemia, and chronic kidney disease stage 4 (severe). Review of a Minimum Data Set (MDS) assessment for Resident #21, with a reference date of 12/17/2025 revealed a Brief Interview for Mental Status (BIMS) score of 13, out of a total possible score of 15, which indicated Resident #21 was cognitively intact.In an interview on 1/6/2026 at 10:58 AM, Resident #21 reported the food at the facility was not too good and that it was not to her liking which is why her daughter was bringing her lunch. Resident #21 did not elaborate except to say she did not like the food at the facility.In an interview on 1/7/2026 at 8:25 AM, Certified Nurse Aide (CNA) GG reported residents had complained to her about the food. CNA GG reported residents said they need better choices of food, they complained about the flavor of the food, and they complained about the temperature of the food.In an interview on 1/7/2026 at 8:32 AM, CNA D reported residents had complained to her about the food. CNA D reported residents say they don't like how soft the vegetables are cooked.In an interview on 1/7/2026 at 11:25 AM, CNA F reported almost everybody complained about the food. CNA F reported the residents said the food is disgusting and the flavor of the food was not good. CNA F stated there is a lot of problems with the food. |

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| | 235605 | A. Building<br>B. Wing | 01/08/2026 |

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|---|---|
| Coventry House Inn | 3905 Lorraine Path<br>St Joseph, MI 49085 |

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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>Based on interview and record review, the facility failed to maintain complete and accurate medical records for 1 (Resident #21) of 12 sampled residents reviewed for complete and accurate medical records, resulting in incomplete documentation of blood sugar checks and insulin administration.Findings include:Resident #21Review of an admission Record revealed Resident #21 was a female, with pertinent diagnoses which included: type 2 diabetes mellitus (a condition where the body is not able to properly use sugar from the blood) with hyperglycemia (high blood sugar). Review of a MARTAR (Medication Administration Record Treatment Administration Record) for December 2025 for Resident #21 revealed a Physician's Order for HumaLOG KwikPen Subcutaneous Solution Pen-Injector 100 UNIT/ML (Insulin Lispro) Inject 10 unit subcutaneously before meals for Diabetes -Start Date- 12/10/2025 to be given at 0730 (7:30 AM), 1130 (11:30 AM), and 1730 (5:30 PM). There was no documentation on 12/12/25 at 1730 (check box was blank) and no documentation on 12/30/25 at 1730 (check box was blank) to indicate that the HumaLOG had been administered.Review of a MARTAR for December 2025 for Resident #21 revealed a Physician's Order for Accu Checks (blood sugar checks) AC (before meals) and HS (at bedtime) before meals and at bedtime for Diabetes Hold insulin or oral hypoglycemic medication (medication used to lower blood sugar) and call M.D. (medical doctor) for blood sugar <60 (less than). Give insulin or oral hypoglycemic medication and call M.D. for blood sugar >400 (greater than). -Start Date- 12/11/2025 to be checked at 0730, 1130, 1730, and 2100 (9:00 PM). There was no documentation on 12/12/25 at 1730 (check box was blank) and no documentation on 12/30/25 at 1730 (check box was blank) to indicate that Resident #21's blood sugar had been checked.In an interview on 1/7/2026 at 9:32 AM, Director of Nursing (DON) B reported she was Resident #21's nurse on 12/12/2025 at 1730. DON B reviewed Resident #21's December, 2025 MARTAR for 12/12/2025 at 1730 and reported she must have forgotten to document what Resident #21's blood sugar was and must have forgotten to document whether or not insulin had been administered at that time to Resident #21. DON B reported it should be documented what the blood sugar was and if insulin had been administered.In an interview on 1/7/2026 at 9:44 AM, Registered Nurse (RN) O reported she was Resident #21's nurse on 12/30/25 at 1730. RN O reviewed Resident #21's December, 2025 MARTAR for 12/30/25 at 1730 and reported normally she would go back and check her documentation before she left for the day. RN O confirmed there were no entries at 1730 for Resident #21's HumaLOG administration and blood sugar checks. Registered Nurse O reported the insulin administration and blood sugar check should have been documented but wasn't. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure proper use of personal protective equipment for enhanced barrier precautions during high contact care activities; 1.) wound care for 1 (Resident #8); 2.) intravenous medication administration for 1 (Resident #22); and 3.) transfer, bed mobility, and dressing for 1 (Resident #46) of 12 sampled residents resulting in the potential for the spread of infection and disease transmission.Findings include:Resident #8Review of an admission Record revealed Resident #8 was a male who originally admitted on [DATE] and had pertinent diagnoses which included: displaced fracture of shaft of right femur (broken bone in the right thigh), congestive heart failure (a long term condition in which the heart cannot pump blood well enough for the body's needs), and type 2 diabetes (a condition when the body does not produce enough insulin and/or the body can becomes resistant to insulin resulting in high blood sugar levels).Review of a Minimum Data Set (MDS) assessment for Resident #8, with a reference date of 10/30/25 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #8 was cognitively intact; Section M Skin conditions Pressure ulcer/injury checked yes (indicating a wound was present).On 01/06/2025 9:03 AM, signage was observed posted on the wall outside of Resident #8's room indicating enhanced barrier precautions (EBP) were to be utilized during high contact care activities (dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy, wound care).On 01/07/26 at 10:10 AM, Registered Nurse (RN) O was observed providing wound care to Resident #8 while RN JJ was observed assisting RN O with Resident #8's positioning during wound care. Neither RN O nor RN JJ were observed wearing a gown while providing or assisting with wound care for Resident #8.Review of Order Summary for Resident #8 reviewed on 01/08/26 revealed .Maintain enhanced barrier precautions (EBP) to prevent infection r/t (related to) wounds every shift. ordered on 12/06/2025.Review of Care Plan for Resident #8 revealed . I require enhanced barrier precautions r/t wounds. intervention: utilized appropriate PPE. initiated on 12/16/25.In an interview on 01/07/26 at 2:30 PM, RN O reported she did not wear a gown when providing wound care to Resident #8 and she should have.In an interview on 01/07/26 at 3:10 PM, RN JJ reported the sign outside of Resident #8's room indicating EBP meant a gown should be worn when providing wound care. When queried, RN JJ reported she didn't wear a gown when she assisted with Resident #8's wound care and probably should have.Resident #22Review of an admission Record revealed Resident #22 was a female who originally admitted to the facility on [DATE] and had pertinent diagnoses which included: infection and inflammatory reaction due to unspecified internal joint prosthesis (infection in a joint with artificial replacement parts) and cutaneous abscess of the right lower limb (a swollen area that contains pus). On 01/07/26 at 1:20 PM, RN FF was observed connecting intravenous medication Cefazolin 2 GM (grams) via a PICC (Peripherally inserted central catheter) present in Resident #22's upper left arm for administration. RN FF was not wearing a gown during the handling of Resident #22's PICC line.In an interview on 01/07/26 at 1:31 PM, RN FF reported Resident #22 was not on enhanced barrier precautions. On 01/07/26 at 1:30 PM, no signage indicating Resident #22 was on enhanced barrier precautions was observed posted outside of her room.Review of Order Summary for Resident #22 reviewed on 01/08/26 revealed .Maintain enhanced barrier precautions (EBP) to prevent infection r/t new admit every shift.; cefazolin sodium injection solution reconstituted 2 GM, use 2 grams intravenously every 8 hours for bacterial infectious arthritis of left knee for 31 days. both with the start date of 12/16/25.Review of Care Plan for Resident #22 revealed . I require enhanced barrier precautions r/t wound/PICC. intervention: utilized appropriate PPE. initiated on 12/17/25.Resident #46Review of an admission Record revealed Resident #46 was a female who originally admitted to the facility on [DATE] and had pertinent diagnoses which included: sepsis (a blood infection) and pressure ulcer of<br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | the sacral region. On 01/06/26 at 10:46 AM, signage was observed posted on the wall outside of Resident #46's room indicating enhanced barrier precautions (EBP) were to be utilized during high contact care activities. On 01/06/26 at 2:19 PM, Certified Nurse Assistant (CNA) HH was observed assisting Resident #46 to transfer from her wheelchair to her bed. CNA HH was not wearing a gown during the transfer.Review of Order Summary for Resident #46 reviewed on 01/08/26 revealed .Maintain enhanced barrier precautions (EBP) to prevent infection r/t sacral and coccyx wounds every shift. ordered on 12/24/2025.Review of Care Plan for Resident #46 revealed . I require enhanced barrier precautions r/t wounds. intervention: utilized appropriate PPE. initiated on 12/29/25.On 01/07/26 at 12:15 PM, RN JJ was observed assisting Resident #46 to remove her pants while in bed. RN JJ then completed an assessment of Resident #46's right leg. CNA DD was observed entering Resident #46's room and assisting RN JJ to reposition Resident #46 in bed and adjust sheets and blankets for Resident #46. Neither RN JJ nor CNA DD wore a gown while assisting Resident #46.In an interview on 01/07/26 at 12:45 PM, RN JJ reported Resident #46 did have a wound, but she was not on enhanced barrier precautions.In an interview on 01/07/26 at 3:15 PM, Director of Nursing (DON) B reported enhanced barrier precautions were to be used for high contact care activities including wound care, intravenous administration, personal care, and bed mobility and gowns and gloves should be worn when performing high contact care activities. DON B reported an electronic training had been assigned about a month ago, but she did not know which employees had completed the training.Review of facility policy Enhanced Barrier Precautions with a review date of 9/25 revealed .EBP.is an approach of targeted gown and glove use during high contact resident care activities.EBP may be applied (when contact precautions do not otherwise apply) to resident with any of the following: wounds or indwelling devices.examples of indwelling medication devices central lines.examples of high-contact activities.dressing, transferring, changing linens, device care or use of device, wound care. |