STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265534	A. Building B. Wing	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Care Center	4401 North Hanley Road Saint Louis, MO 63134

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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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. Based on interview and record review, the facility failed to maintain a system to ensure the resident trust fund account was managed in accordance with proper accounting principles by not maintaining an accurate accounting of all monies held in the resident trust fund account by not reconciling each month. The facility managed funds for 98 residents. The census was 105. Review of the facility's Resident Trust policy, dated 6/12/25, showed Resident Trust clerk must reconcile the cash left in the box with the receipts in the box by completing the Resident Trust Petty Cash Reconciliation Form. Attach all receipts in the petty cash box to the Resident Trust Petty Cash Reconciliation form. The administrator signs reconciliation form for approval. Review of the facility-maintained bank statements for the months 4/25 through 7/25, showed no documentation of reconciliations.Review of the facility-maintained attempted reconciliation forms, dated 4/25 through 7/25, showed the attempted reconciliations did not reconcile to the residents' current balance at the time of the attempted reconciliation.Observation and interview on 9/5/25 at 11:40 A.M., showed the Business Office Manager (BOM) counted the resident petty cash that was in the safe. The cash totaled $163.00. The BOM said he/she had been at the facility since July, 2016 and he/she did not know if the petty cash was accounted for on the reconciliation on the bank statement. The corporate office determines the set amount of petty cash that is withdrawn at the beginning of each month which is added to the existing petty cash. The BOM counts the resident petty cash every time he/she replenishes the cash. The BOM said the petty cash comes from the resident trust. There is running total on the petty cash sheet for tracking. The BOM said he/she has never had over $4,000.00 cash on hand and does not know why the bank reconciliation reports showed cash on hand in the amount of $6,626.00 in May 2025, $16,971.00 in June and $16,941.00 in July 2025.During an interview on 9/8/25 at 11:53 A.M., the Activity Director (AD) said every morning, he/she counts the petty cash envelope with the BOM, verifying the cash balances with the receipt book. The AD said each individual withdrawal with the resident signature is recorded in the receipt book. At the end of the day, the petty cash envelope cash is reconciled with the BOM and AD.During an interview on 9/5/25 at 11:45 A.M. , the Corporate Business Office Manager (CBOM) said he/she expected the petty cash to be accounted for on the monthly reconciliation sheet and the actual cash itself is counted and documented to ensure accuracy. The petty cash is residents' money.During an interview on 9/9/25 at 9:45 A.M., the Administrator said she expected the facility to ensure the resident trust fund account is reconciled each month.

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

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

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview and record review, the facility failed to maintain a safe, clean, comfortable and homelike environment for resident areas throughout the building. The census was 105. 1. 1. Observation on 9/3/2025 at 11:00 A.M., 9/5/2025 at 1:15 P.M., and 9/9/2025 at 9:30 A.M., showed the following:-Room C1, behind the door, showed drywall mudding, measuring 30 inches () by 4 in length, unpainted;-Shared bathroom, located between C1 -C3, with missing cove base along the doorway of C1, exposing a large hole in the wall 8x4;-Shared bathroom, located between C1 -C3, with missing cove base along the doorway of C3 and behind the toilet;-Between room C1 and C3, in the hallway, a section measuring 4x4 of unpainted area, exposing four 1/2 holes;-Shared bathroom, located between C5 -C7, with cove base pulled away from wall along the doorway of C5, exposing crumbling drywall;-Room C7 bed 1, overhead bed light plastic cover laying on top of the fixture, exposing the light bulb;-Room C6 bed 1, approximate 14x4 unpainted section with two 1/2 circle holes;-Room C9 bed 1, 3x3 hole near the door approximately 6 from the floor and two additional circle areas measuring 2x2, exposing drywall;-Room C9, air conditioning unit (AC) with a 2 gap between the AC unit and the wall;-Shared bathroom, located between C10 -C12, with chipped and cracked paint along the length of the bottom of mirror with brown stains. The sink pulled away from wall with cracked paint and caulk;-Room C10, a hole measuring 2x2 behind the door;-Room C10, foot of bed 2, showed a hole in the corner of room measuring 1x1 with black hairy-like substance coming out of the hole with visible mice droppings;-Room C10, side of bed 2, showed a 1 x 1/2 hole in cove base that went through the wall exposing pieces of drywall. In front of the hole was a pest control bug glue trap;-Room C12 bed 1, 4 1/2 holes in wall. 2. Observation on 9/3/25 at 1:24 P.M., and on 9/5/25 at 2:47 P.M., of bedroom and bathroom A-10, showed the floor was dirty and sticky upon walking. In addition, in the bathroom, the baseboard was pulled out from the wall on the bottom left-hand side and the plaster was peeled away from the wall on the top right-side corner above the sink. 3. Observation on 9/3/25 at 1:46 P.M., and on 9/5/25 at 2:50 P.M., of room A-7, showed the floor was dirty and sticky upon walking. In the bathroom, the paint was peeled away from the wall behind the commode. 4. Observations on 9/3/25 at 2:17 P.M., and on 9/5/25 at 2:56 P.M., of room B-4, showed the floor was dirty and sticky upon walking. In in addition, the baseboard was pulled away from the wall behind the bedroom door. 5. Observation on 9/3/25 at 10:41 A.M., showed the floors of room D-3 were sticky upon walking and what appeared to be an opaque, dirty film on the tiles near the doorway. 6. Observation on 9/3/25 at 11:09 A.M., near the D-hall entrance, showed a broken ceiling tile above the doorway to the beautician's office, leaving an approximate 5 inch by 7 inch gap, exposing the electrical wires and space above the ceiling tiles. 7. During an interview on 9/8/25 at 9:30 A.M., the Maintenance Assistance (MA) said the staff fills out the facility's work order sheet when repairs are needed. Once the staff completes the form, the form is placed in the wall mounted box that is located at the entrance of each hall. The MA said every morning he gathers all the completed forms so the issues can be address. The MA said due to budget cuts, the supplies needed to make the repairs are slow.

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record review, the facility failed to ensure one resident's right to be free from physical abuse was not violated when one resident was placed in a head lock by Floor Tech N (Resident #39). The sample was 43. The census was 105. Review of the facility's Abuse and Neglect Policy, dated 6/12/24, showed the following:-Purpose: -It is the policy of this facility ensure all allegations of abuse, neglect, exploitation or mistreatment, including injuries of unknown sources and misappropriation of resident property are reported immediately to the Administrator of the facility and to other appropriate agencies in accordance with current state and federal regulations within prescribed time frames;-Physical Abuse: -Purposefully beating, striking, wounding, or injuring any resident or any manner whatsoever mistreating or maltreating a resident in a brutal or inhumane manner. Physical abuse includes handling a resident with any more force than is reasonable for a resident's proper control, treatment or management. Physical abuse also includes, but is not limited to, hitting, slapping, punching, biting, and kicking. Physical abuse also includes corporal punishment, which is physical punishment used as a means to correct or control behavior;-Protection of Residents:-The Facility will take steps to prevent mistreatment while the investigation is underway; -Residents who allegedly mistreat another resident will be removed from contact with the resident during the course of the investigation. The accused resident's condition shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement considering his or her safety, as well as the safety of other residents and employees in the facility. Review of the facility's restraint free environment policy, dated 4/30/24, showed:-Purpose: -It is the policy of this facility that each resident shall attain and maintain his/her highest practicable well-being in an environment that prohibits the use of restraints for discipline or convenience and limits restraint use to circumstances in which the resident has medical symptoms that warrant the use of restraints-Definitions: -Physical Restraints: Physical Restraint refers to any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. Physical restraints may include, but are not limited to: -Applying leg or arm restraints, hand mitts, soft ties, or vests that the resident cannot remove; -Holding down a resident in response to a behavioral symptom, or during the provision of care if the resident is resistive or refusing the care; -Discipline: Discipline means any action taken by the facility for the purpose of punishing or penalizing residents.-Policy: -The resident has the right to be treated with respect and dignity, including the right to be free from any physical or chemical restraint imposed for the purpose of discipline or staff convenience, and not required to treat the resident's medical symptoms. -Behavioral interventions should be used and exhausted prior to the application of a physical restraint; -How to assist the resident in attaining or maintaining his or her highest practicable level of physical and psychosocial well-being. Review of the facility's Crisis Prevention Institute (CPI) pamphlet/brochure overview, showed:-CPI Training Solutions for Human Services: De-escalation training solutions that improve staff safety and retention while lowering costs related to injuries, time off the floor, and workers' compensation claims.-Evidence-Based Training for Human Services Professionals: CPI teaches human services professionals the skills and techniques to identify, prevent, and de-escalate the complex situations they encounter in the workplace. With tiered levels of training, we offer customizable solutions that fit every role and risk level to foster facility-wide safety and well-being:-Experience the Benefits of a Tailored Training Solution -At CPI, we know that everyone plays a critical role in creating a safer workplace. So, we offer tailored training solutions for all staff, to help you create an organization-wide culture of safety. Our training provides your staff with relevant skills based on their role and the risks they encounter every day; -CPI training has helped human services facilities improve staff safety and retention, as well as lower costs related to staff injuries, time off the floor, and workers' compensation claims. Our partners have also successfully reduced the need for restraints through our training's focus on prevention and proactive verbal intervention skills.-CPI NCITM with Advanced Physical Skills: -Learn Advanced Disengagement and Physical Intervention Techniques for Situations Involving Dangerous Behaviors CPI NCITM With Advanced Physical Skills; -High Risk Associated Behaviors: Destructive behavior. Causing harm to self or others. Physically aggressive; -Select Staff.-CPI Nonviolent Crisis Intervention: -Learn Intervention Skills and Techniques to Safely De-escalate Crisis Situations; -Mid-To-High Risk Associated Behaviors: Challenging behavior. Trauma-induced behavior. Using abusive language; -All staff.-CPI Verbal Intervention: -Learn Verbal De-escalation Skills to Avoid Restrictive Interventions; -Low Risk Associated Behaviors: Anxious

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to prevent the misappropriation of one resident's patient trust funds, which was used without authorization of the resident. The funds were withdrawn from resident's patient trust account between the dates of 4/10 and 4/17/25, with total withdrawals of $7,877.01 (Resident #20). The census was 105. Review of the facility's policy titled, Abuse and Neglect, dated 6/12/24, showed:-Misappropriation of resident property is the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of resident's belongings or money without the resident's consent;-Theft of money from bank accounts;-Unauthorized or coerced purchases from resident's funds;-The Administrator will conduct all investigations. A formal investigation shall begin immediately and include interviews with all staff, interview facility residents and document that interviews were completed. Review of Resident #20's Mental Status Exam, dated 8/18/25, showed:-No cognitive impairment;-Diagnoses included schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), anxiety disorder, depression and dementia. Review of the resident's Trust Statement, dated 6/30/25, showed: -On 4/10/25, a $500.00 cash withdrawal with description, money for shopping with family;-On 4/17/25, a $5,756.16 (invoice #81466) and $1,620.85 (invoice #82089) withdrawal with description, Resident Essentials Clothing. Review of the Resident Essentials Clothing invoice #81466, dated 4/17/25, showed:-Various sweatpants, shirts and other clothing items;-[NAME] two drawer nightstand for $550.00;-[NAME] five drawer chest for $1,260.00;-Home music system for $135.00;-Two twin bed sets for a total of $270.00;-Pep talk recliner for $945.00. Review of the Resident Essentials Clothing invoice #82089, dated 4/30/25, showed:-Various t-shirts, socks and other clothing items;-Two comforters for a total of $170.00. Observation on 9/8/25 at 3:30 P.M showed the resident sat on the edge of his/her bed with a large unopened box (24x18x24) marked Resident Essentials on the floor, in front of the closet and a blue roller walker. There were black tote boxes filled with various t-shirts, sweatpants and tops. There were numerous baseball hats laying around the room. The style and color of the resident's bedding, dresser and nightstand were seen throughout the facility. The Pep talk recliner, [NAME] nightstand, [NAME] dresser, twin bed sets, and comforters were not present. Observation on 9/9/25 at 9:04 A.M., showed the home music system in the unopened box in the resident's room and the Pep talk recliner were located in room A15. During an interview on 9/8/25 at 2:30 P.M., the resident said he/she did not give the facility permission to use his/her funds to make any purchases on his/her behalf. The resident said he/she received some clothes and a recliner but requested those items be returned because he/she only wears Adidas clothing and the recliner was a waste of money. The resident said he/she never received a new dresser, nightstand, twin bed sets and comforters. During an interview on 9/8/25 at 3:30 P.M., the Business Office Manager (BOM) said when the corporate office reports a resident is over resources (Medicaid eligibility maximum resource is $5,909.25), he/she will ask the Certified Nurse Aides (CNA) what the resident needs, then will make those purchases on the resident's behalf. The BOM said he/she remembers giving the resident $500 to go shopping with his/her family but forgot to have the resident sign the ledger receipt book. The BOM said she did not speak to the resident prior to making purchases and was unaware the resident did not want the items or requested for the items to be returned. During an interview on 9/9/25 at 9:30 A.M., the Administrator said she expected staff to follow the facility's patient withdrawal policy. The resident must sign the receipt for all withdrawals. The facility should not make purchases for a resident without first obtaining their permission and signature.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident who re-admitted to the facility on [DATE] with a recommended hospice evaluation received the ordered hospice evaluation. The resident's physician assessed the resident on 7/18/25 and documented the resident received hospice services. On 7/30/25, the resident experienced a change in condition. Staff discovered the resident had not been enrolled into hospice services and did not notify the physician of the discovery. The resident expired at the facility approximately three hours after the change in condition (Resident #118). The census was 105. Review of the notifying clinician's policy, revised 6/26/24, showed:-Purpose: to ensure clinicians are properly notified of a resident's change in condition and overall, health and mental status;-Policy: -Process for notification: -Before calling the physician, the nurse must ensure they have all pertinent/situational information on the resident readily available; -The clinician shall be notified of changes in condition, emergent situations and concerns of the resident's overall health status; -Examples include falls, out of range vital signs, altered mental status, poor intake, changes in behaviors, and anything regarding a change in the resident's baseline or condition; -The nurse will implement 911 (emergency services) for immediate transfer for physician evaluation when a significant change or deterioration in the resident's physical, mental or psychosocial status (life threatening condition or clinical complication); -The nurse will initiate verbal communication with the clinician when a condition or incident arises with a resident which would warrant and immediate implementation of a change in plan of care to include physician advisement or initiation of physician orders to avoid a delay in treatment that may cause worsening in condition. Review of Resident #118's medical record, showed:-re-admitted : 7/13/25;-Diagnoses included chronic obstructive pulmonary disease (COPD, scarring to lung tissues), kidney disease, depression, heart failure, lung cancer, protein malnutrition and dementia. Review of the post hospital after visit summary, dated 7/13/25, showed:-discharged : 7/13/25;-Discharge diagnosis: hospice care;-Start taking the following medications:-Lorazepam (Ativan, for anxiety); -Morphine (used to treat severe pain);-Stop taking the following medication: -Atorvastatin (used to lower cholesterol); -Vitamin B-12; -Colace (stool softener); -Aricept (used for dementia); -Lexapro (used for depression); -Iron tablet; -Norco (narcotic used for moderate pain); -Midodrine (used for high blood pressure); -Remeron (used as an appetite stimulant and treat depression); -Prednisone (used for inflammation);-Outpatient referrals: referral to hospice. Review of the care plan, dated 7/15/25, showed:-Problem: the resident has a terminal diagnoses related to lung mass and has elected hospice services;-Outcome: comfort will be maintained;-Interventions: observe the resident closely for pain and work cooperatively with hospice to ensure needs are met. Review of the facility re-admission Physician Order Sheet (POS), showed:-An order, dated 7/13/25: Hyoscyamine sulfate (used for spasms) 0.125 milligram (mg) tablet. Give one tablet as needed (PRN) every four hours. Noted as not given 7/13/25 through 7/30/25;-An order, dated 7/13/25: Lorazepam concentrate. Give 0.25 milliliter (ml) every four hours, PRN. Noted as not administered from 7/13/25 through 7/30/25;-An order, dated 7/13/25: Morphine solution. Give 0.25 ml every four hours, PRN. Noted as not administered from 7/13/25 through 7/30/25. -No hospice orders were documented in the re-admission orders. Review of the progress notes, showed:-On 7/13/25 at 4:28 P.M., a nursing admission note: resident readmitted from hospital, oxygen in place. Skin is fair condition and multiple pinpoint bruising to both arms. The resident physician was notified and verified orders and hospice team contacted regarding admission to hospice services;-On 7/14/25 at 2:49 P.M., a plan of care note: a do not resuscitate order, signed by the resident;-On 7/15/25 at 11:22 A.M., a dietary note: the resident readmitted to the facility on hospice services, provide food preferences. Review of the care plan, initiated 7/15/25, showed:-Problem: the resident has a terminal prognosis related to a lung mass and elected hospice services;-Desired outcome: the resident's comfort will be maintained;-Interventions: observed the resident for signs of pain or discomfort. Work cooperatively with the hospice providers to ensure needs are met. Review of the physician visit note, dated 7/18/25, showed:-History of present illness: COPD with exacerbation, dementia and now on hospice care;-Assessment and plan: COPD end state, on hospice. Review of the significant change Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 7/19/25, showed:-Rarely understood;-Memory problem;-Moderate cognitive impairment;-Used wheelchair for mobility;-Staff assistance for hygiene, eating and transfers:-Diagnoses included lung cancer, dementia, heart disease and severe protein malnutrition;-Does the resident have a life expectancy of 6 months or less: No Review of the progress notes, showed:-On 7/24/25 at 8:07 A.M., a social

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on interview and record review, the facility failed to provide a full time Director of Nursing (DON), who did not serve as a charge nurse, when the facility had a census over 60. The census was 105.Review of the facility's Registered Nurse (RN) policy, dated 4/30/24, showed:-Purpose: It is the intent of the facility to comply with Registered Nurse staffing requirements;-Full-time is defined as working 40 or more hours a week;-Charge Nurse is a licensed nurse with specific responsibilities designed by the facility that may include staff supervision, emergency coordinator, physician liaison, as well as direct resident care;-Policy: The facility will utilize the services of a Registered Nurse for at least eight consecutive hours per day, seven days per week;-The facility will designate a Registered Nurse to serve as the Director of Nursing on a full time basis;-The Director of Nursing may serve as charge nurse only when the facility has average daily occupancy of 60 or fewer residents;-The facility is responsible for submitting timely and accurate staffing data through the CMS Payroll-Based Jornal (PBJ) system. Review of the facility's census, showed 105 residents. Review of the facility's staffing roster, showed the facility had a DON. Review of the facility's handwritten RN coverage, received on 9/9/25, showed the RN Supervisor provided RN coverage on 9/3/25, 9/4/25, 9/5/25, 9/8/25, and 9/9/25. During an interview on 9/3/25 at 10:52 A.M., the Administrator confirmed the facility had a full time DON. During an interview on 9/9/25 at 12:25 P.M., Assistant Director of Nursing (ADON) B said the DON is on medical leave. He/She was unsure of when the DON would return. The RN Supervisor was the interim DON to his/her knowledge, but he/she was not sure if the RN provided RN coverage or the interim DON. During an interview on 9/9/25 at 12:41 P.M., the Administrator said the current DON was supposed to notify her of when he/she would return. The RN Supervisor is the interim DON and he/she started last week. On 9/8/25 and 9/9/25, he/she provided RN coverage. They did not have an interim DON on 9/8/25 and 9/9/25. RN staff from corporate also provide eight hours of coverage. Some provide coverage every other weekend. It was discussed during their Quality Assurance and Quality Improvement (QAPI) meeting. It was discussed if the DON would be able to complete some tasks from home. During an interview on 9/9/25 at 1:40 P.M., the RN supervisor confirmed he/she was the RN supervisor.

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. (continued on next page)

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on interview and record review, the facility failed to have a complete and thorough facility-wide assessment to determine what resources are necessary to care for the residents competently during both day-to-day operations and emergencies. In addition, the facility failed to have a facility assessment that addressed staffing ratios required per shift to meet the needs of residents, the need for a Registered Nurse (RN) for at least 8 consecutive hours a day, 7 days a week, designated an RN to serve as the Director of Nursing (DON), and followed their infection control prevention and control program by ensuring residents received required immunizations. There was no documentation of ratios of direct care staff, restorative therapy staff, Social Services staff, dietary staff, housekeeping and laundry staff necessary on each shift to ensure the needs of residents are met. The facility failed to provide information regarding staff competencies and skill sets that are necessary to provide the level and types of care needed for the resident population. The census was 105.Review of the facility's Registered Nurse (RN) policy, dated 4/30/24, showed:-Policy: The facility will utilize the services of a Registered Nurse for at least eight consecutive hours per day, seven days per week;-The facility will designate a Registered Nurse to serve as the Director of Nursing on a full time basis. Review of the facility's admission Agreement, received on 9/3/25, showed:-Facility is intended to serve residents in need of skilled nursing care and treatment, which are those services commonly performed by or under the supervision of a Registered Nurse for individuals requiring twenty-four (24) hours a day care. Facility may only accept residents for which it determines, in its sole discretion, it is able to provide appropriate services. No resident will be accepted without a valid physician order for care. In addition, should you become aware that you are no longer able to meet these criteria; you agree to immediately advise Facility. The following criteria outlines the level of cognitive and functional ability required for admission into Facility:-Medical status/symptoms of dementia: The resident has a diagnosis of Alzheimer's disease or related dementia and exhibits symptoms of dementia which necessitates any of the following: guidance and direction, a safe environment, cueing and task simplification, structured programming;-Communication: The resident maintains the ability to respond to other residents, staff, family, and the environment. The resident may exhibit difficulty or awkwardness in communicating and socializing;-Social Behavior: The resident has the ability to participate and relate in a group setting. The resident may exhibit intermittent disruptive or disabling behavior such as wandering, rummaging, uncooperativeness, verbal and/or physical abuse. The resident must not exhibit or suffer from any significant psychiatric or behavioral problems which may escalate anxiety and confusion among other residents and/or present a safety hazard to themselves or others;-Social History: The resident must not have past or current difficulty with substance abuse or addiction, and not have a primary psychiatric diagnosis;-Mobility and Transferring: The resident may be dependent upon a cane, walker or wheelchair. The resident may require minimum to total assistance with mobility and transferring;-Toileting: The resident may require verbal cues, hands on assistance or total assistance with toileting and incontinence care;-Personal Care: The resident requires assistance to perform some or all daily personal care tasks;-Nursing Services: The resident requires on-going supervision, medication administration and assistance. The resident may require intermediate or skilled nursing assistance for preventative, curative or therapy services;-Meals/Eating: The resident may require cues, reminders or hands on assistance during mealtime. The resident may have specialized dietary needs including altered consistencies, approved physician ordered diets, or dietary monitoring;-Facility is an intermediate and skilled care residence. Various services are available to meet a wide range of nursing and rehabilitative needs. Residents shall be assessed for admission to Facility based on the following criteria:-Medical Status: The resident has an acute or longstanding unpredictable medical condition which requires intermittent emergency nursing services;-Social Behavior: The resident does not exhibit or suffer from any significant psychiatric or behavioral problems which may put himself/herself or others at risk of physical or emotional harm;-Personal Care: The resident requires on-going daily assistance with some or all activities of daily living (ADLs): dressing, eating, bathing, transferring, grooming, continence care, etc.;-Nursing Services: The resident requires daily monitoring of a health and/or medical condition by professional staff;-Skilled Services: The resident requires skilled medical services including but not limited to: physical, occupational, speech, and/or intravenous therapy, wound care. Review of the facility's Matrix (form used to track resident conditions and care needs), received on 9/3/25, showed:-Residents with diagnoses of Alzheimer's/Dementia: 20;-Hospice: 3;-Dialysis: 1;-Intravenous therapy: 1;-Indwelling catheter;-Post Traumatic Stress Disorder (PTSD)/Trauma: