STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265762	A. Building B. Wing	03/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Joseph Manor Health & Rehabilitation	1317 North 36th Street Saint Joseph, MO 64506

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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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27104 Based on observation, record review and interview, the facility failed to accurately code the Minimum Data Set (MDS) assessment related to restraints for seven of 16 sampled residents (Resident (R) 26, R32, R34, R10, R9, R19, and R20), fall assessments for three of 16 residents (R35, R4 and R55) and a urinary tract infection (UTI) for one (R22) of 16 residents. This deficient practice increased the potential for missed opportunities of care or services. The facility census was 56. Review of the facility's policy titled, Proper Use of Side Rails, dated December 2016, revealed, . Definition: Physical restraints are defined by the Centers for Medicare and Medicaid Services (CMS) as 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 . (prevent the resident from leaving his/her bed) . 1. Review of R26's Admission Record, located in the electronic medical record (EMR) under the Profile tab, indicated an admitted [DATE] and diagnoses of Alzheimer's, muscle weakness, and difficulty in walking. Review of R26's significant change MDS, with an Assessment Reference Date (ARD) of 12/22/24 and located in the EMR under the MDS tab, revealed that R26 was coded as having restraints. During an observation on 03/18/25 at 11:00 AM, it was noted that R26 used halo side bars, also known as enabler bars, for bed positioning and mobility. The halo bars did not impede R26 from getting in or out of bed. 2. Review of R32's Admission Record, located in the EMR under the Profile tab, indicated an admitted [DATE] and diagnoses of chronic respiratory insufficiency, muscle weakness, and difficulty in walking. Review of R32's admission MDS, with an ARD of 12/14/24 and located in the EMR under the MDS tab, revealed that R32 was coded as having restraints. During an observation and interview on 03/18/25 at 12:30 PM, it was noted that R32 had halo side bars, also known as enabler bars, for bed positioning and mobility. R32's bed was also observed to be full of personal belongings and it did not appear that R32 used the bed to sleep in. When R32 was asked where she slept, R32 stated . I sleep in my recliner always . (continued on next page)

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

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3.Review of R34's Admission Record, located in the EMR under the Profile tab, indicated an admitted [DATE] and diagnoses of spina bifida, muscle weakness and diabetes. Review of R34's quarterly MDS, with an ARD of 06/23/24 and located in the EMR under the MDS tab, revealed that R34 was coded as having restraints. During an observation and interview on 03/18/25 at 1:00 PM, it was noted that R34 had halo side bars, also known as enabler bars, for bed positioning and mobility. During the interview with R34, she stated she used the halo bars to reposition herself in bed. 4. Review of R10's Admission Record, located in the EMR under the Profile tab, revealed the resident was admitted to the facility on [DATE]. Review of R10's Care Plan, initiated on 11/07/22 and located in the EMR under the Care Plan tab, revealed the resident had quarter length bilateral side rails on her bed as an enabler for bed mobility. Review of R10's Informed Consent for the Use of Bed Rails, dated 01/30/24 and located in the EMR under the Documents tab, revealed the consent for Bed Rails was signed by R10's Power of Attorney (POA). The risks and benefits were provided. Review of R10's quarterly Bed Rail Use Assessment Form, dated 01/23/25, revealed the resident was assessed for the use of the bed rails for positioning and mobility. The benefits included the bed rails assisted the resident in turning from side to side, getting out of bed, and assists in standing for balance when attempting to get out of bed. Review of R10's quarterly MDS, with an ARD of 01/26/25 and located under the MDS tab of the EMR, revealed a BIMS score of five out of 15, indicating severe cognitive impairment. The MDS indicated the resident used bedrails daily, and they were coded as a restraint. During an observation on 03/17/25 at 10:30 AM, R10 had bilateral quarter length side rails in the up position attached to her bed. The resident was observed to use the side rails to turn and reposition herself. 5. Review of R9's Admission Record, located in the EMR under the Profile tab, revealed the resident was admitted to the facility on [DATE]. Review of R9's Care Plan, initiated on 11/01/22 and located in the EMR under the Care Plan tab, revealed the resident had quarter length bilateral side rails on her bed as an enabler for bed mobility. Review of R9's Informed Consent for the Use of Bed Rails, dated 01/30/24 and located in the EMR under the Documents tab, revealed the consent for Bed Rails was signed by R9 and the risks and benefits were provided. Review of R9's quarterly MDS, with an ARD of 01/05/25 and located under the MDS tab of the EMR, revealed a BIMS score of 15 out 15, which indicated the resident was cognitively intact. The MDS indicated the resident used bed rails daily, and they were coded as a restraint. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation and interview on 03/18/25 at 12:19 PM, R9 was in her bed with bilateral side rails in the up position attached to her bed. She revealed she used both side rails to turn herself from side to side and to assist her in getting up. 6. Review of R19's Admission Record, located in the EMR under the Profile tab, revealed the resident was admitted to the facility on [DATE]. Review of R19's Care Plan, initiated on 04/19/23 and located in the EMR under the Care Plan tab, revealed the resident had quarter length bilateral side rails on her bed as an enabler for bed mobility. Review of R19's quarterly MDS, with an ARD of 12/29/24 and located under the MDS tab of the EMR, revealed a BIMS score of eight out 15, which indicated the resident was moderately cognitively impaired. The MDS indicated the resident used bed rails daily, and they were coded as a restraint. 7. Review of R20's Admission Record, located in the EMR under the Profile tab, revealed he was admitted to the facility on [DATE] with diagnosis that included Parkinson's and Alzheimer's Disease. Review of R20's Physician's Orders, dated 01/30/24, revealed an order for 1/4 upper bilateral side rails for bed mobility and transfer ability. Review of R20's annual MDS, with an ARD of 12/29/24 and located in the EMR under the MDS tab, indicated the resident had a BIMS score of 15 out of 15, which revealed the resident was cognitively intact. The MDS revealed bed rail used in bed daily was coded in as a physical restraint. During an interview on 03/19/25 at 2:50 PM, the MDS Coordinator (MDSC) confirmed that the residents used halo bars, or u-shaped bars bilaterally, and they were not a restraint but used for bed mobility/positioning. The MDSC also stated she . errs on the side of caution with the side rail coding . and codes them as a restraint, but they do not impede or stop the resident from getting in or out of bed. The MDSC also stated the facility did not have a specific policy for following the MDS, but the MDS nurses followed the MDS manual for coding. During an interview on 03/19/25 at 4:30 PM, the MDS consultant for facility stated she had not completed any trainings or in-services with the MDSC regarding restraint coding on the MDS and did not complete any random audits or review for accuracy of MDS'. The MDS consultant stated the Resident Assessment Instruction (RAI) manual description for restraints did not meet the definition of a restraint as coded by the MDSC. During an interview on 03/19/25 at 4:31 PM, the MDS Consultant stated that she misunderstood the definition of physical restraints in the RAI Manual and would inform the facility to not code side rails as a physical restraint if it did not meet the definition. 8. Review of R35's Admission Record, located in the EMR under the Profile tab, revealed the resident was admitted to the facility on [DATE]. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R35's Care Plan, initiated on 12/18/24 and located in the EMR under the Care Plan tab, revealed the resident was attempting to self-transfer from her wheelchair to her bed without assistance and fell . There was no major injury. The resident was reminded to use the call light to request assistance with transfers. Review of R35's quarterly MDS, with an ARD of 02/02/25 and located under the MDS tab of the EMR, revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating the resident had intact cognition. The MDS did not indicate the resident had a fall prior to the last assessment. During an interview on 03/19/25 at 3:50 PM, the MDSC confirmed R35 had a fall on 12/17/24 and the quarterly MDS with an ARD of 02/02/25 did not indicate the resident had any falls since the last assessment. She stated it was missed during the completion of the MDS. 9. Review of R4's Admission Record, located in the EMR under the Profile tab, indicated the resident was admitted to the facility on [DATE] with diagnoses that included displaced intertrochanteric fracture of left femur and fracture of unspecified carpal bone, left wrist. Review of R4's Nurse's Note, dated 11/11/24 and located in the EMR under the Prog Note tab, revealed, . At approximately 12:45 PM resident was in the shower room with shower aide, resident slipped out of the shower chair while attempting to transfer to wheelchair. Resident landed on his buttocks and hit his left arm on the shower wall resulting in scrapes to lower left arm with redness and swelling. New order to obtain a 2-view left forearm and left wrist x ray, order called into [the x-ray provider] who is here now doing x ray . Review of R4's Nurse's Note, dated 11/12/24 and located in the EMR under the Prog Note tab, revealed, . Res [resident] was taking his neb tx [treatment], then 7:10 PM, res was hollering for help, res found laying on floor, eyes shut perpendicular to his wc [wheelchair] res laying on his back w/ [with] feet facing towards his roommates in front of bathroom, eyes shut, c/o [complained of] breaking his lt [left] leg, res tugging his lt hip. Writer called [the physician] no orders to send to ER [emergency room], instead do STAT [immediate] XRAY 2 view lt [the xray provider] called, they will come tonight to x-ray lt hip . Review of R4's Progress Note/H and P [history and physical], dated 11/14/24 and located in the EMR under the Prog Note tab, revealed, . Nature of presenting illness: Patient is being seen for an acute visit for x-ray results. Left femur x-ray - nondisplaced fracture at the neck of left femur noted . Review of R4's quarterly MDS, with an ARD of 02/03/25 and located in the EMR under the MDS tab, indicated the resident had a BIMS score of 15 out of 15, which revealed the resident was cognitively intact. The MDS revealed R4 had not had a fall since admission/entry or reentry or prior assessment and number of falls since admission or prior assessment - major injury was not coded. During an interview on 03/19/25 at 2:52 PM, the MDSC confirmed R4 had a fall with injury on 11/11/24 and on 11/12/24 and she did not code it under falls with major injury on the quarterly MDS with an ARD of 02/03/25. The MDSC stated she reviewed the progress notes and x-ray results but missed coding it. The MDSC stated the facility's MDS consultant company did not review the quarterly MDS. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	10. Review of R55's Admission Record, located in the EMR under the Profile tab, revealed R22 was admitted to the facility on [DATE] with diagnoses which included Alzheimer's Disease, repeated falls, and unsteadiness on feet. Review of R55's Nurse's Note, dated 12/19/24 and located in the EMR under the Prog Notes tab, revealed, CNA's were in residents bathroom taking care of her husband. [R55] spilled her coffee and slipped on it and hit her head on the right side of her forehead by her eye. Review of R55's quarterly MDS, with an ARD of 02/23/25 and located in the EMR under the MDS tab, indicated she had a BIMS score of nine out of 15, which revealed the resident was cognitively intact. It was recorded that the resident did not have any falls and that the resident did not have a fall with injury. During an interview on 03/21/25 at 1:33 PM, the MDSC verified her coworker completed the MDS and did not code the fall items accurately. The MDSC stated she reviewed the MDS but did not catch that the number of falls with no injury and injury were not coded accurately. 11. Review of R22's Admission Record, located in the EMR under the Profile tab, revealed R22 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included urinary tract infection (UTI). Review of R22's Physician's Orders, dated 03/13/25 and located in the EMR under the Orders tab, revealed Cephalexin oral capsule [an antibiotic] 500 milligrams (MG) give one capsule by mouth four times a day related to UTI for seven days. Review of R22's Progress Note, dated 03/13/25 and located in the EMR under the Prog Notes tab, revealed R22 was sent to the emergency room (ER) for significantly elevated white blood cell count and tested positive for UTI. Review of R22's Hospital Discharge Lab Results, dated 03/13/25 and provided by the facility, revealed the urine culture showed 70000 colony forming units per milliliter (cfu/ml) of Escherichia coli. Review of R22's quarterly MDS, with an ARD of 03/15/25 and located in the EMR under the MDS tab, indicated he had a BIMS score of 15 out of 15, which revealed the resident was cognitively intact. Review of the MDS revealed it was coded the resident had not had a UTI in the last 30 days. During an interview on 03/21/25 at 1:35 PM, the MDSC stated she did not find lab results for a urine culture in the hospital discharge report, so she did not code the UTI in the last 30 days on the MDS.

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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27104 Based on record review, interview, review of the Social Services Director (SSD) job description, and facility policy review, the facility failed to ensure one of one (Resident (R) 21) reviewed for a serious mental health illness out of a sample of 16 residents was offered medically related services to include a support plan based on the Preadmission Screening and Resident Review (PASRR) Level II evaluation. This had the potential for the resident to have unmet mental health needs. The facility census was 56. Review of the Position Description, revised 01/11/12 and provided by the facility, revealed, Job Title: Social Services Director, Summary Description: The Social Services Director is responsible . to ensure that the medically-related emotional and social needs of the patient/resident are met/maintained on an individual basis. Essential Functions and Responsibilities . 2. Meets with administration, medical and nursing staff, and other related departments in planning social services. 3. Develops and maintains a good working rapport with intra-department personnel, other departments within the facility, and outside community health, welfare, and social agencies, to ensure that social services programs are properly maintained to meet the needs of the patients/residents. 7. Assists in developing and implementing policies and procedures for identifying the medically-related social and emotional needs of the patient/resident . 29. Works with emotional needs including assisting patient/resident/family with anxiety and stress caused by illness and admission to the facility, difficulties in coping with residual physical disabilities, fears related to helplessness . 32. Interprets social, psychological and emotional needs of the resident for the medical staff, attending physician and other patient/resident care team members. Review of the facility undated policy titled, Behavioral Health Services revealed, Policy Statement . residents will receive behavioral health services as needed to attain or maintain the highest practicable, physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care. Review of the facility policy titled, Trauma Informed Care, revised March 2019, revealed, Purpose: To guide staff in appropriate and compassionate care specific to individuals who have experienced trauma . Organizational Strategies: 5. Develop relationships with community support organizations for services, referrals, training, and information . Resident-Care strategies: 1. As part of the comprehensive assessment, identify history of trauma or interpersonal violence when possible. Identifying past trauma or adverse experiences may involve record review or the use of screening tools. 2. Utilize trained and qualified staff members who have established a rapport with the resident to assess him or her for previous trauma . Review of R21's Admission Record, located in the Electronic Medical Record (EMR) under the Profile tab, revealed the resident was admitted to the facility on [DATE] with diagnoses including major depressive disorder and Post Traumatic Stress Disorder (PTSD). (continued on next page)

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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R21's PASRR Level II Summary of Findings, dated 09/24/23 and provided by the facility, revealed the evaluation indicated the resident's needs could be met in a nursing facility. The evaluation indicated the following supports and services were to be provided by the Nursing Facility: Behavioral Support Plan and a Personal Support Network. The PASRR revealed the resident had a severe mental illness. Under the section titled, Psychiatric Assessment/History diagnoses of major depressive disorder with anxiety, PTSD, and social anxiety disorder were listed. The assessment further revealed the resident reported her mother used to abuse her as well as her husband. She said she was bothered by memories of past abuse. The evaluation revealed the resident had received previous psychiatric services. Review of the Mood and Content of Thought section revealed the resident had trouble falling asleep, felt easily annoyed or irritable, had little interest or pleasure in doing things, felt down, depressed, or hopeless, had a poor appetite, felt bad about herself, felt like she was a failure and had let her family down, felt nervous, anxious, and on edge, felt afraid that something awful might happen, and felt like people were talking about her. The resident reported that she did not want to go to a nursing facility and felt anxious about her upcoming move. Review of the Interpersonal Functioning section revealed the resident had serious difficulty interacting appropriately and communicating effectively with other persons, had a possible history of altercations, evictions, fear of strangers, avoidance of interpersonal relationships, and social isolation. Under the section, Adaptation to Change it was recorded the resident had serious difficulty in adapting to typical changes in circumstances. The evaluation revealed that as a result of her major mental disorder, she has had psychiatric services. Under the section titled, Summary it was recorded the resident had trauma history including childhood and marital abuse. The Summary section revealed the resident needed provision of specific services to address her mental health and behavioral needs, and psychiatric follow up to prescribe and manage her medications. Review of R21's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/02/24 and located under the MDS tab of the EMR, revealed a Brief Mental Status Interview (BIMS) score of eight out of 15, indicating the resident was moderately cognitively impaired. The MDS indicated that the resident felt down, depressed, and hopeless for several days. Review of R21's Care Plan, initiated on 01/09/24 and located in the EMR under the Care Plan tab, revealed the resident had depression related to major depressive disorder and anxiety disorder. Interventions included arranging psychiatric consultation and follow up as indicated. There was no evidence in the EMR that the resident ever received a psychiatric consultation, and there was no evidence the resident had a Care Plan developed related to her PTSD diagnosis. Review of R21's Care Plan, initiated 01/09/24 and located in the EMR under the Care Plan tab, revealed the resident had thrown her lighter at another resident during smoke time. Interventions included removing the resident from the smoke room when she exhibited aggressive behavior. Review of R21's Care Plan, initiated on 08/21/24 and located in the EMR under the Care Plan tab, revealed the resident had behavior problems related to her cussing at residents/visitors/staff, was resistive to cares at times, exhibited physical aggressiveness, exhibited verbal aggressiveness. Interventions included discussing the resident's behavior with the resident and to explain why behavior is inappropriate and/or unacceptable. Review of R21's Progress Note, dated 12/27/23, written by the Nurse Practitioner, and located in the EMR under the Progress Note tab, revealed the resident reported she was scared to be in a new facility. (continued on next page)

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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. 27104 Based on interviews and facility job description review, the facility failed to employ either a full time Registered Dietitian (RD) or a qualified Dietary Manager (DM) to carry out the functions of the food and nutrition service since August 2024. This failure had the potential to affect 55 residents who received food from the kitchen. The facility census was 56. Review of the facility's undated job description titled Dietary Manager, revised 04/16/12, provided by the facility, revealed, . Employment Standards: Education: Must possess, as a minimum, a high school diploma, completion of approved dietary manager's course is preferred. Experience: Must have, as a minimum, two (2) years experience in a supervisory capacity in a hospital, skilled nursing care facility, or other related medical facility. Training in cost control, food management, diet therapy, etc. is preferred. Any combination of experience and training which provides the required skills, knowledge and abilities . During an interview on 03/18/25 at 10:33 AM, the DM confirmed he began working at the facility in October 2024 as a temporary employee and then full-time as the DM in February 2025. The DM stated he did work at another facility for a long time in the kitchen but did not have prior experience working as the DM, was not a Certified Dietary Manager (CDM), and was not currently enrolled in a CDM course. The DM also stated a full-time the RD was not employed at the facility since he started working as the DM. During an interview on 03/19/25 at 5:41 PM, the RD confirmed she was not a full-time employee and worked at the facility as a consultant. The RD stated she visited the facility once a month for eight hours and provided clinical coverage for the resident population. During an interview on 03/20/25 at 5:25 PM, the Administrator confirmed the facility had not had a CDM since August 2024, the DM started in February 2025, and the DM was not a CDM. The Administration stated the RD did not work for the facility on a full-time basis.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27104 Based on interviews, record review, and facility policy review, the facility failed to maintain an effective infection prevention and control program (IPCP) as follows: 1. The facility staff failed to clean and disinfect the multi-use glucometer with the correct disinfectant per the manufacturer's instructions when performing fingerstick blood glucose testing between residents (Resident (R) 10 and R19). 2. The facility staff failed to wear the proper personal protective equipment (PPE) when sorting dirty linens and personal clothes in the soiled linen room of the laundry room. 3. The facility staff failed to wear the proper PPE when entering a resident's room that was on airborne precautions due to a COVID positive status (R22). 4. The facility staff failed to wear the proper PPE for enhanced barrier precautions while administering medications through a gastrostomy tube for R54. These failures placed 56 of 56 residents of the facility at risk for the transmission and spread of infections. Review of the facility's Enhanced Barrier Precautions policy dated 04/01/24 revealed the facility implements required guidance on Enhanced Barrier Precautions (EBP) . 1. Educate all staff on the Enhanced Barrier precautions and use during high-contact resident care activities to include . g. Device care or use of but not limited to . feeding tube . 1. During an observation and interview on 03/20/25 at 11:45 AM, Licensed Practical Nurse (LPN) 3 completed a blood sugar check on R19. After she completed the blood sugar check, LPN3 cleaned the glucometer with a Clorox wipe. She then completed a blood sugar check on R10. After she completed the blood sugar check on R10, she again cleaned the glucometer with a Clorox wipe. LPN3 confirmed she used a Clorox wipe to clean the glucometer in between using the glucometer on R19 and then R10. LPN3 confirmed she had Micro Kill wipes on the cart that she used on hard surfaces that clean blood borne pathogens. LPN3 revealed that she was informed by the Regional Nurse Consultant (RNC) and the Infection Preventionist (IP) that the Clorox wipes were appropriate to clean the glucometer between uses. During an interview on 03/20/25 at 12:30 PM, the IP revealed Clorox wipes could be used to clean the glucometer between resident uses if the residents did not have a bloodborne pathogen. However, the IP was unaware if all or any of the residents who required a blood sugar check had recently been tested for any blood borne pathogens. Review of the Assure Platinum Blood Glucose Monitor manufacturer's instructions provided by the facility (undated) revealed . disinfecting the meter can be accomplished with an EPA [Environmental Protection Agency] registered disinfectant detergent or germicide that is approved for a healthcare setting, or a solution of 1:10 concentration of sodium hypochlorite (bleach) . In accordance with CDC [Centers for Disease Control and Prevention] guidelines, we recommend that the meter be cleaned and disinfected after each use for individual resident care. Review of the facility policy titled, Cleaning and Disinfection of Resident-Care Items and Equipment, revised October 2018 revealed, Policy Statement, Resident-care equipment, including reusable items . will be cleaned and disinfected according to current CDC recommendations for disinfection and the OHSA [Occupational Safety and Health Administration] bloodborne pathogen standard. Policy Interpretation and Implementation . Reusable items are cleaned and disinfected or sterilized between residents. (continued on next page)

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	265762	A. Building B. Wing	03/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Joseph Manor Health & Rehabilitation	1317 North 36th Street Saint Joseph, MO 64506

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. Observation on 03/21/25 at 10:58 AM in the laundry area revealed there were no gowns located in the soiled linen room. Continued observation revealed the Housekeeping Director (HD) removed a cloth gown from a clear plastic container on the bottom shelf in the clean linen room in the laundry area. During an interview on 03/21/25 at 11:00 AM, the HD confirmed she did not wear a gown when sorting dirty linen or personal clothing unless it was in a red biohazard bag, or the clear bag had COVID written on it in the soiled linen room, but she wore gloves when sorting them. During an interview on 03/21/25 at 11:07 AM, Laundry Aide (LA) 1 confirmed he wore gloves when he sorted dirty linens and personal clothes and wore gloves and a gown when he sorted clothes that were in a red biohazard bag or clear plastic bag with COVID written on it. LA1 stated he had worked at the facility for five years and that was the way he had always sorted the clothes. During an interview on 03/21/25 at 11:13 AM, the Infection Preventionist (IP) stated she had not been through the laundry room yet, so she had not identified any infection control issues there. During an interview on 03/21/25 at 11:15 AM, the Administrator stated she expected the laundry staff to wear a gown and gloves when they sorted the dirty linens and personal clothes to prevent the transmission and spread of infections. Review of the facility's policy titled Departmental (Environmental Services) - Laundry and Linen, revised January 2014, revealed, . the purpose of this procedure is to provide a process for the safe and aseptic handling, washing, and storage of linen . General Guidelines . Sorting Soiled Linen I. Employees sorting or washing linen must wear a gown and gloves. A mask may be worn if aerosolization is expected. 2. Use heavy-duty rubber gloves for sorting laundry. Always wash hands after completing the task and removing gloves . 3. Review of R22's Admission Record, located in the EMR under the Profile tab, revealed R22 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included COVID. Review of R22's Progress Note, dated 03/13/25, located in the EMR under the Prog Notes tab, revealed . Patient did test positive for COVID while being evaluated. Patient does continue to have a cough and SOB [shortness of breath] . patient returned to the facility on the same day . Review of R22's comprehensive Care Plan, dated 03/13/25 and located in the EMR under the Care Plan tab, revealed a problem area of Resident tested positive for Covid 19 with interventions for DROPLET ISOLATION: 1. Keep door to room closed 2. Staff and Visitors to wear PPE at all times while in room . (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation on 03/18/25 at 12:39 PM on the 200 Unit revealed a yellow hanger on the outside of R22's room door that contained the following PPE: Gowns, gloves, N95 and face shield. Also, observation of R22's room door revealed an airborne precautions sign posted on it that read, Everyone must: Perform hand hygiene, wear gown and gloves before entering the room and wear N-95 mask and eye protection prior to entering room. Observation on 03/18/25 at 12:42 PM, Certified Nursing Assistant (CNA) 6 wore a surgical mask as she walked down the hallway with a lunch meal tray in her hands and then entered R22's room without donning a gown, gloves, N95 mask and eye protection. Continued observation revealed CNA6 exited the room with the same surgical mask on. During an interview on 03/18/25 at 12:43 PM, CNA6 confirmed she wore the surgical mask and not the PPE posted on the airborne precautions sign outside of R22's room door. CNA6 stated that she did not touch R22, so she did not have to wear the PPE hanging on the outside of his door. CNA6 stated airborne precautions were spread in the air through a cough and she should have put on a gown, gloves, N95 mask, and eye protection before entering his room. During an interview on 03/21/25 at 11:39 AM, the IP verified R22 returned from theER on [DATE] with COVID so she posted the airborne precautions sign and placed a hanger with PPE on the outside of R22's room door. The IP stated she trained the nursing staff in January and February 2025 on airborne, droplet, and enhanced barrier precautions (EBP). The IP indicated she placed a binder with the training in it along with a list of the residents' names and what type of precaution they were on at the nurse's station. The IP indicated the facility staff should don the PPE posted on the airborne precautions sign on the door prior to entering R22's room and doff the PPE prior to exiting his room. During an interview on 03/21/25 at 11:46 AM, the Administrator stated facility staff were expected to follow the airborne precaution sign on the outside of R22's room door to prevent the transmission and spread of COVID. Review of the facility's policy titled, Isolation - Categories of Transmission-Based Precautions, dated October 2018, revealed, Policy Statement Transmission-Based Precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents. Policy Interpretation and Implementation . Airborne Precautions l. Airborne precautions are indicated when an individual is infected with a pathogen that is very small (5 microns or smaller in size) and can be transmitted long distances though the air . Any individuals who enter the room of a resident placed on airborne precautions must wear approved respiratory protection. 5. A resident on airborne precautions will wear a mask when leaving the room or coming into contact with others. Depending on the organism, a special filtration mask may be necessary . 4. During an observation and interview on 03/20/25 at 1:35 PM with LPN2 revealed prior to going in R54's room to administer medications via his g-tube, LPN2 put on gloves and a mask. The door to the resident's room had a sign that read, Enhanced Barrier Precautions, employees must put on a gown, gloves, and a mask before providing any direct care. LPN3 confirmed she did not put a gown on before administering R54's medications via his g-tube and should have. She confirmed the sign on the door indicated to wear a gown, gloves, and a mask when providing direct care. She further confirmed there was personal protective equipment (PPE) hanging on the door to include gowns, gloves, and masks. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview with the IP on 03/20/25 at 2:00 PM, the IP confirmed LPN2 should have put on a gown in addition to the gloves and mask she was wearing when she administered medications via R54's g-tube. She confirmed the resident was on EBP.

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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** 27104 Based on interview, record review, document review, and policy review, the facility failed to ensure an effective antibiotic stewardship program when the Infection Preventionist (IP) did not complete an infection screening evaluation to determine if the correct antibiotic was ordered for a urinary tract infection (UTI) in order to reduce the development of antibiotic-resistance organisms for one of three residents (Resident (R) 22) reviewed for UTIs out of a total sample of 16. This failure had the potential to affect all residents' safety related to antibiotic usage and increased the risk of antibiotic-resistance. The facility census was 56. Review of the facility's policy titled, Antibiotic Stewardship, revised December 2016, revealed, . Antibiotics will be prescribed and administered to residents under the guidance of the facility's Antibiotic Stewardship Program. Policy Interpretation and Implementation 1. The purpose of our Antibiotic Stewardship Program is to monitor the use of antibiotics in our residents . When a resident is admitted from an emergency department, acute care facility, or other care facility, the admitting nurse will review discharge and transfer paperwork for current antibiotic/anti-infective orders. 6. Discharge or transfer medical records must include all of the above drug and dosing elements . Review of the IP's job description titled, Infection Control Specialist/Clinical Educator,, revealed . Major Duties and Critical Tasks . The Infection Preventionist will collect, analyze and provide infection and antibiotic usage data and trends to nursing staff and health care practitioners; consult on infection risk assessment and prevention control strategies; provide education and training; and implement evidenced-based infection prevention and control practices . Review of R22's Admission Record, located in the electronic medical record (EMR) under the Profile tab, revealed R22 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included UTI. Review of R22's Physician's Orders, dated 03/13/25 and, located in the EMR under the Orders tab, revealed Cephalexin [an antibiotic] oral capsule 500 milligrams (MG) give one capsule by mouth four times a day related to UTI for seven days. Review of R22's Progress Note, dated 03/13/25 and located in the EMR under the Prog Notes tab, revealed R22 was sent to the emergency room (ER) for a significantly elevated white blood cell count and tested positive for UTI. Review of R22's Lab Results, dated 03/13/25 and provided by the facility, revealed the urine culture showed 70000 colony forming units per milliliter (cfu/ml) of Escherichia coli. Review of the LTC UTI Infection Worksheet, provided by the facility, revealed the infection screening had not been completed for R22 until 03/20/25. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 03/21/25 at 11:54 AM, the IP stated she was not informed by the charge nurse that R22 had a UTI when he returned from the ER. The IP confirmed she did not pull R22 orders to see if he had orders for an antibiotic, therefore, she did not complete the UTI infection worksheet to determine if the right antibiotic was prescribed by the physician based on the results of the urine culture. The IP indicated she was responsible for collecting and analyzing infection and antibiotic usage data. During an interview on 03/21/25 at 11:55 AM, the Administrator stated they would start reviewing new orders in the morning clinical meeting so they would not be missed any longer.