STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265463	A. Building B. Wing	02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Healthcare	128 North Hardesty Kansas City, MO 64123

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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** 12273 Based on observation, interview, record review and policy review, the facility failed to ensure residents were allowed to exercise their rights to make choices important to them, the right to privacy, and the rights to have care provided in manner that supported each resident's autonomy. The affected three residents (Resident (R) 31, R22 and R19) in the sample of 27 residents. Findings include: Review of the facility's policy titled, Dignity, revised February 2021, revealed, . Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings, of self-worth and self-esteem . 1. Review of R19's Admission Record, provided by the facility, revealed an admitted [DATE] with diagnoses that included diabetes mellitus, major depressions, and history of transient ischemia attacks. Review of R19's quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 12/23/24 located in the electronic medical record (EMR) under the MDS tab revealed R19 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated intact cognition. During an interview on 02/17/25 at 2:39 PM, R19 was sitting on his bed with the door closed and while the resident was talking, the door was opened without any knocking. A housekeeping staff member came into the room and without any conversation, the unidentified staff member went through the room collecting trash. The staff member stepped out and without saying anything to the residents, the staff member placed bags in the trash receptacles. R19 was asked if that was the usual way staff entered the room when the door was closed. R19 stated there were some staff that knock. R19 was asked if that bothered him/her. R19 stated, Yes. What if I had been standing at my closet door when he/she entered. That could have hurt me. During an observation on 02/17/25 at 3:15 PM, unidentified Housekeeping and dietary staff were standing at the end of the 200 halls. The staff were talking in elevated tones and were using curse words. (continued on next page)

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

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Review of R31's Admission Record, provided by the facility, revealed an admitted [DATE] with diagnoses that included lupus, end stage dialysis, and acquired bilateral amputations of lower extremities. Review of R31's quarterly MDS with an ARD of 01/19/25 and located in the EMR under the MDS tab revealed R31 had a BIMS score of 15 out of 15, which indicated intact cognition. During an interview on 02/18/25 at 8:50 AM, R31 was asked about being able to have privacy. R31 stated, No! They are so loud here that when I was talking to my (family member) on the phone a couple of days ago, he/she could hear them cursing. He/She asked who that was and I told him/her. He/She said that is so disrespectful. I said yeah, but that is how they are here. During an interview on 02/21/25 at 9:49 AM, the Social Services Director (SSD) was asked if any of the issues related to staff not knocking before entering residents rooms and staff speaking in elevated tones and cursing had been brought to his/her attention. He/She stated he/she was not aware of the issues. During an interview on 02/21/25 at 10:14 AM, the Staff Coordinator/ Human Resource (SC/HR) was asked what training the staff received. The SC/HR stated staff are trained on resident rights, including that all staff should knock on doors, and they should be respectful as they are in the residents' home. 3. Review of R22's Medical Diagnosis tab of the EMR revealed he was admitted to the facility on [DATE] with diagnoses that included left-side paralysis following a stroke. Review of R22's admission MDS, with an ARD of 11/13/24 and located under the MDS tab of the EMR, revealed he/she scored 14 out of 15 on the BIMS, indicating intact cognition. It was recorded he/she did not exhibit mood or behavioral symptoms. During an interview on 02/18/25 at 9:42 AM in R22's room, the SSD approached the room with R22's breakfast tray. R22 stated he/she did not want the meal tray in his/her room because it would sit in his/her room and not get picked up and he/she did not want to eat breakfast. The SSD stated he/she had to put the tray in his/her room, and R22 again said no. The SSD then placed the tray on R22's bedside table with him/her adamantly saying no. When the SSD exited the room, R22 stated, My ambition is to throw [the breakfast tray] in the hallway at him/her because I told him/her 'no' to begin with. They don't listen to us. In an interview on 02/18/25 at 1:59 PM, the SSD stated he/she had to offer the resident a meal, which meant leaving the tray in his/her room in case he/she changed his/her mind. He/She stated he/she had to leave the tray in R22's room even though he/she stated several times he/she did not want it. The SSD stated he/she did not know if this was a facility policy, but it was just the way it was done. He/She stated he/she made sure to pick up his/her tray after the meal, so it was not left in his/her room, as that was the reason why he/she did not want it. The SSD stated the resident had the right to refuse his/her meal. During an interview on 02/21/25 at 6:09 PM, the Director of Nursing (DON) stated staff were not expected to leave a tray in a resident's room if they have refused it. The DON stated staff were only required to offer a meal to each resident but were to respect residents' rights to refuse. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	18750 26006

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26006 Based on interview, record review, and policy review, the facility failed to ensure the grievances voiced repeatedly by the resident council were addressed and resolution presented to the council regarding food palatability, staff to resident interactions, pest control, and call light response. These failures had the potential to create feelings of dissatisfaction and helplessness among the eight residents who participated in Resident Council (R96, R2, R48, R88, R87, R109, R106, and R17) out of a census of 112 residents. Findings include: 1. During the group meeting interview on 02/19/25 at 10:00 AM, there was seven participants, R96, R48, R88, R87, R109, R106, and R17. a. Review of R48's Medical Diagnosis tab of the electronic medical record (EMR) revealed he/she was admitted on [DATE]. Review of R48's annual Minimum Data Set (MDS) with an assessment reference date (ARD) of 11/10/24 and located under the MDS tab of the EMR, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R48 was cognitively intact. b. Review of R96's Medical Diagnosis tab of the EMR revealed he/she was admitted on [DATE]. Review of R96's quarterly MDS with an ARD of 12/16/24 and located under the MDS tab of the EMR, revealed a BIMS score of 15 out of 15 which indicated R96 was cognitively intact. c. Review of R88's Medical Diagnosis tab of the EMR revealed he/she was admitted on [DATE]. Review of R88's admission MDS with an ARD of 12/06/24 and located under the MDS tab of the EMR, revealed a BIMS score of 10 out of 15 which indicated R88 had moderately impaired cognition. d. Review of R87's Medical Diagnosis tab of the EMR revealed he/she was admitted on [DATE]. Review of R87's quarterly MDS, with an ARD of 11/08/24 and located under the MDS tab of the EMR, revealed a BIMS score of 15 out of 15 which indicated R87 was cognitively intact. e. Review of R109's Medical Diagnosis tab of the EMR revealed he/she was admitted on [DATE]. Review of R109's admission MDS, with an ARD of 01/06/25 and located under the MDS tab of the EMR, revealed a BIMS score of 15 out of 15 which indicated R109 was cognitively intact. f. Review of R106's Medical Diagnosis tab of the EMR revealed he/she was admitted on [DATE]. Review of R106's annual MDS, with an ARD of 12/30/24 and located under the MDS tab of the EMR, revealed a BIMS score of 14 out of 15 which indicated R106 was cognitively intact. g. Review of R17's Medical Diagnosis tab of the EMR revealed he/she was admitted on [DATE]. Review of R17's quarterly MDS, with an ARD of 01/31/25 and located under the MDS tab of the EMR, revealed a BIMS score of 15 out of 15 which indicated R17 was cognitively intact. During the meeting, all residents stated the food could be hot if you ate in the dining room, but if you chose to eat in your room the food is cold. R88, R106, R96, and R87 stated they preferred to eat in their rooms and received cold food most of the time. (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	All residents agreed there was a problem with staff being on their phones or talking in the halls while they were supposed to be caring for residents. All residents stated the facility had a mouse problem and all had either seen a live mouse or a dead one. 2. Review of the facility's Resident Council Minutes from September 2024 through February 2025, provided on paper, revealed repeated concerns that were not addressed: a. Food palatability On 02/07/25, the minutes documented a complaint about cold food. On 01/10/25, the minutes documented, Condiments not on trays, food still cold, staff refusing to warm up plates when asked . Burnt food, uncooked food, food presentation not good, late food arrival, need reeducating on cooking, and appeal of foods. On 12/06/24, the minutes documented, Dining room aides/ Certified Nurse Aides (CNAs) on all shifts is [sic] not present in dining room in a timely manner to serve meals food is then cold . Issue with food temperature not resolved. On 11/01/24, the minutes documented, Change the cook, meals are not up to par . Meals is [sic] always cold or lukewarm when being passed out both dining room and hallways. On 10/04/24, the minutes documented, Residents stated that the food is served cold when they receive it from the hallway and in dining room. b. Staff and Resident Interactions On 01/10/25, the minutes documented, Nursing staff listening to music, talking on cell phones on all shifts . staff loud in hallways yelling to one another . Nursing staff with bad attitudes. The minutes also documented a resident reported a staff member was rude. On 11/01/24, the minutes documented, Dietary staff are rude and disrespectful when inquiring or asking for something . Nursing staff do not give acknowledgement of [resident's] presence. On 10/01/24, the minutes documented, . the CNA will tell him that she will be back meanwhile 3 hours have passed and no help. He/She feels ignore [sic] and confrontation from staff when needing help. On 09/06/24, the minutes documented, Resident says [staff member] has a smart mouth when asking him/her a question about fixing things. c. Pest Control On 01/10/25, the minutes documented complaints of mouse sightings in three rooms On 11/01/24, the minutes documented, Residents wants [sic] something to be done about the mice issue. (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	d. Call Lights On 02/07/25, the minutes documented a complaint that it took too long for call lights to be answered on all shifts. On 01/10/25, the minutes documented, Call light not being answered on time. On 12/06/24, the minutes documented, Staff not answering residents in distress yelling for help. CNAs turn off call lights and don't address the resident. CNAs passes the bucket [sic] . Call light issues not resolved. On 11/01/24, the minutes documented, Eastside station does not check on them nor acknowledge the call light- there was a call light issue on 10/31/24. On 10/04/24, the minutes documented, Call light is not being answered in a timely manner. 3. Review of R96's Medical Diagnosis tab of the EMR revealed he/she was admitted on [DATE]. Review of R96's quarterly MDS with an ARD of 12/16/24, revealed a BIMS score of 15 out of 15 which indicated R96 was cognitively intact. During an interview on 02/17/25 at 3:37 PM, R96 stated he/she was the Resident Council President. He/She stated the Resident Council's suggestions and concerns were not always acted on and no resolution was presented to the council. He/She stated facility staff seemingly just blow us off. Review of R2's Medical Diagnosis tab of the EMR revealed he/she was admitted on [DATE]. Review of R2's quarterly MDS with an ARD of 12/21/24 and located under the MDS tab of the EMR, revealed a BIMS score of 14 out of 15 which indicated R2 was cognitively intact. During an interview on 02/17/25 at 9:35 AM, R2 stated that when he/she attended Resident Council meetings before, grievances were voiced to administration, however, the group never received any follow-up. He/She stated the staff would tell him/her they were working on it, but there would never be any resolution or explanation of the final result. 4. During an interview on 02/21/25 at 11:58 AM, the Director of Nursing (DON) stated there were no grievance forms or Resident Council forms addressing food palatability, staff to resident interaction, pest control, or call light concerns with any resolution. In a subsequent interview on 02/21/25 at 12:48 PM, the DON stated the facility had not yet taken any actions to address residents' concerns regarding food palatability, residents' concerns regarding staff to resident interactions, pest control (other than the routine pest control visits), or call lights. The DON added that the recommendations from the pest control visits had not yet been implemented, and the facility had conducted audits to ensure call lights were functioning, but no actions had been taken to address residents' concerns about call light wait times. 5. Review of the facility policy titled, Resident Council, dated February 2021, revealed, The purpose of the resident council is to provide a forum for: (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. residents, families, and resident representatives to have input in the operation of the facility; b. discussion of concerns and suggestions for improvement; c. consensus building and communication between residents and facility staff; and d. disseminating information and gathering feedback from interested residents . A Resident Council Response Form will be utilized to track issues and their resolution. The facility department related to any issues will be responsible for addressing the item(s) of concern. Review of the facility policy titled, Grievances/Complaints, Recording and Investigating, dated April 2017, revealed, All grievances and complaints filed with the facility will be investigated and corrective actions will be taken to resolve the grievance(s).

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18750 Based on interview, record review and facility policy review, the facility failed to ensure residents were provided the correct form or provided the form that included the potential additional costs that the resident might have to pay if they chose to continue to receive services, Skilled Nursing Facility Advance Beneficiary Notice, form CMS-10055, for Medicare Part A Services when they were no longer covered or coverage was ending for three of three residents reviewed (Resident (R) 61, R110, and R114). This deficient practice had the potential to allow residents not to be provided the information about what services may not be covered by Medicare for residents to make an informed decision about receiving therapies. Findings include: Review of the facility policy titled, Advance Beneficiary Notices revised [DATE] revealed, Policy: It is the policy of this facility to provide timely notices regarding Medicare eligibility and coverage. 5. The current CMS-approved version of the forms shall be used at the time of issuance to the beneficiary (resident or resident representative). Contents of the form shall comply with related instructions and regulations regarding the use of the form. A. For Part A items and services, the facility shall use the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN), Form CMS-10055. 1. Review of an undated document titled, SNF Beneficiary Notification Review for R61 indicated, .Medicare Part A Skilled Services Episode State date was: [DATE]. The last covered day of Part A Services was [DATE]. The form indicated, The facility-provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted. Further review of the document indicated, Was an SNF/ABN, Form (CMS-10055) provided to the resident? It was not marked, and there was no copy provided. Review of R61's electronic medical record (EMR) revealed no documentation that communication took place between R61 and/or the representative to discuss potential additional costs that the resident might have to pay if they chose to continue to receive services. 2. Review of an undated document titled, SNF Beneficiary Notification Review for R110 indicated, .Medicare Part A Skilled Services Episode State date was: [DATE]. The last covered day of Part A Services was [DATE]. The form indicated, The facility-provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted. Further review of the document indicated, Was an SNF/ABN, Form (CMS-10055) provided to the resident? It was marked, yes. However, the copy that was provided was the wrong form. It was an ABM form that expired [DATE]. Review of R110's EMR revealed no documentation that communication took place between R110 and/or the representative to discuss potential additional costs that the resident might have to pay if they chose to continue to receive services. (continued on next page)

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Review of an undated document titled, SNF Beneficiary Notification Review for R114, indicated .Medicare Part A Skilled Services Episode State date was: [DATE]. The last covered day of Part A Services was [DATE]. The form indicated, The facility-provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted. Further review of the document indicated, Was an SNF/ABN, Form (CMS-10055) provided to the resident? It was not marked, and there was no copy provided. Review of R114's EMR revealed no documentation that communication took place between R114 and/or the representative to discuss potential additional costs that the resident might have to pay if they chose to continue to receive services. During an interview on [DATE] at 9:25 AM, the Social Service Director (SSD)was asked why the CMS-10055 was not provided for R61 and R114. The SSD stated he/she started at the end of [DATE] and did not know why there were no forms for the two residents. The SSD confirmed they should have been provided the forms and there should be copies. SSD was asked about the expired form that was given to R110. The SSD stated he/she was not aware there was another form and did not notice the form was expired.

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18750 26006 Based on interviews, record review, and policy review, the facility failed to protect the resident's right to be free from physical or verbal abuse by another resident for four residents (Resident (R) 52, R26, R31, and R24) of six residents reviewed for abuse. Findings include: 1. Review of the Medical Diagnosis tab of R52's electronic medical record (EMR) revealed he was admitted on [DATE] with diagnoses of schizophrenia, major depression, and anxiety. Review of R52's significant change of status Minimum Data Set (MDS) with an assessment reference date (ARD) of 01/15/25 and located in the MDS tab of the EMR, revealed the Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R52 was cognitively intact. He did not exhibit mood or behavioral symptoms. Review of R52's Behavior note dated 06/25/24 and located under the Progress Notes tab of the EMR, revealed, [Social Service Director] was notified of altercation between a resident and his/her roommate, both resident and roommate was separated and redirected. Res [resident] was educated on the altercation and to follow the policies of the facility . During an interview on 02/20/25 at 12:22 PM, R52 stated he/she remembered being hit by R26, who was his/her former roommate. He/She stated he/she was not afraid of R26 and had no further issues with him/her. He/She stated he/she remembered the police were called about the incident. Review of the Medical Diagnoses tab of the EMR revealed R26 was admitted on [DATE] with a diagnosis of vascular dementia. Review of R26's quarterly MDS with an ARD of 01/22/25 and located under the MDS tab in the EMR revealed BIMS score of 10 out of 15 which indicated that R26's cognition was moderately impaired. He/She did not exhibit mood or behavioral symptoms. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R26's Care Plan, dated 12/31/23, revealed, [R26] is able to be physically aggressive [sic] to staff and other residents r/t dementia, history of harm to others (professional boxer), poor impulse control. The approaches included: Analyze times of day, places, circumstances, triggers, and what de-escalates behavior and document; . Assess and address for contributing sensory deficits; . Assess and anticipate resident's needs: food, thirst. toileting needs, comfort level, body positioning, pain etc.; . Provide physical and verbal cues to alleviate anxiety; give positive feedback, assist verbalization of source of agitation, assist to set goals for more pleasant behavior, encourage seeking out of staff member when agitated; . Give the resident as many choices as possible about care and activities; . Monitor as needed. Document observed behavior and attempted interventions in behavior log; . Monitor/document/report PRN [as needed] any s/sx [signs and symptoms] of resident posing danger to self and others; . Psychiatric/Psychogeriatric consult as indicated; . [and] When the resident becomes agitated: Intervene before agitation escalates; guide away from source of distress; engage calmly in conversation; if response is aggressive, staff to walk calmly away, and approach later. Review of R26's Nurses Note, dated 06/25/24 and located under the Progress Notes tab of the EMR, revealed, Resident was in a physical altercation with his/her roommate. Stated roommate punched him/her in the back of the head so he/she went to his/her bed and started punching him/her. Cops called, doctor and administration notified, no injuries noted. In an interview on 02/20/25 at 12:43 PM, R26 stated he/she did not have any fights with anyone in the facility and stated he/she felt safe in the facility. Review of the facility's Incident Report for Physical Aggression Initiated for R26 dated 06/25/24 and provided on paper revealed, Nursing Description: Resident [R26] stated his/her roommate hit him/her in the back of the head and then went over to his/her roommate who was in his/her own bed and started punching him/her, roommate then came up to nurses station to report incident. Resident Description: He/She punched me in the head, so I went over and fought back .Immediate Action Taken: Residents separated, cops called, education given, administration notified, doctor notified. The incident was not witnessed. Interview on 02/20/25 at 2:48 PM, the Administrator stated resident-to-resident altercations were abusive when there was willful action or an intent to harm someone. The Administrator stated he/she did consider the altercation to be physical abuse. 2. During an interview on 02/18/25 at 8:50 AM, R31 was asked if he/she had any issues or confrontations with any other resident. R31 stated, I had some problems with another resident, but we just stay away from each other. Review of the Physical Aggression Initiated form dated 01/23/25 indicated the Incident Description revealed, This resident [R24] entered the dining room in his/her wheelchair and approached resident 2 [R31], being vocal towards resident 2 [R31]. Staff attempted to separate the two residents and this resident [R24] reached out and grabbed the left arm of resident 2 [R31]. This resident [R24] then struck the arm of the staff member as he/she was being wheeled away from resident 2 [R31]to come to the DON [Director of Nursing] office. Review of R24's EMR revealed, Admission Record revealed the resident was admitted on [DATE] with diagnoses of mild cognitive impairment, anxiety disorder, and major depressive disorder. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R24's quarterly MDS located in the EMR under the MDS tab with an ARD of 11/27/24 with a BIMS score of eight out of 15, indicating moderately impaired cognitive capabilities. The MDS documented, Physical behavioral symptoms directed toward others (e.g., hitting, kicking pushing, scratching, grabbing, abusing others sexually),occurred 1-3 days, Verbal behavioral symptoms directed towards others (e.g., threatening others, screaming at others, cursing at others), occurred 1-3 days. Review of R31's EMR revealed Admission Record revealed an admitted [DATE] with diagnoses of lupus, end stage dialysis, and acquired bilateral amputations of lower extremities. Review of R31's quarterly MDS located in the EMR under the MDS tab with an ARD of 01/19/25, showed a BIMS score of 15 out of 15 indicating intact cognitive ability. During an interview on 02/20/25 at 2:49 PM, the Administrator was asked about the incident. The Administrator stated his/her investigation found no abuse because Neither resident felt threatened, scared, etc. It was determined that they had a disagreement. During a follow up interview on 02/20/25 at 1:40 PM, R31 stated there had been another altercation with R24. R31 stated while in activities earlier, R24 came in and started wheeling around everybody. R31 stated, He/She started to come toward me, I told him/her to stay away. He/She started cussing at me and put his/her arms up like he/she was going to hit me. But the activities stopped him/her. R31 was asked if he/she was okay. He/She said, No, he/she keeps coming after me. I feel it's abuse. During an interview on 02/20/25 at 1:48 PM, the Activities Assistant (AA) was asked what happened between R24 and R31 earlier. The AA stated R31 was in the activities this morning and then R24 came in and started over to R31, who told him/her to stay away. Then both residents' voices got louder, and then he/she stepped in between the residents as R24 was going towards R31. The AA stated the Social Service Director (SSD) heard loud voices and came in and took R24 out of the dining room. During an interview on 02/20/25 at 2:05 PM, the SSD stated that the residents was arguing, and staff intervened. During an interview on 02/21/25 a 10:05 AM, Maintenance Assistant (MA) was asked about the altercation between R24 and R31 on 01/23/25. The MA stated, I walked into the dining room because I could hear yelling. When I got in there, R24 was cussing at R31, and he/she was close to R31. The MA further stated he/she had gone up to them and [R24's name] shoved me, and he/she managed to grab on to [R31's name] and was about to hit him/her, but he/she hit me instead. Review of the facility's policy titled, Abuse, Neglect, Exploitation, and Misappropriation Prevention Program dated April 2021 revealed, The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: 1. Protect residents from abuse .by anyone including .b. other residents .

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18750 26006 Based on interviews, record review, and policy review, the facility failed to implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act and reporting of all alleged violations to the state survey agency (SSA) for four residents (Resident (R) 52, R26, R31, and R24) of six residents reviewed for abuse. Findings include: 1. Review of the Medical Diagnosis tab of R52's electronic medical record (EMR) revealed he/she was admitted on [DATE] with diagnoses of schizophrenia, major depression, and anxiety. Review of R52's significant change of status Minimum Data Set (MDS) with an assessment reference date (ARD) of 01/15/25 and located in the MDS tab of the EMR with a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R52 was cognitively intact. Review of R52's Behavior note, dated 06/25/24 and located under the Progress Notes tab of the EMR, revealed, [Social Service Director] was notified of altercation between a resident and his/her roommate, both resident and roommate was separated and redirected Review of the Medical Diagnoses tab of the EMR revealed R26 was admitted on [DATE] with a diagnosis of vascular dementia. Review of R26's quarterly MDS with an ARD of 01/22/25 and located under the MDS tab in the EMR revealed a BIMS score of 10 out of 15 which indicated R26 had moderately impaired cognition. Review of R26's Nurses Note, dated 06/25/24 and located under the Progress Notes tab of the EMR revealed, Resident was in a physical altercation with his/her roommate. Stated roommate punched him/her in the back of the head so he/she went to his/her bed and started punching him/her. Cops called, doctor and administration notified. Review of the facility's Incident Report for Physical Aggression Initiated for R26 dated 06/25/24 and provided on paper revealed, Nursing Description: Resident [R26] stated /her roommate hit him/her in the back of the head and then went over to his/her roommate who was in his/her own bed and started punching him/her, roommate then came up to nurses station to report incident. Resident Description: He/She punched me in the head, so I went over and fought back . cops called .administration notified, doctor notified. There was no evidence the allegation was reported to SSA within two hours of occurrence. Interview on 02/20/25 at 2:48 PM, the Administrator stated this incident represented resident-to-resident physical abuse. The Administrator stated he/she was unable to find any evidence the alleged violation was reported to the SSA as required. He/She stated it should have been reported to the SSA as an abuse occurrence. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. During an interview on 02/18/25 at 8:50 AM, R31 was asked if he/she had any issues or confrontations with any other resident. R31 stated, I had some problems with another resident, but we just stay away from each other. Review of the Physical Aggression Initiated form dated 01/23/25 indicated the Incident Description revealed, This resident [R24] entered the dining room in his/her wheelchair and approached resident 2 [R31], being vocal towards resident 2 [R31]. Staff attempted to separate the two residents and this resident [R24] reached out and grabbed the left arm of resident 2 [R31]. This resident [R24] then struck the arm of the staff member as he/she was being wheeled away from resident 2 [R31]to come to the DON office. During an interview on 02/20/25 at 12:10 PM, the Director of Nursing (DON) stated the Administrator was the Abuse Coordinator, who reports abuse to the state. Review of R24's electronic medical record (EMR) revealed, Admission Record reveled the resident was admitted on [DATE] with diagnoses of mild cognitive impairment, anxiety disorder, and major depressive disorder. Review of R24's quarterly MDS located in the EMR under the MDS tab with an ARD of 11/27/24 with a BIMS score of eight out of 15, indicating moderately impaired cognitive capabilities. Review of R31's EMR revealed, Admission Record revealed an admitted [DATE] with diagnoses of lupus, end stage dialysis, and acquired bilateral amputations of lower extremities. Review of R31's quarterly MDS located in the EMR under the MDS tab with an ARD of 01/19/25, showed a BIMS score of 15 out of 15 indicating intact cognitive ability. During a follow up interview on 02/20/25 at 1:40 PM, R31 stated there had been another altercation with R24 while in activities earlier, R24 came in and started to come toward me. I told him/her to stay away. He/She started cussing at me and put his/her arms up like he/she was going to hit me. But the activities assistant (AA) stopped him/her. R31 stated, he/she keeps coming after me. I feel it's abuse. During an interview on 02/20/25 at 1:48 PM, the AA stated R31 was in the activities this morning and then R24 came in and started over to R31, who told him/her to stay away. Then both residents' voices got louder. The AA said he/she stepped in between the residents as R24 was going towards R31. During an interview on 02/20/25 at 2:49 PM, the Administrator stated his/her investigation found no abuse because Neither resident felt threatened, scared, etc. The Administrator confirmed the incident on 01/23/25 and the incident on 02/20/25 had not been called into the SSA. Review of the facility's policy titled, Abuse, Neglect, Exploitation, and Misappropriation Prevention Program, dated April 2021, revealed, The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives . Investigate and report any allegations within timeframes required by federal requirements. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's policy titled, Abuse, Neglect, Exploitation, or Misappropriation - Reporting and Investigating, dated April 2021, revealed, The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/certification agency responsible for surveying/licensing the facility . 3 Immediately is defined as: a. within two hours of an allegation involving abuse or result in serious bodily injury; or g. [sic] within 24 hours of an allegation that does not involve abuse or result in serious bodily injury.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18750 26006 Based on interviews, record review, and policy review, the facility failed to ensure allegations of resident-to-resident abuse were investigated for four residents (Resident (R) 52, R26, R31, and R24) of six residents reviewed for abuse. Findings include: 1. Review of the Medical Diagnosis tab of R52's electronic medical record (EMR) revealed he was admitted on [DATE] with diagnoses of schizophrenia, major depression, and anxiety. Review of R52's significant change of status Minimum Data Set (MDS) with an assessment reference date (ARD) of 01/15/25 and located in the MDS tab of the EMR, revealed the Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R52's cognition was intact. Review of the Medical Diagnoses tab of the EMR revealed R26 was admitted on [DATE] with a diagnosis of vascular dementia. Review of R26's quarterly MDS with an ARD of 01/22/25 and located under the MDS tab in the EMR, revealed the BIMS score of 10 out of 15 which indicated R26 had moderately impaired cognition. Review of the facility's Incident Report for Physical Aggression Initiated for R26 dated 06/25/24 and provided on paper, revealed, Nursing Description: Resident [R26] stated his/her roommate hit him/her in the back of the head and then went over to his/her roommate who was in his/her own bed and started punching him/her, roommate then came up to nurses station to report incident. Resident Description: He/She punched me in the head so I went over and fought back. There was no statement from R52 included, nor was there any evidence an investigation had been completed. Interview on 02/20/25 at 2:48 PM, the Administrator stated this incident represented resident-to-resident physical abuse. The Administrator stated that he/she was unable to find any evidence of an investigation, including a statement from R52 or interviews with other residents and staff. He/She stated it should have been investigated thoroughly. 2. Review of the Physical Aggression Initiated form dated 01/23/25 indicated the Incident Description revealed, This resident [R24] entered the dining room in his/her wheelchair and approached resident 2 [R31], being vocal towards resident 2 [R31]. Staff attempted to separate the two residents and this resident [R24] reached out and grabbed the left arm of resident 2 [R31]. This resident [R24] then struck the arm of the staff member as he/she was being wheeled away from resident 2 [R31]to come to the DON office. The investigation included the form, progress notes, and R24's admission record. During an interview on 02/20/25 at 12:10 PM, the Director of Nursing (DON)was asked if this was a complete investigation. The DON stated, yes. The DON was asked about witness statements, the root cause of the investigation and the result. The DON stated he/she would check with the Administrator and see if he/she had more. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The DON brought in three undated forms titled, Resident Interviews for Abuse, Neglect, and Exploitation filled out by random residents. The progress notes and the admission records were all printed out on 02/20/25, the same day that the investigation was requested. There was a typed page with the date of 01/24/25 with a recap of the incident and what followed such as care plan update, and a follow up visit from psychiatric dated 01/28/25. Review of R24's electronic medical record (EMR) revealed, Admission Record dated 02/20/25, provide by the facility, reveled the resident was admitted on [DATE] with diagnoses of mild cognitive impairment, anxiety disorder, and major depressive disorder. Review of R24's quarterly MDS located in the EMR under the MDS tab with an ARD of 11/27/24 showed a BIMS score of eight out of 15, indicating moderately impaired cognitive capabilities. Review of R31's EMR Admission Record revealed an admitted [DATE] with diagnoses of lupus, end stage dialysis, and acquired bilateral amputations of lower extremities. Review of R31's quarterly MDS assessment located in the EMR under the MDS tab with an ARD of 01/19/25 showed a BIMS score of 15 out of 15 indicating intact cognitive ability. During a follow up interview on 02/20/25 at 1:40 PM, R31 stated there had been another altercation with R24. R31 stated while in activities earlier, R24 came in and started wheeling around everybody. R31 stated, He/She started to come toward me, I told him/her to stay away. He/She started cussing at me and put his/her arms up like he/she was going to hit me. During an interview on 02/20/25 at 2:49 PM, the Administrator was asked about the incident and stated his/her investigation found no abuse because Neither resident felt threatened, scared, etc. It was determined that they had a disagreement. The Administrator stated that if it were abuse it would have been investigated. Review of the facility's policy titled, Abuse, Neglect, Exploitation, and Misappropriation Prevention Program, dated April 2021, revealed, The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives . Investigate and report any allegations within timeframes required by federal requirements. Review of the facility's policy titled, Abuse, Neglect, Exploitation, or Misappropriation - Reporting and Investigating, dated April 2021, revealed, The individual conducting the investigation as a minimum: a. reviews the documentation and evidence . m. reviews the resident's medical record to determine the resident's physical and cognitive status at the time of the incident and since the incident; n. observes the alleged victim, including his or her interactions with staff and other residents; o. interviews the person(s) reporting the incident; p. interviews any witnesses to the incident; (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	q. interviews the resident (as medically appropriate) or the resident's representative; r. interviews the resident's attending physician as needed to determine the resident's condition; s. interviews staff members (on all shifts) who have had contact with the resident during the period of the alleged incident; t. interviews the resident's roommate, family members, and visitors; u. interviews other residents to whom the accused employee provides care or services; v. reviews all events leading up to the alleged incident; and w. documents the investigation completely and thoroughly .

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26006 Based on record review, interview, and policy review, the facility failed to ensure the assessment accurately reflected weight and significant weight loss for one (Resident (R) 52) of 12 residents reviewed for nutrition. This failure placed R52 at risk of additional unplanned weight loss or malnutrition. Findings include: Review of R52's Medical Diagnosis tab of the electronic medical record (EMR) revealed he/she was admitted on [DATE] with diagnoses including: acute kidney failure, chronic kidney disease-stage four with dependence on renal dialysis, hyperkalemia (high potassium), hypomagnesemia (low magnesium), type 1 diabetes mellitus, anemia, and hypertension. Review of R52's quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 10/28/24 indicated his/her weight was 195 pounds (lbs) and he/she had not experienced any significant weight loss or gain. Review of R52's weights found on the Weights and Vitals tab of the EMR revealed on 09/04/24, the resident weighed 193 lbs and on 10/01/24, the resident weighed 177.8 lbs, which is a 7.88% loss in one month. Interview on 02/21/25 at 1:43 PM, the MDS Coordinator (MDSC) stated the Dietary Manager (DM) was responsible for completing the Nutrition and Weight section of the MDS. The MDSC stated the DM should have used the most recent weight on the MDS, which was 177.8 lbs, rather than 195 lbs. The MDSC stated if this was over 5% loss in one month, it would have met criteria for a significant weight loss and should have been coded on the MDS. Interview on 02/21/25 at 2:33 PM, the DM stated he/she would typically use the most current weight when completing the assessment for weight loss and was unsure why R52's weight was recorded incorrectly. The DM stated he/she was not aware R52 had experienced a significant weight loss; however, he/she had been assessed by the Registered Dietician and interventions had been implemented. Review of the facility's undated policy titled, Conducting an Accurate Resident Assessment revealed, The appropriate, qualified health professional will correctly document the resident's medical, functional, and psychosocial problems and identified resident strengths to maintain or improve medical status, functional abilities, and psychosocial status.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26006 Based on record review, interview, and policy review, the facility failed to ensure the Pre-Admission Screening and Resident Review (PASARR) level I screening for mental disorder was completed for one (Resident (R) 36) of 27 residents in the sample. This failure had the potential for R36 to reside in the facility without a determination by the State mental health authority as appropriate for admission. Findings include: Review of R36's Medical Diagnosis tab of the electronic medical record (EMR) revealed he/she was admitted on [DATE] with diagnoses including major depressive disorder, schizoaffective disorder, post-traumatic stress disorder (PTSD), and alcohol abuse and other psychoactive substance abuse with intoxication. He/She did not have a diagnosis of dementia. Review of the Orders tab of the EMR revealed R36 had physician orders which originated on 08/26/24, for olanzapine (an antipsychotic medication), 5 milligrams (mg) at bedtime and 2.5 mg during the day for schizoaffective disorder. Review of R36's admission Minimum Data Set (MDS) with an assessment reference date (ARD) of 09/02/24 and located under the MDS tab of the EMR revealed the Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R36 was cognitively intact. His/Her diagnoses included schizophrenia, depression, and PTSD. Review of R36's EMR under the Miscellaneous tab revealed no evidence of a completed level I PASARR Screening. During an interview on 02/20/25 at 11:16 AM, the Social Service Director (SSD) stated he/she was unable to locate a complete PASARR level I for R36 and was unsure whether it had been completed. The SSD stated the level I PASARR should have been completed prior to admission and available in the EMR for review. Review of the facility's Resident Assessment - Coordination with PASARR Program policy, dated 2024, revealed: 1. All applicants to this facility will be screened for serious mental disorders or intellectual disabilities and related conditions in accordance with the State's Medicaid rules for screening. a. PASARR Level I - initial pre-screening that is completed prior to admission i. Negative Level I Screen - permits admission to proceed and ends the PASARR process unless a possible serious mental disorder or intellectual disability arises later. ii. Positive Level I Screen - necessitates a PASARR Level II . (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. The facility will only admit individuals with a mental disorder or intellectual disability who the State mental health or intellectual disability authority has determined as appropriate for admission. 3. A record of the pre-screening shall be maintained in the resident's medical record.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26006 Based on record review, interview, and policy review, the facility failed to develop and implement interventions for safety for two (Resident (R) 2 and R32) of two residents reviewed for substance use disorders. Findings include: 1. Review of R2's Medical Diagnosis tab of the electronic medical record (EMR) revealed he was admitted to the facility on [DATE] with diagnoses including anxiety, nicotine dependence, post-traumatic stress disorder, alcohol abuse, and bipolar disorder. Review of R2's quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 12/21/24 and located under the MDS tab of the EMR, revealed the Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R2 was cognitively intact. Review of R2's Behavior note dated 10/16/24 and located in the Progress Notes tab of the EMR revealed, Resident tested positive for fentanyl [potent pain medication] during drug screen on 2 attempts this date. Review of R2's Behavior note dated 10/17/24 and located in the Progress Notes tab of the EMR revealed, Several staff members including the RN [Registered Nurse] on duty report to LNHA [Administrator] that resident began to scream at, curse at, and threaten RN secondary to his/her medication dosage on controlled substances being reduced by physician secondary to his/her positive test and continued use of marijuana. Resident has been implicated by several residents including his/her roommate in providing drugs to other residents, caught with weed, and now tested positive for fentanyl. LNHA with SSD [Social Services Director] present for witness speak to resident about his/her behavior. Resident immediately begins to scream and curse at LNHA making threats to sue or call his/her (family member). LNHA explains you can involve an attorney, but continual violation of the facilities [sic] policies could lead to an immediate discharge. Resident continues to be argumentative. Resident has a history of substance use and distribution. Residents' [sic] previous facility indicated resident was removed for violation of drug/alcohol policy on their campus. Review of R2's Care Plan, dated 12/30/24 and located under the Care Plan tab of the EMR, revealed it did not address R2's history of substance abuse, including interventions to prevent substance use in the facility as well as interventions for when substance use is suspected or identified During an interview on 02/21/25 at 11:58 AM, the Director of Nursing (DON) stated he/she was unable to find an incident report, investigation, drug test result, or any other information regarding the incident. 2. Review of R32's Medical Diagnosis tab of the EMR revealed he was admitted to the facility on [DATE] with a diagnosis of chronic obstructive pulmonary disease, anxiety, alcohol dependence, and major depression. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R32's quarterly MDS, with an ARD of 01/10/25 and located in the MDS tab of the EMR, revealed the BIMS score of 14 out of 15 which indicated R32 was cognitively intact. Review of R32's Nurse's Note, dated 10/10/24 and located in the Notes tab of the EMR, revealed, Resident was observed with decreased LOC [level of consciousness] and lethargy. PCP [primary care physician] notified . drug test, and Narcan. Review of R32's subsequent Nurse's Note dated 10/10/24 revealed, Did a drug test, was positive for Fentyl [sic], Morphine, and Suboxome [sic] . Called 911 they came and took him/her to the hospital. Review of R32's hospital Discharge Summary, dated 10/12/24 and located under the Miscellaneous tab of the EMR, revealed, .Presenting today for concerns for opioid overdose. Per ED [emergency department] report, patient was found down in his/her nursing home and responded after receiving 4 mg [milligrams] of Narcan. Per the nursing home staff, UDS [urine drug screen] over there showed Fentanyl, which he/she doesn't use, and they are concerned he/she stole a Fentanyl patch. Review of a physician's Post Hospital Note dated 10/14/24 and located in the Miscellaneous tab of the EMR revealed, Member admits to 'taking something with poison' when attempting to discuss altered mental status on 10/10. He/She does not specify further, however in-house drug testing kit tested on member's specimen via straight cath [catheter] did test positive for fentanyl and this information was relayed to hospital ED staff in report . Diagnostic Statement: Drug Use Disorder, Moderate/Severe, or Drug Use with Non-Psychotic Complications . Plan: Member has been discontinued from Norco due to testing positive for Fentanyl. Order in EMR for Narcan if clinically indicated. Contingency Plan: Nursing to monitor and notify provider if member experiences confusion, somnolence, LOC, or respiratory depression (RR [respiratory rate] less than 12 breaths/min). Narcan per protocol. Review of R32's Care Plan dated 01/17/25 and located under the Care Plan tab of the EMR revealed it did not address R32's history of substance abuse, including interventions to prevent substance use in the facility as well as interventions for when substance use is suspected or identified. During an interview on 02/21/25 at 11:58 AM, the DON stated he/she was unable to find an incident report, investigation, drug test result, or any other information regarding the incident. During an interview on 02/21/25 at 2:53 PM, the SSD stated he/she would expect R2 and R32's Care Plan to address the resident's history of substance use disorder and drug use in the facility, including interventions to provide support, monitor for drug use, limit or monitor leave of absences, and complete drug screening as needed. During a telephone interview on 02/21/25 at 4:59 PM, the Medical Director (who was also R2 and R32's physician) stated he/she thought R32 had obtained drugs from another resident. The Medical Director stated it would be important to include a history of substance use disorder in R2 and R32's Care Plan and develop interventions to increase monitoring, limit time away from the facility, encourage participation in cessation groups, and treat drug use/overdose. Review of the facility's undated policy titled, Safety for Residents with Substance Use Disorder (SUD) revealed: (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. Residents with a history of SUD will be assessed for risks including the potential to leave the facility without notification and use of illegal/prescription drugs. Care plan interventions will be implemented to include increased monitoring and supervision of the resident and their visitors. 2. When substance use is suspected (in the facility or upon return from an absence from the facility) which could lead to overdose, facility staff should implement the care plan interventions, which includes notification of the resident's physician or non-physician practitioner. 3. Care planning interventions will address risks by providing appropriate diversions for residents and encouraging residents to seek out facility staff to discuss their plan of care, including discharge planning, rather than leaving to seek out substances which could endanger the resident's health and/or safety .

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 12273 18750 52126 Based on observations, interviews, record review and policy review, the facility failed to ensure three of three portable compressed oxygen cylinders were safely stored in a secure device. The deficient practice had the potential for severe physical harm if the pressurized cylinder was to be knocked over and explode. In addition, the facility failed to ensure respiratory equipment was kept in a clean and sanitary manner for one of three residents (Resident (R) R58) reviewed for oxygen usage in the sample of 27. Failure to provide clean oxygen tubing and oxygen filter increased the risk for respiratory problems related to contaminated equipment. Findings include: 1. Review of the facility's policy titled, Oxygen Safety, revised May 2011 indicated, Store oxygen cylinders in racks with chains, sturdy portable carts, or approved stands. Never leave oxygen cylinders free-standing. Review of the undated facility policy titled Oxygen Safety revealed, Policy: It is policy of this facility to provide a safe environment for residents, staff, and the public. This policy addresses the use and storage of oxygen and oxygen equipment. h. When small-size (A, B, D, or E) cylinders in use, they shall -be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders. Observation on 02/17/25 at 12:23 PM, revealed an Oxygen (O2) cylinder (Type E) in front of the East Nurses Station that was not attached to a cylinder stand or other medical equipment designed to hold a compressed gas cylinder. Oxygen tubing was attached to the O2 cylinder and lying on the floor. The compressed O2 cylinder was free standing upright in the hallway where residents ambulate and use their wheelchairs. Another O2 cylinder was observed free standing in the O2 storage room in front of the oxygen cylinder storage rack, not attached to a cylinder stand or other medical equipment designed to hold a compressed gas cylinder. During an interview on 02/17/25 at 1:12 PM, Licensed Practical Nurse (LPN) 2 stated that he/she did not know why the cylinder was there by the nurses station or how long it had been there. LPN2 stated that O2 cylinders were kept in a bag or cart when not in the oxygen storage room. LPN2 stated that O2 cylinders were required to be stored in the O2 cylinder rack while in the oxygen cylinder storage room. An explosion could occur if an O2 cylinder gets knocked over. LPN2 stated that all staff and nurses were responsible for making sure tanks were secured and properly stored. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 02/17/25 at 12:23 PM, revealed an O2 cylinder (Type E) in front of the East Nurses Station that was not attached to a cylinder stand or other medical equipment designed to hold a compressed gas cylinder. Oxygen tubing was attached to the O2 cylinder and lying on the floor. The compressed O2 cylinder was free standing upright in the hallway where residents ambulate and use their wheelchairs. Another O2 cylinder was observed free standing in the Oxygen storage room in front of the oxygen cylinder storage rack, not attached to a cylinder stand or other medical equipment designed to hold a compressed gas cylinder. During an interview on 02/17/25 at 1:12 PM, LPN2 stated that he/she did not know why the cylinder was there by the nurses station or how long it had been there. LPN2 stated that O2 cylinders were kept in a bag or cart when not in the oxygen storage room. LPN2 stated that O2 cylinders were required to be stored in the O2 cylinder rack while in the oxygen cylinder storage room. An explosion could occur if an O2 cylinder gets knocked over. LPN2 stated that all staff and nurses were responsible for making sure tanks were secured and properly stored. During an observation on 02/20/25 at 1:40 PM, an unsecured E cylinder oxygen tank was next to the back of R31's wheelchair. 2. Review of R31's Physician Orders in the electronic medical record (EMR) located under the Orders tab dated 12/10/24 indicated Oxygen at 2 liter per minute (lpm) via nasal cannula use as needed for shortness of breath. During an interview on 02/20/25 at 1:42 PM, Registered Nurse (RN) 1 observed the cylinder and stated it is not safe it should be in a stand. He/She was asked what could happen if the oxygen cylinder were to remain free standing. RN1 stated, It could fall over and explode. During an interview on 02/21/25 at 6:33 PM, the Director of Nursing (DON) was asked about the oxygen being left free standing and not contained in a stand. The DON stated, Oxygen should always be placed in a stand. If the gauge breaks it becomes a missile. 3. Review of R58's significant change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/22/24, revealed R58 was admitted to the facility on [DATE] with diagnoses that included the need for supplemental oxygen. During an observation on 02/17/25 at 1:34PM, R58 was observed lying in bed with an oxygen concentrator on the right side of the bed near the handwashing sink in the room. The oxygen tubing was observed lying directly on the floor, and two different dates were observed on the tubing. The humidifier bottle was dated 01/25/25. The oxygen concentrator filter was coated on the outside with a heavy coating of gray dust. During an observation on 02/18/25 at 12:25, the oxygen tubing had two different dates on it and remained rolled up but was directly on the floor, and the oxygen concentrator filter was gray colored. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 02/19/25 at 10:34AM, LPN3 stated the oxygen tubing should not be lying directly on the floor due to the risk of contamination. After going to the resident's room, the oxygen tubing was discovered without any date and the humidifier bottle was observed to be dated 01/25/25. LPN 3 confirmed the oxygen concentrator filter needed to be cleaned and stated the tubing should be dated to show when it was changed last and did not know why it was not dated. LPN3 stated the equipment should be changed weekly, and the tubing needed to be stored in a bag.

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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 0698 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18750 Based on record review, interview and policy review, the facility failed to provide the personalized dialysis contract for one of one resident (Resident (R)31) who received dialysis from the facility. This deficient practice had the potential to affect all residents who receive dialysis from this facility to receive agreed on services. Findings include: Review of the facility's policy titled, Business Associate Agreements revised February 2014 revealed, Policy Statement: Our facility may disclose protected health information (PHI) (including electronic protected health information [e-PHI]) to business associates or allow business associates to create or receive protected health information (PHI/e-PHI), upon the business associate's signing a written agreement to appropriately safeguard such protected information. Review of R31' electronic medical record (EMR) revealed an Admission Record revealed an admitted [DATE] with diagnosis of end stage dialysis. Review of R31's quarterly Minimum Data Set (MDS) with an assessment reference date of 01/19/25, with a Brief Interview for Mental Status (BIMS) of 15 out of 15 which indicated R31 was cognitively intact. Review of R31's EMR revealed, Physician Orders located under the Orders tab revealed an order dated 10/15/24 for dialysis at [name of facility] on Monday, Wednesday, and Friday. On 02/18/25 at 9:00 AM, the Director of Nursing (DON) was asked about the dialysis contract. The DON stated they could not find the contract and were waiting to get ahold of the dialysis center to have them send a copy of the contract. On 02/20/25 at 10:00 AM, another request was made for the dialysis agreement. The Administrator stated they were still waiting for a copy of the agreement from the dialysis center that R31 goes to for dialysis. On 02/21/25 at 2:00 PM, the DON confirmed that they did not have nor received a contract from the dialysis center.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 18750 Based on documentation, interview and policy review, the facility reported to the Centers of Medicare and Medicaid (CMS) through mandatory submission of staffing information in the Payroll- Based Journal (PBJ)excessively low weekend staff. This deficient practice had the potential to allow 112 residents not to receive the care and services required. Findings include: Review of the undated facility policy titled, Nursing Services and Sufficient Staff revealed, Policy: It is the policy of this facility to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility's census, acuity and diagnoses of the resident population will be considered based on the facility assessment. Policy Explanation and Compliance Guidelines: 1. The facility will supply services by sufficient numbers of each of the following personnel types on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans . Review of the Staffing Data Report the following: The third quarter (April 1- June 30, 2024) indicated excessively low weekend staffing. The fourth quarter (July 1- September 30, 2024) indicated one star staffing rating, excessively low weekend staffing. During an interview on 02/21/25 at 10:14 AM, the Staffing Coordinator/ Human Resources (SC/HR) was asked about the reports and stated that it has been a battle to meet the staffing needs for the weekends. The SC/HR said they have continuously hired, and staff do not show up. During an interview on 02/21/25 at 6:33 PM, the Director of Nursing (DON) was asked about the PBJ and scheduling. The DON stated it has been a challenge to get staffing to cover the weekends.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 18750 Based on document review, interview, and facility policy review, the facility failed to ensure eight hours per day of Registered Nurse (RN) coverage. Specifically, the facility reported to the Centers of Medicare and Medicaid (CMS) through mandatory submission of staffing information in the Payroll- Based Journal (PBJ), the lack of RN coverage for three out of four quarters (first, second and fourth quarter of 2024). This deficient practice had the potential to allow 112 residents not to receive the care and services required. Findings include: Review of the undated facility policy titled, Nursing Services and Sufficient Staff revealed, Policy: It is the policy of this facility to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility's census, acuity and diagnoses of the resident population will be considered based on the facility assessment. Policy Explanation and Compliance Guidelines . 8. Except when waived, the facility must use the services of a registered nurse for at least 8 consecutive hours a day,1 day a week. Review of the Staffing Data Report the following: The first quarter (October 1- December 31, 2024) indicated No RN hours. The second quarter (January 1- March 31, 2024) indicated No RN hours. The fourth quarter (July 1- September 30, 2024) No RN hours. During an interview on 02/21/25 at 10:14 AM, the Staffing Coordinator/ Human Resources (SC/HR) was asked about the reports. The SC/HR stated it has been difficult to get an RN for night shift. The SC/HR stated they have tried to hire nurses through newspaper, media sites and through the facility website. During an interview on 02/21/25 at 6:33 PM, the Director of Nursing (DON) was asked about the PBJ and scheduling. The DON confirmed that the facility did not have RN coverage at least eight hours per day for the first, second and fourth quarters in 2024.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52126 Based on interview, record review, and policy review, the facility failed to ensure the electronic medication administration record (MAR) matched the Controlled Drug Administration Record Tablet for three residents (Resident (R)65, R97, and R86) out of a total sample of 27 residents. The deficient practice increased the risk of staff administering narcotic medication that had already been administered to residents which increased the risk of adverse effects. Findings include: 1. Review of R65's Admission Record located under the Profile tab of the electronic medical record (EMR) revealed the resident was admitted on [DATE], with diagnosis of chronic pain syndrome. During an interview on 02/17/25 at 10:18 AM, R65 stated that his/her narcotic medications ran out consistently included: oxycodone (a narcotic pain medication) and buprenorphine (a narcotic pain medication). Review of R65's Clinical Physician Orders located under the Orders tab of the EMR revealed an order dated 11/22/24 for Oxycodone 10 milligrams (mg) to be administered every 8 hours as needed for moderate to severe pain. On 02/11/25, the order for oxycodone was revised to be administered for three days and a new order was written for Oxycodone 5 mg to be administered every 8 hours as need for pain. Review of R65's Controlled Drug Administration Record Tablet provided by the facility dated 01/26/2025 and the MAR dated February 2025, located under the Orders tab of the EMR for Oxycodone 10mg revealed: On 02/03/25 two of two doses administered were not documented on the MAR. On 02/04/25 one of three doses administered was not documented on the MAR. On 02/05/25 one of two doses administered was not documented on the MAR. On 02/06/25 two of four doses administered were not documented on the MAR. On 02/07/25 one of two doses administered was not documented on the MAR. On 02/08/25 one of three doses administered was not documented on the MAR. On 02/10/25 one of three doses administered was not documented on the MAR. On 02/11/25 three of three doses administered were not documented on the MAR. On 02/12/25 one of two doses administered was not documented on the MAR. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/13/25 to 02/17/25 medication was out of stock On 02/19/25 one of two doses administered was not documented on the MAR. Review of R65's Controlled Drug Administration Record Tablet provided by the facility dated 02/17/25 and the Medication Administration Record, dated February 2025, located under the Orders tab of the EMR for Oxycodone 5 mg revealed: On 02/19/25 one of two doses administered was not documented on the MAR. Review of R65's Clinical Physician Orders located under the Orders tab of the EMR revealed an order dated 02/11/25, the order for buprenorphine was revised to be administered for three days and a new order was written for Buprenorphine 8 mg sublingual tablet to be administered every 8 hours as need for pain. Review of R65's Controlled Drug Administration Record Tablet sheets provided by the facility dated 01/26/25, 02/01/25, and 02/10/25, and the MAR dated February 2025 located under the Orders tab of the EMR for buprenorphine 2mg tablets revealed: On 02/03/25 two of three doses administered were not documented on the MAR. On 02/04/25 one of one dose administered was not documented on the MAR. On 02/05/25 one of three doses administered was not documented on the MAR. On 02/06/25 three of three doses administered were not documented on the MAR. On 02/08/25 one of three doses administered was not documented on the MAR. On 02/09/25 one of three doses administered was not documented on the MAR. On 02/11/25 one of two doses administered was not documented on the MAR. On 02/12/25 three of three doses administered were not documented on the MAR. On 02/13/25 one of two doses administered was not documented on the MAR. On 02/14/25 two of three doses administered were not documented on the MAR. On 02/15/25 three of three doses administered were not documented on the MAR. On 02/16/25 four of four doses administered were not documented on the MAR. On 02/17/25 one of two doses administered was not documented on the MAR. Review of R65's Controlled Drug Administration Record Tablet sheets provided by the facility dated 02/17/25 and the MAR dated February 2025 located under the Orders tab of the EMR for buprenorphine 8mg tablets revealed: (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/18/25 one of two doses administered was not documented on the MAR. On 02/19/25 two of two doses administered were not documented on the MAR. 2. Review of R97's Admission Record located under the Profile tab of the EMR revealed the resident was admitted on [DATE] with diagnosis of chronic pain. Review of R97's Clinical Physician Orders located under the Orders tab of the EMR revealed an order dated 12/12/24 for Oxycodone 5 mg tablets to be administered every 4 hours as needed pain. Review of R97's Controlled Drug Administration Record Tablet sheets provided by the facility dated 12/30/2024 and 02/08/25 and the MAR dated February 2025 located under the Orders tab of the EMR for Oxycodone 5mg revealed: On 02/03/25 one of one dose administered was not documented on the MAR. On 02/04/25 two of two doses administered were not documented on the MAR. On 02/11/25 one of one dose administered was not documented on the MAR. On 02/15/25 one of two doses administered was not documented on the MAR. On 02/16/25 three of three doses administered were not documented on the MAR. On 02/17/25 one of two doses administered was not documented on the MAR. On 02/19/25 one of two doses administered was not documented on the MAR. 3. Review of R86's Admission Record located under the Profile tab of the EMR revealed the resident was admitted on [DATE], with diagnoses which included abdominal pain and neuropathy. Review of R86's Clinical Physician Orders located under the Orders tab of the EMR revealed an order dated 12/01/23 for Oxycodone 5 mg tablets to be administered every 6 hours as needed for moderate to severe pain. Review of R86's Controlled Drug Administration Record Tablet sheets provided by the facility dated 01/24/25 and 02/07/25 and the MAR dated February 2025 located under the Orders tab of the EMR for Oxycodone 5mg revealed: On 02/03/25 one of two doses administered was not documented on the MAR. On 02/04/25 one of two doses administered was not documented on the MAR. On 02/05/25 one of two doses administered was not documented on the MAR. On 02/06/25 one of three doses administered was not documented on the MAR. On 02/09/25 one of two doses administered was not documented on the MAR. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/10/25 two of three doses administered were not documented on the MAR. On 02/11/25 one of two doses administered was not documented on the MAR. On 02/15/25 one of two doses administered was not documented on the MAR. On 02/16/25 four of four doses administered were not documented on the MAR. On 02/18/25 one of three doses administered was not documented on the MAR. 4. During an interview on 02/20/25 at 10:03 AM, Licensed Practical Nurse (LPN) 3 stated, we are required to document narcotics at the time of removal on the Controlled Substances Administration Record sheet and on the MAR in the computer. If we get busy, we might not sign them out on the computer. They want us to sign narcotics out both on the paper narcotics log and on the computer. During an interview on 02/20/25 at 10:09 AM, Registered Nurse (RN)1 stated, to administer narcotic medications, we document on the paper narcotics log when removed and document in computer. The paper narcotic log is considered an administration record. The only time I would not document in the computer would be if the internet was down. During an interview on 02/20/25 at 1:38 PM, the Director of Nursing (DON) stated, As soon as the medication is popped out, the medication is documented as removed from count on the Controlled Substances Administration Record sheet. Then, when the medication is administered, it is documented in the EMR on the MAR. The controlled substance record can be considered an administration record. The EMR is the required administration record. There should not be any instances where a controlled medication would not be documented in the EMR if documented on the Controlled substance record. I expect all medications to be documented on the EMR when administered. Review of the facility's policy titled, Controlled Substances revised April 2019 indicated, Controlled substances are reconciled upon. administration. Upon administration: The nurse administering the medication is responsible for recording: 1) name of the resident receiving the medication; 2) name, strength, and dose of the medication; 3) time of administration; 4) method of administration; 5) quantity of the medication remaining; and 6) signature of nurse administering medication. Review of the facility's policy titled, Administering Medications revised April 2019 indicated, As required or indicated for a medication, the individual administering the medication records in the resident's medical record: a. the date and time the medication was administered; b. the dosage; c. the route of administration; . e. any complaints or symptoms for which the drug was administered; f. any results achieved and when those results were observed; and g. the signature and title of the person administering the drug.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18750 Based on record review and interview, the facility failed to ensure pharmacy recommendations were reviewed and signed by the physician for two of five sampled residents (Resident (R)19 and R60). This deficient practice had the potential to allow residents to continue to receive medications with irregularities that the physician has not furnished a rational. Findings include: 1. Review of R19's electronic medical record (EMR) revealed Admission Record which indicated the admitted [DATE] with diagnoses major depressions and anxiety. Review of R19's quarterly Minimum Data Set (MDS)located in the EMR under the MDS tab with an assessment reference date (ARD) of 12/23/24 showed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating intact cognitive ability. Review of R19's Physician Orders located in the EMR under the Orders tab revealed an order dated 07/08/23 for clonazepam oral tablet 1 milligram (mg) by mouth three times a day for anxiety; order dated 06/25/24 for sertraline tablet 25mg give one tablet by mouth one time a day for depression; and order dated 07/06/23 for doxepin oral capsule 25mg give two capsules by mouth at bedtime related to major depression disorder. Review of pharmacy recommendations revealed the following: On 07/24/24 the pharmacist recommended the clonazepam 1milligram (mg) three times a day and doxepin 50mg daily for the past year, be considered for a reduction to either agent if clinically appropriate. There was no response from the physician. On 12/23/24 the pharmacist recommended sertraline 25mg daily since June. The pharmacist asked that it be considered to reduce the medication. There was no response from the physician. 2. Review of R60's EMR revealed Admission Record indicated the admitted [DATE] with diagnoses of anxiety and major depressive disorder. Review of R60's quarterly MDS located in the EMR under the MDS tab with and ARD of 01/13/25 showed a BIMS score of 13 out of 15 indicating intact cognitive ability. Review of R60's Physician Orders located in the EMR under Orders tab revealed an order dated 10/30/24 for Ativan oral tablet 0.5 mg one tablet by mouth two times a day for anxiety. Review of pharmacy recommendations dated 3/21/24 and 09/23/24, the pharmacist recommended the Ativan 0.5mg two times a day for the last year, consider a trial reduction. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. During an interview on 02/21/25 at 5:18 PM, the Medical Director was asked about the process of how the physician is aware of the pharmacist recommendations. The Medical Director stated the former Assistant Director of Nursing (ADON) use to get them and if they have to do with the psychotropic medications then I let the psychologist or the nurse practitioner address those medications. The expectation is that the recommendations be addressed no later than 30 days. They certainly should have been addressed before now. During an interview on 02/21/25 at 6:10 PM, the Director of Nursing (DON) stated, the former ADON oversaw the pharmacy reviews and the recommendations. When he/she left we could not find what he/she had done with them.

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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. 52126 Based on observation, interviews, and policy review, the facility failed to properly label insulin pens with resident name and opened date and discard expired insulin pens, keep food, personal items and makeup separate from medications for two of six medication carts. The deficient practice could result in altered effectiveness of the medication, worsening of resident's symptoms, Findings include: 1. Observation on 02/19/25 at 1:27 PM of the nurse's medication cart with Licensed Practical Nurse (LPN)3 on the 100 (East) hall revealed: There were two Humalog insulin pens not labeled with the resident's name. There were five Lantus insulin pens open and not dated. There was one Levemir insulin pen that had an open date of 12/08/24. There was one Lantus vial that had an open date of 12/10/24. LPN3 at the time of the observation the insulin was expired and is to be discarded within 28 days after the date opened. A container of applesauce was found stored in the drawer with nebulizer medications. There was lipstick and makeup found in the top drawer without a name. LPN3 stated at the time of the observation, that the makeup belonged to a resident but was unsure to whom. Interview on 02/19/25 at 1:27PM, LPN3 stated the pens were opened/used. 2. Observation on 02/19/25 at 2:27 PM of the nurse's medication cart with Registered Nurse (RN)1 on the 200 (West) hall revealed: There were three insulin pens that were opened and not dated. RN1 stated one pen had a date marked on it 2/17. The date was not legible and there was not a label to indicate if the date was when it was opened or when it expired. There was a bottle of liquid Gabapentin oral solution that was opened and not dated. There was a purse and cell phone in a drawer on top of patient medications. RN1 stated at the time of the observation that the personal items belonged to her. There were two containers of pudding in a drawer with patient medications. There were two bottles of sterile water that expired on 04/12/24. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	RN1 stated at the time of the observation that food was not to be stored with medications and that the liquids are required to be dated when opened. During an interview on 02/20/25 at 1:28 PM, the Director of Nursing (DON) stated that more than one resident could not use insulin pens. It is expected to have a resident label on each pen with the date opened. Each insulin pen was expected to be dated immediately when opened. The DON stated he/she thought insulin pens and vials would expire 30 days from date opened but was not sure. The DON stated applesauce, and pudding should not be stored in the medication carts and that personal items should not be stored in medication carts. Review of the facility's undated policy titled, Storage of Medication Requiring Refrigeration, indicated The facility must provide safe and effective storage of all drugs and biologicals in a locked storage area under proper temperature controls. consistent with state and federal requirements and professional standards of practice. The facility will ensure that all drugs and biologicals used will be labeled in accordance with professional standards, including expiration dates (when applicable).Remove any expired medications from active stock and discard medication according to facility policy. Date label of any multi-use vial when the vial is first accessed (needle punctured), the vial should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. Review of the facility policy titled, Administering Medications revised April 2019 indicated, The expiration/beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date opened is recorded on the container. Insulin pens are clearly labeled with the resident's name or other identifying information. Prior to administering insulin with an insulin pen, the nurse verifies that the correct pen is used for the resident.

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F 0801 Level of Harm - Minimal harm or potential for actual harm 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. 12273 Based on observation, interview, document review and record review, the facility failed to ensure a Certified Dietary Manager (CDM) or other qualified professional was employed by the facility to manage the dietary department when a Registered Dietitian was not employed full-time. Failure to meet this requirement placed all 112 residents receiving foods served by the facility at risk for dissatisfaction with meals, malnutrition and/or a food-borne illness. Findings include: 1. During an interview on 02/19/25 at 10:00 AM, the Dietary Manager (DM) was asked if they had completed a certification course for dietary managers, he/she stated, No. When asked if he/she had completed any formal training in food and or nutrition services, the DM stated, No and explained he/she had assumed the role after working as a cook in the facility for the past two years. 2. The facility failed to assure food was palatable and served at appetizing temperatures for residents reviewed for food concerns. Additionally, review of the Review of Resident Council Meeting Minutes revealed complaints related to food palatability from five of five months of minutes reviewed. 3. The facility failed to ensure that one resident's preference for a sandwich to be add to the lunch and dinner meals was being honored. 4. The facility failed to ensure foods were stored, prepared, and distributed under sanitary conditions. During an interview on 02/19/25 at 10:10 AM, the Director of Nursing (DON) stated the DM was not a CDM and did not meet the criteria.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18750 Based on observation, interview, document review and record review, the facility failed to assure food was palatable and served at appetizing temperatures for 10 of 10 residents (R2, R22, R101, R63, R70, R40, R31, R65, R97 and R94) reviewed for food concerns out of a sample of 27. Additionally, review of Review of Resident Council Meeting Minutes revealed complaints related to food palatability from five of five months of minutes reviewed. Failure to serve palatable and appetizing foods placed all residents residing in the facility at risk for weight loss. Findings include: 1. During meal service on 02/20/25, the [NAME] was observed testing temperatures of the foods on the tray line prior to starting tray service. A check of the log showed temperatures were recorded between 170 and 190 Degrees Fahrenheit (F). A test tray was requested from dietary and on 02/20/25 at 1:28 PM. The last tray cart left the kitchen for east hall residents who ate in their room and included the test tray. After the last trays were served to residents, a temperature and taste test of the regular diet was completed with the Dietary Manager (DM). The temperature of the chicken parmesan was 123 degrees F, the creamy rice was 121 degrees F, and the broccoli was 110 degrees F. The DM and surveyor tasted the food, which tasted cold. The DM stated at this time that the temperatures obtained affected palatability. 2. Review of R2's Medical Diagnosis tab of the electronic medical record (EMR) revealed he/she was admitted on [DATE]. Review of R2's quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 12/21/24 and located in the MDS tab of the EMR the Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R2 was cognitively intact. During an interview on 02/17/25 at 9:35 AM, R2 stated the food was served cold. He/She stated facility residents were not allowed to use the microwave, and staff did not offer to heat up the food. 3. Review of R22's Medical Diagnosis tab of the EMR revealed he/she was admitted on [DATE]. Review of R22's admission MDS with an ARD of 11/13/24 revealed the BIMS score of 14 out of 15 which indicated R22 was cognitively intact. During an interview on 02/17/25 at 9:40 AM, R22 stated the meals were always cold. He/She stated he/she would like to heat up his/her food in a microwave, but he/she was not allowed. 4. Review of R70's Medical Diagnosis tab of the EMR revealed he/she was admitted on [DATE]. Review of R70's quarterly MDS with an ARD of 11/16/24, revealed the BIMS score of 15 out of 15 which indicated R70 was cognitively intact. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 02/17/25 at 9:53 AM, R70 stated the food did not taste good or look appetizing. During lunch in R70's room on 02/17/25 at 1:19 PM, R70 did not eat his/her meal, and stated he/she was not going to eat it, because it didn't look appetizing. 5. Review of R101's Medical Diagnosis tab of the EMR revealed he/she was admitted on [DATE]. Review of R101's quarterly MDS with an ARD of 01/11/25 revealed the BIMS score of 15 out or 15 which indicated R101 was cognitively intact. During an interview on 02/17/25 at 12:42 PM, R101 stated, The food is terrible. 6. Review of R63's Medical Diagnosis tab of the EMR revealed he/she was admitted on [DATE]. Review of R63's admission MDS, with an ARD of 02/04/25 revealed the BIMS score of 15 out of 15 which indicated R63 was cognitively intact. During an interview on 02/17/25 at 12:50 PM, R63 stated the food did not taste good or looked appetizing. He/She stated the food was not served hot. 7. Review of R40's Medical Diagnosis tab of the EMR revealed he/she was admitted on [DATE]. Review of R40's significant change of status MDS with an ARD of 01/10/25 revealed the BIMS score of 15 out of 15 which indicated that R40 was cognitively intact. During an interview on 02/17/25 at 3:51 PM, R40 stated he/she did not like the taste of the food. 8. Review of R31's EMR Admission Record revealed an admitted [DATE]. Review of R31's quarterly MDS located in the EMR under the MDS tab with an ARD of 01/19/25 showed a BIMS score of 15 out of 15 indicating intact cognitive ability. During an interview on 02/18/25 at 8:57 AM, R31 was asked about the food. R31 stated the food tasted cold. 9 Review of R65's Clinical Census, located under the Census tab of the electronic medical record (EMR), revealed the resident was admitted on [DATE]. During an interview on 02/17/25 at 10:18 AM, R65 stated, The food is terrible. 10. Review of R97's Clinical Census, located under the Census tab of the EMR, revealed the resident was admitted on [DATE]. During an interview on 02/17/25 at 12:13 PM, R97 stated, The food is cold. Lunch comes whenever; maybe by 1:30-2:00 PM. 11. Review of R94's Clinical Census, located under the Census tab of the EMR, revealed the resident was admitted on [DATE]. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 02/17/25 at 10:18 AM, R94 stated that the kitchen is a problem. Food tastes horrible. Food is not hot. The alternative is usually burritos or burgers. 12. The facility failed to ensure the grievances voiced repeatedly by the resident council were addressed and resolution presented to the council regarding food palatability. (Refer to F565) 26006

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 12273 26006 Based on observation, interview and record review, the facility failed to ensure that one of one resident (R)50) in the sample of 27 revealed the resident's preference for a sandwich to be add to the lunch and dinner meals was not being honored. The failure to ensure that a resident's food preferences were honored could result in the resident loosing weight. Findings include: 1. Review of R50's Medical Diagnosis tab of the EMR revealed he/she was admitted on [DATE] with diagnoses including peripheral vascular disease, heart disease, and amputation of toes. Review of R50's quarterly MDS with an ARD of 02/05/25 and located under the MDS tab of the EMR, revealed the BIMS score of 15 out of 15 which indicated intact cognition. During an interview on 02/17/25 at 10:08 AM, R50 stated he/she was supposed to receive a sandwich with his/her meals, but he/she never received one. He/She explained his/her meal tickets documented he/she was to receive a sandwich with every meal because he/she did not feel like he/she got enough to eat with the regular meal. During an observation on 02/17/25 at 1:18 PM, R50 received the regular meal of pork, mashed potatoes, and vegetables. There was no sandwich with the meal. The tray ticket documented, sandwich with meal. R50 stated he/she did not receive a sandwich but would have liked one. During an observation on 02/19/25 2:06 PM, R50 was served his/her meal of a hot dog and chips. He/She did not receive a sandwich with the meal. R50 stated he/she did not receive a sandwich but would have liked one, as his/her meal was not enough. The tray ticket documented, Sandwich with meal. During an interview on 02/21/25 at 7:02 PM, the Dietary Manager (DM) stated he/she had noticed R50 was not receiving sandwiches with lunch and dinner per his/her tray ticket. He/She stated the resident was to receive a sandwich.

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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. 12273 Based on observation, interview, Food and Drug Administration (FDA) Food Code and policy review, the facility failed to ensure foods were stored, prepared, and distributed under sanitary conditions. This had the potential to 112 of 112 residents who ate food from the kitchen and placed these residents at risk for a food borne illness. Findings include: Review of the 2022 Food Code, published by the Food and Drug Administration (FDA) Food Code and accessible at https://www.fda.gov, revealed, . Handwashing sink shall be equipped to provide water at a temperature of at least . (85 degrees F [Fahrenheit]) through a mixing valve or combination faucet . Review of the facility's policy titled, Food Preparation and Service, revised 04/2019, revealed, . Food and nutrition services [sic] employees prepare and serve food in a manner that complies with safe food handling practices . Appropriate measures are used to prevent cross contamination. These include . cleaning and sanitizing work surfaces . and food-contact equipment between uses, following food code guidelines . Food preparation staff adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illness . The 'danger zone' for food temperatures is between 41 [degrees Fahrenheit (F)] and 135 [degrees F]. This temperature range promotes the rapid growth of pathogenic microorganisms that cause foodborne illness . Proper hot and cold temperatures are maintained during food service . Employees also wash their hands after collecting soiled plates and food waste prior to handling food trays . 1. During the initial tour of the kitchen on 02/17/25 at 9:20 AM, the water at the handwashing sink was noted to be cold after the water ran for 10 minutes. The [NAME] stepped to the sink and washed their hands. When asked if the water got hot, he/she stated yes, and then commented he/she did not have enough time to wait for it to warm up. A food processor, located on a counter in the kitchen, was noted to have water inside the bowl. The blade was removed, and food residue was inside the blender bowl. The base of the food processor was soiled with dried food splatter. The Dietary Manager (DM) stated the equipment should be washed and clean if on the base. The can opener was noted to have black colored food residue adhered to the blade, and the base was observed with dried food spills and splash. The head of the dispenser gun for the juice dispenser was heavily soiled with visible juice pulp and smelled of sour juice. The handle of the device was soiled and sticky to the touch. The DM stated Dietary Aide (DA) 13 was responsible for cleaning the machine. DA13 stated he/she did not remove the cap or soak the head of the dispenser to clean it. The handle on the microwave was observed with dried food and was sticky. The interior had food spills inside. The DM commented it must have been used last night. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The walk-in refrigerator had one opened and undated box of health shakes. The DM stated the shakes could be served for up to 14 days after being placed in the refrigerator and should have been dated when placed in the refrigerator. An undated and unlabeled pan with two cooked pork loins was noted in the walk-in refrigerator. The DM stated the pork was cooked the previous day, then refrigerated, and would be served for the noon meal that day. The temperature of the handwashing sink was checked, after running the water for 10 minutes, a check of the temperature found it only reached 72 degrees F. The temperature did not reach the FDA recommendation for handwashing sinks in food service areas of 85 degrees F. On 02/19/25, at 9:30 AM, during an interview with the DM, DA12 was observed rinsing soiled dishes and loading them into rack while wearing gloves. After preparing several racks of soiled dishes, DA12 stepped to the clean side of the dish machine and picked up clean water pitchers with the same gloves. The DM was asked about DA12's actions. The DM directed DA12 to wash their hand in the handwashing sink. DA12 doffed his/her gloves, went to the sink, and rinsed his/her hand under the waterspout. DA12 did not use soap or friction to wash his/her hands. The DM observed this and reapproached DA12 and directed him/her to use soap, friction, and water when washing hands. On 2/19/25 at 11:50 AM, the Assistant Dietary Manager (ADM) was observed testing and documenting temperatures of foods served for the noon meal on a log. After preparing to serve the meal, two additional food items, cheese quesadillas and soup were observed on the steamtable; however, the temperature log did not record temperatures for either item. When asked, ADM tested the temperatures and found the soup was 128 degrees F and the quesadillas were 117 degrees F. ADM stated the items were not hot enough and reheated them. On 02/20/25 at 11:00 AM, burritos and toasted cheese sandwiches were noted on the tray line. The [NAME] measured their holding temperatures, and it was noted the temperature of both items was 128 degrees F. [NAME] then moved the items to the oven to reheat them. 2. During delivery of room meal trays in the [NAME] Hall on 02/17/25 beginning at 1:09 PM, the meal trays were observed on a metal cart. Each tray had a plate covered with an insulated cover and a small dish containing the apple cobbler dessert, which was not covered. The staff brought the meal trays from the cart at one end of the hall to residents' rooms up and down the length of the hall with the dessert uncovered. In an interview on 02/17/25 at 1:15 PM, certified nurse aide (CNA) 8 stated the desserts on the trays were not covered because it did not fit under the cover over the main plate. CNA8 stated the dessert was typically served uncovered in a separate dish. During delivery of room meal trays in the [NAME] Hall on 02/19/25 beginning at 1:36 PM, the meal trays were observed on a metal cart covered with plastic. Each tray had a plate covered with an insulated cover and a small dish containing the muffin dessert, which was not covered. The staff brought the meal trays from the cart at one end of the hall to residents' rooms up and down the length of the hall with the dessert uncovered. The Director of Nursing (DON) served a tray to a resident containing an uncovered dessert. (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 interview on 02/19/25 at 2:06 PM, the DON confirmed the dessert was uncovered while on the uncovered cart and while in transit down the hall. In an interview on 02/21/25 at 2:31 PM, the DM stated he/she noticed the desserts were not covered again today when going down the hall in the uncovered cart.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 12273 Based on observation and interview, the facility failed to ensure refuse and garbage was disposed of properly when the lid to the dumpster was not kept closed. This had the potential to increase the risk of rodents and other pests which could affect all 112 residents who resided at the facility. Findings include: During observations of the dumpsters located behind the kitchen on 02/17/25 at 10:00 AM, 02/18/25 at 10:45 AM, 02/20/25 at 11:45 AM and 2/21/25 at 9:30 AM, the dumpster lid was observed open. During an interview on 02/17/25 at 10:00AM, the Dietary Manager (DM) reported that all the departments in the facility discarded garbage in the area and should close the lid when they finished adding trash to the dumpster.

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. 26006 Based on interview, record review, and policy review, the facility failed to inform the 29 residents, R315, R77, R97, R104, R316, R72, R105, R61, R107, R68, R63, R24, R13, R108, R7, R106, R314, R67, R62, R110, R22, R73, R109, R115, R119, R116, and R117, and/or their representatives who signed the binding arbitration agreement out of a census of 112 in writing they were not required to enter into a binding arbitration agreement as a condition of admission. This failure placed these 29 residents at risk of signing the agreement involuntarily. Findings include: Review of the facility's Arbitration Agreement Rider to the Admission Contract, provided by the Administrator revealed, The parties agree that any and all disputes arising out of or in any way related to the contract or the Resident's stay at the facility . shall be decided by arbitration in accordance with this Rider. The arbitration proceeding and settlement shall remain confidential . The resident also understands that nothing in this Rider prevents him/her from communicating with federal, state, or local officials . The parties agree that the Operator shall pay the fees of the arbitrators: [sic] and Operator shall pay up to $5,000 of the Resident's attorney fees and costs . ; the Resident shall have the right to choose the location of the arbitration; and the Federal Arbitration Act would govern the proceedings . This Rider may be revoked within 30 days of this signed Arbitration Agreement Rider. The agreement did not include a statement that neither the resident or his/her representative is required to sign the biding arbitration agreement as a condition of admission to, or as a requirement to continue to receive care at the facility. Review of an undated document titled, Signed & Uploaded Arbitration Agreements, provided by the Admissions Coordinator revealed 29 facility residents had entered into the binding arbitration agreement. During an interview on 02/21/25 at 2:29 PM, the Admissions Coordinator stated the facility's arbitration agreement did not include the statement that neither the resident or his/her representative is required to sign the binding arbitration agreement as a condition of admission to, or as a requirement to continue to, receive care at the facility. He/She stated residents were not required to sign the arbitration agreement on admission even though the form did not have a place to mark a declination. Review of the undated facility policy titled, Binding Arbitration Agreements revealed This facility asks all residents to enter into an agreement for binding arbitration . The agreement must: . Explicitly state that neither the resident nor his or her representative is required to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility.

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F 0848 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide a neutral and fair arbitration process and agree to arbitrator and venue. 26006 Based on interview, record review, and policy review, the facility failed to inform the 29 residents and/or their representatives (Resident (R)315, R77, R97, R104, R316, R72, R105, R61, R107, R68, R63, R24, R13, R108, R7, R106, R314, R67, R62, R110, R22, R73, R109, R115, R119, R116, and R117) who signed the binding arbitration agreement out of a census of 112 in writing of the right to selection of neutral arbitrator agreed upon by both parties. This failure placed these 29 residents at risk of misunderstanding the process for selection of an arbitrator. Findings include: Review of a copy of the facility's Arbitration Agreement Rider to the Admission Contract, provided to the survey team by the Administrator, revealed, The parties agree that any and all disputes arising out of or in any way related to the contract or the Resident's stay at the facility . shall be decided by arbitration in accordance with this Rider. The arbitration proceeding and settlement shall remain confidential . The resident also understands that nothing in this Rider prevents him/her from communicating with federal, state, or local officials . The parties agree that the Operator shall pay the fees of the arbitrators: [sic] and Operator shall pay up to $5,000 of the Resident's attorney fees and costs . ; the Resident shall have the right to choose the location of the arbitration; and the Federal Arbitration Act would govern the proceedings . This Rider may be revoked within 30 days of this signed Arbitration Agreement Rider. The agreement did not provide for the selection of a neutral arbitrator agreed upon by both parties. Review of an undated document titled, Signed & Uploaded Arbitration Agreements, provided by the Admissions Coordinator, revealed 29 facility residents had entered into the binding arbitration agreement. During an interview on 02/21/25 at 2:29 PM, the Admissions Coordinator stated the facility's arbitration agreement did not provide for selection of a neutral arbitrator agreed upon by both parties. Review of the undated facility policy titled, Binding Arbitration Agreements revealed The agreement must: . Provide for the selection of a neutral arbitrator agreed upon by both parties.

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a plan that describes the process for conducting QAPI and QAA activities. 18750 Based on interview, and policy review, the facility failed to ensure a Quality Assurance and Performance Improvement (QAPI) plan was developed containing the process the facility will follow to guide the care and services provided to residents and measure improvement. This deficient practice had the potential to not capture the efforts made in measuring the care and services for 112 residents. Findings include: Review of the facility policy titled Quality Assurance and Performance Improvement (QAPI) Program-Governance and Leadership revised March 2020 revealed, Policy Statement The quality assurance and performance improvement program are overseen and implemented by the QAPI committee, which reports its findings, actions and results to the administrator and governing body. During an entrance conference with the facility's Director of Nursing (DON) on 02/17/25 at 9:31 AM and at 4:45PM, a request was made to get the QAPI plan for review. On 02/18/25 at 2:48 PM and 02/20/25 at 11:00AM, a request was made to the Administrator for the QAPI plan. On 02/20/25 at 09:44 AM, the Administrator stated. We do not know what a QAPI plan is and have never heard of that before. We do not have a QAPI plan. During an interview 02/21/25 at 6:33 PM, the DON stated the Administrator was new as of January 2025. There has been only one meeting with staff and that was the passing out of the clinical pathways, that each department head would take what pertains to their department. The group will come together for the next meeting and present their findings. The DON was asked what improvements programs are being worked on. The DON stated he/she could not find the previous meetings with the previous Administrator.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 12273 52126 Based on observation, interviews, and facility policy, the facility failed to implement infection prevention strategies to prevent cross-contamination during the medication pass for three of five residents (Resident (R) 94, R316, and R18) observed during the medication pass out of a total sample of 27. This failure had the potential to spread infectious diseases to all residents. The facility census was 112 residents. Findings include: Observation on 2/19/25 at 9:13 AM. CMT6 did not sanitize the blood pressure cuff prior to taking R94's blood pressure. Observation on 02/19/25 at 9:30 AM, CMT6 did not sanitize the blood pressure cuff prior to taking R316's blood pressure. Observation on 02/19/25 at 9:41 AM, CMT6 did not sanitize the blood pressure cuff prior to taking R18's blood pressure. During an observation on 02/19/25 at 9:13 AM to 10:05 AM, during medication administration, CMT6 failed to perform handwashing or hand hygiene prior to preparing medications for administration to R18. During an interview on 02/19/25 at 2:27 PM, Registered Nurse (RN) 1 stated blood pressure cuffs are to be cleaned after each use, after each patient. During an interview on 02/19/25 at 2:47 PM, CMT6 stated the blood pressure cuff is to be cleaned/sanitized after every 4-5 residents. CMT6 then stated he/she made an error and the blood pressure cuff should be after every resident. During an interview on 02/20/25 1:26 PM, the Director of Nursing (DON) stated that vital signs equipment should be cleaned between every resident use, including blood pressure cuffs and glucometers and that hands should be sanitized between each resident contact or washed if soiled.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26006 Based on record review, interview, and policy review, the facility failed to ensure one (Resident (R) 32) of one resident review for antibiotic use in the sample of 27 had a duration of antibiotic therapy specified and antibiotic use did not continue without medical necessity. This failure placed R32 at risk of antibiotic resistance or unnecessary adverse effects of the medication. Findings include: Review of R32's Medical Diagnosis tab of the EMR revealed he was admitted to the facility on [DATE] with a diagnosis of chronic obstructive pulmonary disease. Review of R32's quarterly Minimum Data Set (MDS), with an assessment reference date (ARD) of 01/10/25 and located in the MDS tab of the EMR revealed he received antibiotics. Review of R32's EMR under the Orders tab revealed a physician's order dated 01/10/24 to give one drop of Ofloxacin Ophthalmic Solution 0.3 % (antibiotic eye drops) in the left eye four times a day for cataract surgery. The order did not include a stop date. Review of R32's Medication Administration Record (MAR) dated February 2025 and found under the Orders tab of the EMR, revealed the antibiotic eye drops had been administered four times daily from 02/01/25 to 02/18/25. During an interview with Licensed Practical Nurse (LPN) 4 on 02/21/25 11:24 AM, he/she stated R32 received antibiotic eye drops four times a day since 01/10/24 and the order did not have a stop date. Interview on 02/21/25 at 2:35 PM, the Director of Nursing (DON) stated R32 had cataract surgery and came back from the ophthalmologist with the order for antibiotic eye drops. The DON stated he/she needed to contact the resident's physician to make sure the eye drops should be continued. During a telephone interview on 02/21/25 at 5:11 PM, the Medical Director (who was also R32's physician) stated the antibiotic eye drops order should have included a stop date, as typically the eye drops were used only for several weeks post cataract surgery. During an interview on 02/21/25 at 5:28 PM, the Infection Preventionist (IP) stated he/she was not aware R32 had been receiving antibiotic eye drops since 01/10/24 and stated the order should have included a stop date. The IP stated if an antibiotic order did not include a stop date, the physician should be contacted for clarification. The IP stated all antibiotics should be included on the antibiotic tracking list and include stop dates. The IP stated he/she did not see R32's use of antibiotic eye drops beginning 01/10/24 on the facility's surveillance or antibiotic tracking list. Review of the facility's policy titled, Antibiotic Stewardship, dated December 2016, revealed, The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents . If an antibiotic is indicated, prescriber will provide complete antibiotic order including the following (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	elements: g. Duration of treatment: (1) Start and stop date; or (2) Number of days of therapy . and i. Indications for use.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26006 Based on record review, interview, and policy review, the facility failed to ensure five of five residents (Resident (R) 85, R70, R107, R34, and R95) residents reviewed for immunizations out of a total sample of 27 were assessed for eligibility, educated on the risks and benefits, and offered pneumococcal vaccination. This failure placed all eligible residents who wished to receive the vaccine at risk for contracting pneumonia unnecessarily. Findings include: In an interview on 02/21/25 at 5:21 PM, the Infection Preventionist (IP) stated he/she had just taken over the position about a month ago, and the former Assistant Director of Nursing who no longer worked at the facility had been in charge of the infection prevention and immunization program prior. He/She stated immunizations were documented either on paper in binders he/she kept or in the electronic medical record (EMR). The IP stated he/she was working on getting immunizations caught up, and stated he/she was able to administer influenza and COVID-19 immunizations but had not yet gotten to the pneumococcal vaccines. He/She stated he/she planned to address this next by assessing all residents to determine who needed the vaccine. 1. Review of R85's Medical Diagnosis tab of the electronic medical record (EMR) revealed he/she was admitted to the facility on [DATE] with diagnoses of paraplegia and vascular disorder of the intestine. Review of R85's EMR under the Immunizations tab revealed no documentation regarding offering or administering the pneumococcal vaccine. During the interview with the IP on 02/21/25 at 5:21 PM and concurrent review of the EMR and vaccination binders, he/she stated he/she did not have paper records of offering, refusal, or administration of the pneumococcal vaccine, and there was no historical documentation of the vaccine in R85's records. 2. Review of R70's Medical Diagnosis tab of the EMR revealed he/he was admitted to the facility on [DATE] with diagnoses of peripheral vascular disease and heart disease. Review of R70's EMR under the Immunizations tab revealed no documentation regarding offering or administering the pneumococcal vaccine. During the interview with the IP on 02/21/25 at 5:21 PM and concurrent review of the EMR and vaccination binders, he/she stated he/she did not have paper records of offering, refusal, or administration of the pneumococcal vaccine, and there was no historical documentation of the vaccine in R70's records. 3. Review of R107's Medical Diagnosis tab of the EMR revealed he/she was admitted to the facility on [DATE] with a diagnosis of acute respiratory failure. (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R107's EMR under the Immunizations tab revealed no documentation regarding offering, refusal, or administering the pneumococcal vaccine. During the interview with the IP on 02/21/25 at 5:21 PM and concurrent review of the EMR and vaccination binders, he/she stated he/she did not have paper records of offering, refusal, or administration of the pneumococcal vaccine, and there was no historical documentation of the vaccine in R107's records. 4. Review of R34's Medical Diagnosis tab of the EMR revealed he/she was admitted to the facility on [DATE] with a diagnosis of congestive heart failure. Review of R34's EMR under the Immunizations tab revealed no documentation regarding offering, refusal, or administering the pneumococcal vaccine. During the interview with the IP on 02/21/25 at 5:21 PM and concurrent review of the EMR and vaccination binders, he/she stated he/she did not have paper records of offering, refusal, or administration of the pneumococcal vaccine, and there was no historical documentation of the vaccine in R34's records. 5. Review of R95's Medical Diagnosis tab of the EMR revealed he/she was admitted to the facility on [DATE] with a diagnosis of peripheral vascular disease. Review of R95's EMR under the Immunizations tab revealed no documentation regarding offering, refusal, or administering the pneumococcal vaccine. During the interview with the IP on 02/21/25 at 5:21 PM and concurrent review of the EMR and vaccination binders, he/she stated he/she did not have paper records of offering, refusal, or administration of the pneumococcal vaccine, and there was no historical documentation of the vaccine in R95's records. Review of the facility's policy titled, Pneumococcal Vaccination, dated October 2019, revealed, All residents will be offered pneumococcal vaccine to aid in preventing pneumonia/pneumococcal infections . Prior to or upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, will be offered the vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated . Assessments of pneumococcal vaccination status will be conducted within five (5) working days of the resident's admission if not conducted prior to admission . Before receiving a pneumococcal vaccine, the resident or legal representative shall receive information and education regarding the benefits and potential side effects of the pneumococcal vaccine . Provision of such education shall be documented in the resident's medical record.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26006 Based on observations, interviews, and policy review, the facility failed to maintain a safe and comfortable environment for six rooms (Resident (R) 70, R56, R94, and R65, room [ROOM NUMBER], and room [ROOM NUMBER]) of 32 rooms observed in Initial Pool. Findings include: 1. During an interview on 02/21/25 at 7:08 PM, the Regional Maintenance Consultant (RMC) stated he/she had just been hired to start implementing the necessary corrective measures to ensure a safe, clean, and comfortable environment. The RMC stated he/she did notice issues with walls in disrepair, broken heating vents or light fixtures, and other maintenance issues. The RMC stated the Maintenance Director had been at the facility for about a year and a half and he/she did not know why the issues had not yet been addressed and stated the Maintenance Director needed training on time management and prioritization. The RMC stated the facility had just recently implemented a reporting program through their electronic medical records (EMR) system in January 2025 for staff to report items needing maintenance. He/She stated the staff have used this system a few times. 2. Review of R70's Medical Diagnosis tab of the EMR revealed he/she was admitted to the facility on [DATE] with diagnoses of peripheral vascular disease and heart disease. Review of R70's quarterly Minimum Data Set (MDS), with an assessment reference date of 11/16/24 and located in the MDS tab of the EMR, revealed he/she scored 15 out of 15 on the Brief Interview for Mental Status (BIMS), indicating intact cognition. During an interview and concurrent observation in R70's room, the walls were covered with screws, nails, chipped paint, holes, and large patches of discolored areas. R70 stated the walls had always looked like that and it bothered him/her. During an environmental tour with the RMC on 02/21/25 beginning at 7:20 PM, the RMC confirmed the walls remained in disrepair and needed to be addressed. 3. Review of R56's Medical Diagnosis tab of the EMR revealed he/she was admitted to the facility on [DATE] with a diagnosis of metabolic encephalopathy. Review of R56's quarterly MDS, with an ARD of 11/25/24 and located in the MDS tab of the EMR, revealed he/she scored 15 out of 15 on the BIMS, indicating intact cognition. During an interview and concurrent observation on 02/17/25 at 3:59 PM in R56's room, the mirror above the sink was observed without glass, only the backing, which was non-reflective. R56 stated there was no mirror in the bathroom, so if he/she wanted to see himself/herself in the mirror, he/she had to walk down to the shower room, which bothered him/her. In addition, there were multiple small holes in the wall and several large unpainted patches on the wall. R56 stated, The wall bugs me, it has been like this for a while . I don't know where holes and patches came from; they were here before I came. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an environmental tour with the RMC on 02/21/25 beginning at 7:20 PM, the missing glass in the mirror and holes and patches on the wall were again observed. The RMC stated the walls had several holes and unpainted areas and stated he would replace the mirror over the sink. 4. During observation of the door exiting to the smoking area on the [NAME] Hall on 02/19/25 at 2:03 PM, the baseboard near the door was peeled off and crumbling concrete, dirt, and one cigarette butt was observed at the base of the wall. During an environmental tour with the RMC on 02/21/25 beginning at 7:20 PM, the RMC stated the baseboard was still peeling off the wall exposing crumbling concrete and possibly creating access for pests. He/She stated this issue needed to be addressed. 5. Review of R65's Clinical Census, located under the Census tab of the electronic medical record (EMR) revealed the resident was admitted on [DATE], with diagnoses which included spondylosis, osteoarthritis, opioid dependence, major depressive disorder, post-traumatic stress disorder, antisocial personality disorder, anxiety disorder, and chronic pain syndrome. Review of R94's Clinical Census located under the Census tab of the EMR revealed the resident was admitted on [DATE], with diagnoses which included gastric ulcer, anxiety disorder, and hesitancy of micturition. During an observation and interview on 02/17/25 at 10:18 AM, R65 was observed wearing a jacket. R94 was observed wearing a sweatshirt and sweatpants. R65 and R94 stated there had been no heat in the room all winter. R65 stated the facility wanted them to move to another room but they did not want to move. R65 stated they did get heat from the hallway with door open to the room. R94 stated they were told heater would be replaced but the facility wants us to move to another room. It was observed that the bathroom for R65 and R94 had a ceiling vent with the cover off, holes in ceiling tiles, and holes in walls. During an environmental tour with the RMC on 02/21/25 beginning at 7:20 PM, the RMC confirmed the heat was not working in the residents' room and was something he/she would have expected to be addressed immediately, as it was a matter of comfort and health in the cold winter. 6. Observation on 02/17/25 at 10:38 AM, of room [ROOM NUMBER], showed the heater cover was sitting on the floor in front of the heater exposing the inside of the heater, the mirror over the sink was broken, and the closet doors were off the hinges. During an environmental tour with the RMC on 02/21/25 beginning at 7:20 PM, the RMC confirmed the heater vent cover was not assembled properly and was able to put the cover back in place. The RMC stated that it was an important thing to address, as it could contribute to safety concerns with the heating elements. 7. Observation on 02/17/25 at 11:26 AM, of room [ROOM NUMBER], showed the light cover was broken and hanging down over the resident's bed. During an environmental tour with the RMC on 02/21/25 beginning at 7:20 PM, the RMC confirmed the light was missing cover and it should be replaced. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265463	A. Building B. Wing	02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Healthcare	128 North Hardesty Kansas City, MO 64123

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's undated policy titled, Safe and Homelike Environment revealed, Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment . Report any furniture in disrepair to Maintenance promptly . Report any unresolved environmental concerns to the Administrator.

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26006 Based on observation, interview, record review, and policy review, the facility failed to implement pest control measures to prevent mouse infestation in the facility, which affected four of 27 sampled residents (Resident (R) 76, R2, R22, and R73) and the common areas of the facility. This failure had the potential to cause an increase in rodent activity, creating a potential for spread of infection and dissatisfaction with living arrangements among the residents. Findings include: Review of March 2024 to December 2024 weekly pest control Service Inspection Reports, provided by the facility, revealed ongoing treatment for mice. The reports repeatedly documented the same recommendations for preventing the mice from entering the building. These recommendations included: -Fixing holes in the walls near several heat registers, -Fixing holes by baseboards throughout the facility, -Ensuring kitchen doors were rodent-proofed by eliminating gaps, -Ensuring gap under the front door was eliminated, and -Removing trash from around the facility. Review of the 01/10/25 pest control Service Inspection Report revealed, Inspected interior rodent traps. Found evidence of rodent activity. Recorded capture. All traps accessible and in good condition. Under Open Conditions, the report listed: 1. Condition: kitchen exterior entryway has a gap under the door sweep. - exterior entryway has concrete that is not level, leaving a 1/2 [inch] gap under the door sweep. [NAME]: use self-leveling concrete and fill the hole. The severity level was high, responsibility was the facility, and the created date for this condition was 08/02/24. 2. Condition: back door area - trash and debris creating harborage opportunity for rodents Action: Throw trash in dumpsters. The severity level was high, responsibility was the facility, and the created date for this condition was 11/15/24. (continued on next page)

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	265463	A. Building B. Wing	02/21/2025

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Parkview Healthcare	128 North Hardesty Kansas City, MO 64123

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the most recent pest control Service Inspection Report, dated 01/16/25 and provided on paper, revealed, Inspected interior rodent traps. Found evidence of rodent activity. Recorded capture . Inspected copy room for mouse sighting. Discovered a hole by the heat register . Inspected the west housekeeping room for mouse sighting. Found holes by the baseboards by the door entrance and outer wall, recommended these get sealed up . Followed up on the conditions of the doors being rodent-proofed and the trash being removed that was sitting against the building by the back entrance door. Removing this trash will prevent rodents from potentially harboring there. Kitchen doors needs to be rodent-proofed, this creates an opportunity for rodents to enter the kitchen. Front door has a gap that creates a potential entry for rodents. Under Open Conditions, the report listed: 1. Condition: kitchen exterior entryway has a gap under the door sweep. - exterior entryway has concrete that is not level, leaving a 1/2 [inch] gap under the door sweep. [NAME]: use self-leveling concrete and fill the hole. The severity level was high, responsibility was the facility, and the created date for this condition was 08/02/24. 2. Condition: back door area - trash and debris creating harborage opportunity for rodents Action: Throw trash in dumpsters. The severity level was high, responsibility was the facility, and the created date for this condition was 11/15/24. 3. Condition: kitchen door needs to be rodent proofed please 4. Condition: front door needs to be rodent proofed please. 1. Review of R76's Medical Diagnosis tab of the electronic medical record (EMR) revealed he/she was admitted to the facility on [DATE] with a diagnosis of chronic obstructive pulmonary disease. Review of R76's quarterly Minimum Data Set (MDS), with an assessment reference date (ARD) of 01/07/25 and located in the MDS tab of the EMR, revealed he scored 15 out of 15 on the Brief Interview for Mental Status (BIMS), indicating intact cognition. During an interview on 02/17/25 at 3:27 PM, R76 stated, I saw a mouse last night in the hall. He/She added he/she saw mice all the time and had two mouse traps in his/her room. R76 stated it bothered him/her to have mice in his/her room. 2. Review of R2's Medical Diagnosis tab of the electronic medical record (EMR) revealed he/she was admitted to the facility on [DATE] with diagnoses including left-side paralysis following a stroke. Review of R2's quarterly MDS, with an ARD of 12/21/24 and located under the MDS tab of the EMR, revealed he/she scored 14 out of 15 on the BIMS, indicating intact cognition. During an interview on 02/17/25 at 4:11 PM in R2's room, R2 stated there were a lot of mouse droppings behind his/her nightstand in his/her room, and he/she saw mice every night in his/her room. Observation of the floor behind R2's nightstand revealed a large area of the floor covered in mouse droppings. R2 stated the mice ran over his/her feet at night and it bothered him/her. (continued on next page)

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	265463	A. Building B. Wing	02/21/2025

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Review of R22's Medical Diagnosis tab of the EMR revealed he/she was admitted to the facility on [DATE] with a diagnosis of left-side paralysis following a stroke. Review of R22's admission MDS, with an ARD of 11/13/24 and located under the MDS tab of the EMR, revealed he/she scored 14 out of 15 on the BIMS, indicating intact cognition. During an interview on 02/18/25 at 9:37 AM, R22 stated there were mice in his/her room that came out at night and bothered him/her during the night. He/She stated a dead mouse had been found in his/her room that morning. 4. Review of R73's Medical Diagnosis tab of the EMR revealed he/she was admitted to the facility on [DATE] with a diagnosis of chronic obstructive pulmonary disease. Review of R73's admission MDS, with an ARD of 11/19/24, revealed he/she scored 15 out of 15 on the BIMS, indicating intact cognition. During an interview on 02/18/25 at 9:46 AM, R73 stated there were mice in his/her room that got into a bag of bread he/she kept for making sandwiches. R73 stated it bothered him/her the mice ate his/her food. During an interview on 02/21/25 at 7:08 PM, the Regional Maintenance Consultant (RMC) stated he/she had just been hired to start implementing the necessary corrective measures to prevent mouse infestation, as the facility had not yet addressed any of the recommendations found in the pest control reports. The RMC stated he/she did not know why any of the recommendations had not yet been addressed and stated he/she would have expected the facility to act on those recommendations when they were first made. The RMC stated the Maintenance Director had been at the facility for about a year and a half and needed training on time management and prioritization. Review of the facility's policy titled, Pest Control, dated May 2008, revealed, This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents . Garbage and trash are not permitted to accumulate and are removed from the facility daily . Maintenance services assist, when appropriate and necessary, in providing pest control services.