STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265796	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl's II Eden for Elders	611 North College Princeton, MO 64673

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 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. 50980 Based on interviews and record review, the facility failed to consider the views of the resident council and act promptly upon grievances and recommendations made by the group concerning issues of resident care and life in the facility when the facility failed to demonstrate their response and rationale for such responses. Additionally, the facility failed to maintain documentation of the facility's attempt to resolve concerns, or address the facility's communication with the council on the follow up actions. This affected all the residents serving on the resident counsel and potentially other residents of the facility. The facility census was 40. Review of the facility's Resident Rights Policy ,dated 12/2016, showed: -Resident's have rights to voice grievances to the facility, or other agency that hears grievances, without discrimination or reprisal and without fear of discrimination or reprisal; have the facility respond to his or her grievances; be supported by the facility in exercising his or her rights; Residents and their representatives have the right to file grievances, either orally or in writing, to the facility staff or to the agency designated to hear grievances (e.g., the State Ombudsman). The administrator and staff will make prompt efforts to resolve grievances to the satisfaction of the resident and/or representative. Review of the facility's Grievance/Complaint policy,dated 4/2017, showed: - Any resident, family member, or appointed resident representative may file a grievance or complaint concerning care, treatment, behavior of other residents, staff members, theft of property, or any other concerns regarding his or her stay at the facility. Grievances also may be voiced or filed regarding care that has not been furnished. - All grievances, complaints or recommendations stemming from resident or family groups concerning issues of resident care in the facility will be considered. Actions on such issues will be discussed with family or a written response whichever is appropriate. - The administrator will review the findings with the grievance officer to determine what corrective actions, if any, need to be taken. 1. During a group interview on 7/30/24 at 9:15 A.M., five resident council participants said: -They did not know how to complete a grievance; (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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Did not have access to grievance forms; -Did not know where they would submit a grievance form to; -They did not know that they could hold the meeting without staff present; -They had concerns regarding showers not being given which makes them feel dirty and embarrassed; -They often must wait over 15 minutes for call lights to be answered for toileting assistance and other needs. -The facility is slow to make changes or respond back to the council on planned solutions. Review of the resident council minutes, dated March 2024- June 2024, showed: -On 3/28/24: No old business documented or reviewed; no council president assigned, and the meeting was led by one staff member. New Business showed: lack of showers and crowded living area. Review of undated and unsigned Resident Council Resolution for 3/28/24 recapped the meeting minutes but did not provide a formal response to the resident council on their requests. -On 4/23/24: No old business was addressed from the March resident council meeting; no council president assigned, and the meeting was led by one staff member. Open position was not addressed. New Business showed: Several suggestions for improvements to Activities, housekeeping issues, lack of food variety, and a report of one resident missing a pair of jeans. Review of Resident Council Resolution minutes for 4/23/24 meeting dated 4/23/24 from the Administrator recapped the meeting but did not provide a formal response to the resident council on their requests. -On 5/30/24: No old business documented or reviewed. no council president assigned, and the meeting was led by Activity Director A. Open position was not addressed. New business showed: More outside activities requested, ice cream service should be increased, showers are not being conducted on time, call lights are not answered timely, increased laundry service is requested, improvement on some meals is needed and the temperature is too cool in the dining room. Review of undated and unsigned Resident Council Resolution minutes for 5/30/24 from the Administrator recapped the meeting but did not provide a formal response to the resident council on their requests. -There was no documentation of a Resident Council meeting for the month of June 2024. During an interview on 7/31/24 at 09:45 A.M., Activity Director A said: - He/She received online training for Activity Director and has been in the role since March 2024. He/She has been at the facility for seven years. (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Has led the resident council meeting for a couple years and has received in service training for the Resident Council and acquired some information from the Activities Director course. - Resident grievances or recommendations are given to the Administrator from the meeting minutes that Activity Director takes. These are forwarded on to each department to address but he/she is unsure how the residents are notified. - Meetings are advertised the Monday before each meeting which is held the last Thursday of every month. They are advertised through word of mouth, the activities calendar and with posters. He/she is unsure how families are notified of the resident council meetings. - Did not know that there was a President position for the resident council. - It was expected from the facility that the Activity Director A always attends the resident council meeting though the residents never gave their approval for him/her to attend. During an interview on 7/31/24 at 11:10 A.M., Activity Director B said: - He/She conducts resident council meetings to bring up issues and then speaks to the Administrator before the conclusion of the meeting so concerns can be addressed before concluding that's month's meeting; - Asked the residents if it's okay to sit in on their meetings and they approved. - Families are not notified about the meeting and Activity Director B did not know they could attend; - The reason there is no council President because there are not enough higher functioning residents to serve in that role. Staff has stepped in to fill the void of not having a President and that Activity Director A normally conducts the meeting. The President position has been open for at least 18 months. During an interview on 8/1/24 at 11:56 A.M., the Administrator said: - She would not necessarily expect a Resident President to lead the Resident Council meeting even though they have offered the position to be filled to the residents. The Activity Directors run the monthly meetings. - Resident grievances or concerns from the Resident Council meeting are discussed immediately with the residents at the meeting. - She would expect the residents to be satisfied with the explanation that their concerns could not be met due to staffing issues. - She would expect residents to know how to file a formal grievance, but they cannot do it anonymously. It would be expected that residents would know their rights since it is talked about at the start of every meeting.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50980 Based on interview and record review, the facility failed to establish and maintain a system that assured a full and complete, separate accounting, according to generally accepted accounting principles, for one deceased resident's account (Resident #92). When the facility charged the resident's account incurred bank fees from [DATE] to [DATE]. This affected one resident out of the sampled 12 residents. The facility census was 40. The facility was asked to provide a resident trust and banking policy, and the facility did not provide the policy. 1. Record Review on [DATE] at 1:35 P.M. showed: - The facility charged Resident #92 bank service fees of five dollars per month from [DATE] to [DATE] and applied that cost to the closed Resident account without reimbursement for a total cost of $20.00 to the Resident's guardian or responsible party. During an interview on [DATE] at 9:20 A.M., the Administrative Assistant said: -He/She mailed a check on [DATE] on behalf of the closed Resident Record's account since the Resident had expired on [DATE]. -The check for $1,765.69 included the deduction of the unauthorized bank fees. -The check was never cashed and the Administrative Assistant contacted the Department of Social Services (Mo Health Unit) to submit another check with the $20.00 bank charges refunded. -The services charges were due to an account balance below the threshold established by the bank ($2,000). During an interview on [DATE] at 11:56 A.M., the Administrator said he/she would not expect a resident's personal funds account to be charged for bank fees.

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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 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. 31102 Based on interviews and record review, the facility failed to protect the residents right to be free from misappropriation of property for one of the 12 sampled residents, (Resident #28) when the resident reported missing $1300. The facility census was 40. Review of the facility's policy for abuse or neglect of a resident, dated 4/12/23 showed, in part: - The purpose is to establish protocol for reporting abuse (physical or verbal) or neglect of a resident, or misappropriation of funds; - Misappropriation of funds is any misuse of the resident's money; - Once the investigation is completed and the complaint has been validated, the Department of Health and Senior Services will be notified. Review of the facility's policy for reporting abuse, dated 2/5/13, showed, in part: - As established by Section 6703 (b) (3) of the Patient Protection and Affordable Care act of 2010, responsible suspicion of crime must be reported to both the State Agency and local law enforcement; - Centers for Medicare and Medicaid Services (CMS) recommends documenting your submission TO THE ADMINISTRATOR for your records. (In other words, keep a copy of the report that you write for the Administrator/Director of Nursing (DON); - Section 1150B establishes two time limits for reporting of reasonable suspicion of a crime, depending on the seriousness of the event that leads to the reasonable suspicion: serious bodily injury and all others - within 24 hours: If the events that cause the reasonable suspicion do not result in serous bodily injury to a resident, the covered individual shall report the suspicion immediately, not later than 24 hours after forming the suspicion. Review of the facility's policy for abuse prevention program, revised December, 2016, showed, in part: - Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical abuse, and physical or chemical restraint not required to treat the resident's symptoms; - As part of the resident abuse prevention, the administration will: protect our residents from abuse by anyone including, but not necessarily limited to : facility staff, other residents, consultants, volunteers, staff from other agencies, family members, legal representatives, friends, visitors, or any other individual; (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Conduct employee background checks and will not knowingly employ or otherwise engage any individual who has: have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property: or have a disciplinary action in effect against his/her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property; - Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents; - Require staff training/orientation programs that include such topics as abuse prevention, identification and reporting of abuse, stress management , and handling verbally or physically aggressive resident behavior; - Implement measures to address factors that may lead to abusive situations; - Identify and assess all possible incidents of abuse; -Investigate and report any allegations of abuse within timeframes as required by federal requirements; - Protect residents during abuse investigations; - Establish and implement a Quality Assurance and Performance Improvement (QAPI) review and analysis of abuse incidents; and implement changes to prevent future occurrences of abuse; - Involve the resident council in monitoring and evaluating the facility's abuse prevention program. 1. Review of Resident #28's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 5/1/24 showed: - Cognitive skills intact; - Required supervision or touch assistance with toilet use and transfers; - Required partial to moderate assistance with showers and dressing; - Diagnoses included diabetes mellitus, dementia (inability to think), thyroid disorder (medical condition that keeps your thyroid from making he right amount of hormone) and depression. The facility did not provide a copy of the resident's care plan. Review of the handwritten statement, dated 7/20/24 by Registered Nurse (RN) A showed: - The statement was addressed to Social Services and the Administrator; (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- The resident reported to a Certified Nurse Aide (CNA) and him/herself that he/she was missing a large amount of money; - The resident stated once a month, he/she received a check, would cash it and keep the money in an envelope in his/her purse; - The resident looked in his/her purse and noticed the envelopes were missing and he/she had between $1000 - $2000 missing but was not sure of the exact amount; - The resident was unaware when the money went missing; - RN A did not know if it was real or if the resident was confused since it was almost 10:00 P.M.; - RN A assured the resident it would be reported; - RN A asked the resident if there was anywhere else he/she might have placed the envelope and the resident said he/she only kept the envelopes in his/her purse. Review of a typed written statement signed by the Administrator, dated 7/20/24 showed: - Resident #28 has told staff that he/she is missing a large amount of money from his/her purse. It was in a bank envelope and had been there since around 7/4/24. He/she missed it around 7/20/24; -Social Services had looked diligently through the resident's room to ensure it had not been misplaced; - The resident's family is aware that the resident had this money and has been notified that it is missing; - The resident has been encouraged to NOT keep money in his/her room; Review of the typed statement dated 7/24/24 by Social Services showed: - RN A left Social Services a note stating Resident #28 had $1,000 - $2,000 missing and was not sure if this was the correct since it was around 10:00 P.M. on Sunday, 7/20/24; - This writer called the resident's daughter to see if this was possible and the resident's daughter said, yes it could be possible due to the resident gets a monthly check and she takes the resident to get it cashed and the resident keeps the cash in an envelope in his/her purse. She has tried to tell the resident he/she did not need to keep it with him/her; - The writer asked if he/she could look through the resident's purse and drawers and the daughter agreed; - The writer asked the resident if he/she could look in his/her purse and in his/her drawers for the missing envelopes and the resident agreed; (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- The resident said there were two envelopes, one had ten $100 dollar bills and the second envelope had three $100 dollar bills in it; - This writer looked in the resident's purse and drawers and was unable to locate the missing envelopes; - The resident told the Administrator when he/she cashed the monthly check, he/she would put it in his/her safe; - Social Services signed the statement; During an interview with the resident on 7/29/24 at 11:29 A.M., the resident said: - He/she had approximately $1500 in his/her purse; - Around Friday, 7/19/24, the resident noticed the envelopes with the money were missing from his/her purse; - The staff were not aware the resident had the money; - The resident was not for sure which CNA she reported it to. During an interview on 7/31/24 at 2:25 P.M., Social Services said: - When a resident had something missing, they would notify a CNA or Charge Nurse (CN) and they would report it to him/her; - Resident #28 is missing $1,300. He/she received a note from RN A on 7/20/24 and it said the resident was missing $1,000-$2,000; - He/she talked to the resident and the resident said it was two envelopes, one had ten $100 dollar bills in it and the second envelope had three $100 dollar bills in it; - He/she talked to the resident's daughter because the daughter is the one who took the resident to cash the check; - The resident has a safe in his/her room and the resident keeps his/her jewelry in it but did not keep his/her money in it; During an interview on 8/1/24 at 11:56 A.M., the Administrator said: - She did not see any sense in doing an interview with each individual person; - She had talked to the staff and to the family; - The facility did not know the resident had money in his/her purse or had a safe in his/her room but the family was aware of it; (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- She did not interview any staff because she did not know what day it happened; - The daughter was able to give a date when she took the resident to the bank, but it was still a week or 2.5 weeks since the resident had been taken to the bank; - She should have contacted the police and filed a report.

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 31102 Based on interviews and record review, the facility failed to report an allegation of missaporpriation for one of the 12 sampled residents, (Resident #28) when staff did not notify law enforcement or the state survey agency after the resident reported missing $1,300. The facility census was 40. Review of the facility's policy for abuse or neglect of a resident, dated 4/12/23 showed, in part: - The purpose is to establish protocol for reporting abuse (physical or verbal) or neglect of a resident, or misappropriation of funds; - Misappropriation of funds is any misuse of the resident's money; - Once the investigation is completed and the complaint has been validated, the state survey agency will be notified. Review of the facility's policy for reporting abuse, dated 2/5/13, showed, in part: - As established by Section 6703 (b) (3) of the Patient Protection and Affordable Care act of 2010, responsible suspicion of crime must be reported to both the State Agency and local law enforcement; - Centers for Medicare and Medicaid Services (CMS) recommends documenting your submission TO THE ADMINISTRATOR for your records. (In other words, keep a copy of the report that you write for the Administrator/Director of Nursing (DON); - Section 1150B establishes two time limits for reporting of reasonable suspicion of a crime, depending on the seriousness of the event that leads to the reasonable suspicion: serious bodily injury and all others - within 24 hours: If the events that cause the reasonable suspicion do not result in serous bodily injury to a resident, the covered individual shall report the suspicion immediately, not later than 24 hours after forming the suspicion. Review of the facility's policy for abuse investigation and reporting, revised July, 2017, showed, in part: - Reporting: All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported by the facility Administrator to the following persons or agencies. The State licensing/certification agency responsible for surveying/licensing the facility; the local/State Ombudsman; the resident's representative; Adult Protective Services (where state law provides jurisdiction in long-term care); the resident's Attending Physician and the facility's Medical Director; - An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than: two hours if the alleged violation involves abuse OR has resulted in serious bodily injury or 24 hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury; (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Verbal/written notices to agencies may be submitted via special carrier, fax, e-mail, or by telephone; - Notices will include, as appropriate: the name of the resident, the resident's room number; the type of abuse that was committed; the date and time the alleged incident occurred; the name(s)of all persons involved in the alleged incident and what immediate action was taken by the facility; - The Administrator, or designee, will provide the appropriate agencies or individuals listed above with a written report of the findings of the investigation within five working days of the occurrence of the incident; - If the investigation reveals findings of abuse, such findings will be reported to the State Abuse Registry; - If the investigation reveals that the allegation(s) of abuse are founded, the employee(s) will be terminated; - If the investigation reveals that the allegation(s) of abuse are unfounded, the employee(s) will be reinstated to his/her/their former position with back pay; - Any allegations of abuse will be filed in the accused employee's personnel record along with any statement by the employee disputing the allegation, if the employee chooses to make one. Records concerning unfounded allegations will be destroyed; - Appropriate professional and licensing boards will be notified when an employee is found to have committed abuse; - The resident and/or representative will be notified of the outcome immediately upon conclusion of the investigation. 1. Review of Resident #28's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 5/1/24 showed: - Cognitive skills intact; - Diagnoses included diabetes mellitus, dementia (inability to think), thyroid disorder (medical condition that keeps your thyroid from making he right amount of hormone) and depression. Review of a typed written statement signed by the Administrator, dated 7/20/24 showed: - Resident #28 has told staff that he/she is missing a large amount of money from his/her purse. It was in a bank envelope and had been there since around 7/4/24. He/she missed it around 7/20/24; - The Administrator expressed to the resident that most of the staff are very honest and would not even consider taking anything that is not their own. HOWEVER, IT SEEMS THAT SOMEONE HAS DONE THIS. Social Services has looked diligently through the resident's room to sure it had not been misplaced; (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- The resident's family is aware that the resident had this money and has been notified that it is missing; - The resident has been encouraged to NOT keep money in his/her room; - STAFF, PLEASE BE AWARE OF EVERYONE THAT WORKS HERE AND LET'S SEE IF WE CAN SOLVE OR PREVENT THIS AGAIN; - It was initiated by the Administrator and cc'd to the nurses and aides. During an interview with the resident on 7/29/24 at 11:29 A.M., the resident said: - He/she had approximately $1,500 in his/her purse; - Around Friday, 7/19/24, the resident noticed the envelopes with the money were missing from his/her purse; - The staff were not aware the resident had the money; - The resident was not for sure which CNA she reported it to. During an interview on 8/1/24 at 11:56 A.M., the Administrator said: - She did not notify the police, did not notify the state survey agency. She never thought about notifying law enforcement; - She should have contacted the police and filed a report.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 31102 Based on interviews and record review, the facility failed to follow facility policy and investigate an allegation of misappropriation when one of the 12 sampled residents, (Resident #28) reported missing $1,300. The facility census was 40. Review of the facility's policy for abuse prevention program, revised December, 2016, showed, in part: - Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical abuse, and physical or chemical restraint not required to treat the resident's symptoms; - As part of the resident abuse prevention, the administration will: protect our residents from abuse by anyone including, but not necessarily limited to : facility staff, other residents, consultants, volunteers, staff from other agencies, family members, legal representatives, friends, visitors, or any other individual; - Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents; -Investigate and report any allegations of abuse within timeframe's as required by federal requirements; - Protect residents during abuse investigations; Review of the facility's policy for abuse investigation and reporting, revised July, 2017, showed, in part: - Role of the Administrator: If an incident or suspected incident of resident abuse, mistreatment, neglect or injury of unknown source is reported, the Administrator will assign the investigation to an appropriate individual. The Administrator will keep the resident and his/her representative informed of the progress of the investigation. The Administrator will ensure that any further potential abuse, neglect, exploitation or mistreatment is prevented. The Administrator will inform the resident will inform the resident and his/her representative of the status of the investigation and the measures taken to protect the safety and privacy of the resident; (continued on next page)

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	265796	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl's II Eden for Elders	611 North College Princeton, MO 64673

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Role of the Investigator: The individual conducting the investigation will, as a minimum: review the completed documentation forms; review the resident's medical record to determine events leading up to the incident; interview the person reporting the incident; interview any witnesses to the incident; interview the resident;interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident; interview the resident's room mate, family members and visitors; the investigator will notify the Ombudsman (helps to resolve issues between parties through various types of informal mediation) that an abuse investigation is being conducted. The Ombudsman will be invited to participate in the review process; the investigator will consult daily with the Administrator concerning the progress/findings of the investigation; upon conclusion of the investigation, the investigator will record the results of the investigation on approved documentation forms and provide the completed documentation to the Administrator; 1. Review of Resident #28's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 5/1/24 showed: - Cognitive skills intact; - Required supervision or touch assistance with toilet use and transfers; - Required partial to moderate assistance with showers and dressing; - Diagnoses included diabetes mellitus, dementia (inability to think), thyroid disorder (medical condition that keeps your thyroid from making he right amount of hormone) and depression. Review of the handwritten statement, dated 7/20/24 signed by Registered Nurse (RN) A showed: - It was addressed to Social Services and the Administrator; - The resident reported to a Certified Nurse Aide (CNA) and RN A that he/she was missing a large amount of money; - The resident stated once a month, he/she received a check, would cash it and keep the money in an envelope in his/her purse; - The resident looked in his/her purse and noticed the envelopes were missing and he/she had between $1000 - $2000 missing but was not sure of the exact amount; - The resident was unaware when the money went missing; - RN A did not know if it was real or if the resident was confused since it was almost 10:00 P.M.; - RN A assured the resident it would be reported; - RN A asked the resident if there was anywhere else he/she might have placed the envelope and the resident said he/she only kept the envelopes in his/her purse. Review of a typed written statement from the Administrator, dated 7/20/24 showed: (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Resident #28 has told staff that he/she is missing a large amount of money from his/her purse. It was in a bank envelope and had been there since around 7/4/24. He/she missed it around 7/20/24; - Social Services has looked diligently through the resident's room to sure it had not been misplaced; - The resident has been encouraged to NOT keep money in his/her room; Review of the typed statement dated 7/24/24 by Social Services showed: - RN A left Social Services a note stating Resident #28 had $1,000 - $2,000 missing and was not sure if this was the correct since it was around 10:00 P.M. on Sunday, 7/20/24; - This writer called the resident's daughter to see if this was possible and the resident's daughter said, yes it could be possible due to the resident gets a monthly check and she takes the resident to get it cashed and the resident keeps the cash in an envelope in his/her purse. She has tried to tell the resident he/she did not need to keep it with him/her; - The writer asked if he/she could look through the resident's purse and drawers and the daughter agreed; - The writer asked the resident if he/she could look in his/her purse and in his/her drawers for the missing envelopes and the resident agreed; - The resident said there were two envelopes, one had ten $100 dollar bills and the second envelope had three $100 dollar bills in it; - This writer looked in the resident's purse and drawers and was unable to locate the missing envelopes; - The resident told the Administrator when he/she cashed the monthly check, he/she would put it in his/her safe; - Social Services signed the statement; - Social Services said he/she did not file a police report and did not know if the Administrator filed one or not; - He/she did not have any statements from the staff who worked. During an interview with the resident on 7/29/24 at 11:29 A.M., the resident said: - He/she had approximately $1,500 in his/her purse; - Around Friday, 7/19/24, the resident noticed the envelopes with the money were missing from his/her purse; - The staff were not aware the resident had the money; (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- The resident was not for sure which CNA she reported the missing money it to. During an interview on 7/31/24 at 2:25 P.M., Social Services said: - When a resident had something missing, they would notify a CNA or Charge Nurse (CN) and they would report it to him/her; - He/she would talk to the resident, document it and talk to the Administrator; - Resident #28 is missing $1,300. He/she received a note from RN A on 7/20/24 and it said the resident was missing $1,000-$2,000; - He/she talked to the resident and the resident said it was two envelopes, one had ten $100 dollar bills in it and the second envelope had three $100 dollar bills in it; - He/she talked to the resident's daughter because the daughter is the one who took the resident to cash the check; - The resident has a safe in his/her room and the resident keeps his/her jewelry in it but did not keep his/her money in it; - When asked if an investigation had been completed, he/she gave me a copy of the statement from the Administrator. During an interview on 8/1/24 at 11:56 A.M., the Administrator said: - She did not see any sense in doing an interview each individual person; - She had talked to the staff and to the family; - The facility did not know the resident had money in his/her purse or she had a safe in his/her room but the family was aware of it; - She did not notify the police, did not notify the state survey agency. She never thought about notifying law enforcement; - She did not interview any staff because she did not know what day it happened; - She should have contacted the police and filed a report.

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47195 Based on observation, record review, and interview, the facility failed to develop and implement a comprehensive person-centered care plan for four of 12 sampled residents (Residents #3, #19, #21, and #6) by not addressing care areas of resident side rail usage (Resident #3 and #19), shower preferences (Resident #3), weight loss (Resident #21), and post traumatic stress disorder (PTSD) (Resident #6). The facility census was 40. The facility did not provide a policy on care plans. 1. Review of Resident #3's Annual minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 5/19/24, showed: -He/She was cognitively intact; -He/She had impairment to one side of lower extremities; -He/She was dependent on wheelchair; -He/She was dependent with toileting, showering, upper and lower body dressing, going from sitting to lying, lying to sitting on side of bed, tub transfers and wheelchair mobility; -He/She required substantial to maximal assistance with personal hygiene, rolling left and right -Diagnoses included: Surgical amputation, heart failure, high blood pressure, gastroesophageal reflux disease, renal failure, diabetes (too much sugar in the blood), venous insufficiency (improper function of vein valves in the leg causing swelling or skin changes), Review of care plan, dated 5/24/23, showed: -He/She was independent with physical limitations; -Bed Mobility: He/She was able to move independently to reposition self; -Side rails were not care planned; -He/She had an activities of daily living self-care performance deficit due to limited mobility; -Bathing and showering: Avoid scrubbing & pat dry sensitive skin. Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse. He/She required extensive assistance by 1 staff with showering; Use short, simple instructions such as hold your washcloth in your hand; Put soap on your washcloth; Wash your face; to promote independence. -Care plan did not address resident's preferred shower preferences to include frequency and time of day. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of physician's orders showed dated July 30, 2024: -Order started on 12/5/23, side rails to bed as requested by patient for repositioning. Review of Bed Rail/Assist Bar Evaluation showed quarterly evaluations were completed: -On 12/5/23, Bed rails, Bilateral, resident requested to have bed rails/assist bar while in bed and bed rails/assist bar were indicated to serve as an enabler to promote independence; -On 5/19/24, Bed rails, Bilateral, resident requested to have bed rails/assist bar while in bed and bed rails/assist bar were indicated to serve as an enabler to promote independence; -On 7/19/24, Bed rails, Bilateral, resident requested to have bed rails/assist bar while in bed and bed rails/assist bar were indicated to serve as an enabler to promote independence; Observation on 7/29/24 at 11:01 A.M. showed resident had u-shaped side rails on both sides of his/her bed that were in the up position. During an interview on 7/29/24 at 11:01 A.M., resident said: -He/She used the side rails to reposition him/herself while in bed. -He/She preferred to get a shower twice a week if possible; -He/She sometimes did not get a shower as he/she preferred due to facility not having enough staff; During an interview on 7/30/24 at 2:18 P.M., Certified Nurse Aide (CNA) D said: -Resident used side rails to help him/her roll; -He/She would hold onto side rail and wiggle him/herself up in bed; During an interview on 7/30/24 at 3:03 P.M., Licensed Practical Nurse (LPN) A said: -Side rails have to have a physician's order and have to be care planned; -MDS Coordinator and outsourced staff member was responsible for updating care plans. During an interview on 7/31/24 at 1:52 P.M., MDS Coordinator said: -Resident had side rails for repositioning and helping self turn. During an interview on 8/1/24 at 8:32 A.M., CNA F said: -Resident had side rails so he/she did not roll out of his/her bed. During an interview on 8/1/24 at 9:01 A.M., CNA G said: (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She did not know why resident had side rails on his/her bed. 2. Review of Resident #19's Quarterly minimum data set (MDS), dated [DATE], showed: -He/She was severely cognitively impaired; -He/She was dependent on a walker for mobility; -He/She required substantial/maximal assistance with toileting, bathing, upper and lower body dressing, taking off footwear, personal hygiene, going from lying to sitting on side of bed, sit to stand chair/bed to chair transfer, toilet and tub shower; -He/She required supervision or touching assistance for rolling left and right, or going from sit to lying position, -Diagnoses included: high blood pressure, dementia (a condition characterized by impairment of at least two brain functions such as memory loss and judgement), tachycardia (a rapid heart beat that may be regular or irregular, but is out of proportion to age and level of exertion or activity). Review of care plan, dated 3/1/24, showed: -He/She was able to transfer self independently -He/She used walker to maximize independent with transferring; -He/She had limited physical mobility due to weakness; -He/She was able to ambulate with walker independently; -He/She was able to move and reposition self independent in bed; -He/She was at increased risk for falls due to history of attempts to leave facility unattended, impaired safety awareness, and dementia; -He/She has impaired cognitive function or impaired though processes due to dementia with behavioral disturbances; -Side rails were not care planned. Review of physicians orders, dated July 2024, showed, -No orders for side rail on bed. Review of Bed Rail/Assist Bar Evaluation showed quarterly evaluations were completed: -On 11/12/23, bed rails/assist bar were not indicated at that time. Observation on 7/30/24 at 10:16 A.M. showed: (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-A u-shaped side rail was up on right side of bed. Observation on 7/31/24 at 8:10 A.M. showed resident was lying in bed with his/her right side rail up. During an interview on 7/30/24 at 10:16 A.M., resident was not able to verbalize why he/she had side rail on his/her bed. During an interview on 7/30/24 at 2:18 P.M., Certified Nurse Aide (CNA) D said: -Resident used side rails to maneuver self in and out of bed. During an interview on 7/31/24 at 1:52 P.M., MDS Coordinator said: -Resident was not supposed to have side rails on his/her bed. During an interview on 8/1/24 at 8:32 A.M., CNA F said: -He/She saw resident use side rail to help pull self up to a sitting position. During an interview on 8/1/24 at 9:01 A.M., CNA G said: -Resident had side rails because he/she fell and broke his/her pelvis and used side rail to pull self up in bed; -Resident had been mobile prior to fall. During an interview on 7/31/24 at 1:52 P.M., MDS Coordinator said: -He/She assisted with writing care plans; -Care plans should be updated every 90 days and with significant changes; -The facility used a contract consolidator to assist with writing care plans; -He/She communicated care plan changes to contract consolidator via email; -Contract consolidator came on-site to facility every six months; -Side rails should be included in resident's care plans. During an interview on 8/1/24 at 11:56 A.M., MDS Coordinator said: -Post traumatic stress disorder should be care planned; 31102 3. Review of Resident #6's quarterly MDS, dated [DATE] showed: (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Cognition Intact; - Upper and lower extremity impaired on one side; - Diagnoses included hemiplegia (paralysis affecting one side of the body), depression, bipolar disorder (episodes of mood swings ranging from depressive lows to manic highs), anxiety, psychotic disorder (mental illness characterized by psychotic symptoms which can generally be described as a loss of contact with reality) and post traumatic stress disorder (PTSD, a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock). Review of the resident's care plan, revised 1/3/24 showed it did not address the resident's diagnosis of PTSD, including triggers and interventions. 4. Review of Resident #21's care plan revised, 3/30/24 showed: - It did not address the resident's weight gain. Review of the resident's quarterly MDS, dated [DATE], showed: - Cognitive skills severely impaired; - Rejected care one to three days; - Dependent on the assistance of staff for eating; - Diagnosis included: Cancer, dementia (inability to think), renal insuffiency (RI, a condition in which the kidneys lose the ability to remove waste and balance fluids), pneumonia (a serious infection that causes inflammation and fluid or pus to fill the air sacs, of one or both lungs), anxiety and depression. Review of the resident's medical record showed the following weights for the resident:- 1/6/24 - 223.2 pounds; - 2/6/24 - 221.8 pounds; - 3/11/24 - 221.0 pounds; - 4/3/24 - 212.6 pounds; - 5/8/24 - 198.8 pounds; - 6/6/24 - 195.8 pounds; - 7/8/24 - 195.6 pounds. During an interview with the resident on 7/29/24 at 1:35 P.M., the resident said: - He/she has lost weight recently because he/she was not hungry. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 7/31/24 at 2:12 P.M., The MDS/Care Plan Coordinator said:- The care plans can be updated by the nurses if they have time, her/himself or the MDS/Care Plan Consulting group; - The care plans should address the resident's weight loss and their diagnosis of PTSD. During an interview on 8/1/24 at 11:56 A.M., Administrator said: -He/She expected care plans to be updated every time something significant happened and quarterly; -Care plan use should be care planned

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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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 47195 Based on observations, interviews, and record reviews, the facility failed to revise the comprehensive person centered care plans, when the facility failed to revise a care plan to reflect one resident (Resident #3) who had his/her left leg amputated above the knee. The facility census was 40. The facility did not provide a comprehensive care plan policy. 1. Review of Resident #3's Annual minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 5/19/24, showed: -He/She was cognitively intact; -He/She had impairment to one side of lower extremities; -He/She was dependent on wheelchair; -He/She required set up or clean up assistance with eating, oral hygiene; -He/She was dependent with toileting, showering, upper and lower body dressing, going from sitting to lying, lying to sitting on side of bed, tub transfers and wheelchair mobility; -He/She required substantial to maximal assistance with personal hygiene, rolling left and right -He/She had no current pressure ulcers, but had open lesions other than ulcers, rashes, cuts, and he/she had surgical wounds; -He/She had application of nonsurgical dressings other than to feet; -Diagnoses included encounter for orthopedic aftercare following surgical amputation, anemia, atrial fibrillation, heart failure, high blood pressure, gastroesophageal reflux disease, renal failure, diabetes, hyponatremia, thyroid disorder, respiratory failure, , high blood pressure, lung nodules (a small single mass in the lung that is usually benign) , heart valve disease, venous insufficiency (improper function of vein valves in the leg causing swelling or skin changes), respiratory failure, stage 3 pressure ulcer (sores that have reached past skin's second layer and reached fat layer beneath) of sacral region (area of spine between lower back and tail bone), unstageable pressure ulcer of left buttock, and encounter for surgical aftercare following surgery on the skin and subcutaneous tissue (deepest layer that lies closest to the muscle). Review of care plan, revised 5/24/23, showed: -He/She was at risk of potential pressure ulcer development due to limited mobility and incontinence; -He/She currently have a surgical incision from a skin tag removal; (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Educate the resident/family/caregivers as to causes of skin breakdown; including: transfer/positioning requirements; importance of taking care during ambulating/mobility, good nutrition and frequent repositioning; -Follow facility policies/protocols for the prevention/treatment of skin breakdown; -Teach resident/family the importance of changing positions for prevention of pressure ulcers. Encourage small frequent position changes. -He/She had chronic venous hypertension -Give meds as ordered for pain; -Monitor/document/report PRN for signs and symptoms of infection: [NAME] drainage, foul odor, redness and swelling, red lines coming from the wound, excessive pain, fever; -Notify nurse if drainage noted to left lower extremities for dressing change. -He/She had edema of the bilateral lower extremities. Elevate legs as much as possible; -Keep his/her heels kept off bed by placing two pillows under his/her legs when supine and prevent direct pressure -relief to his/her heels to make sure they are not against anything; -His/Her ulcers are managed by wound care, they complete treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and drainage and any other notable change or observations. -Care plan was not updated to include resident's amputation of left lower extremities from above knee down. Review of physician's orders showed: -Ordered 3/4/24, started 3/10/24, skin assessment every day shift every Sunday for prophylaxis (action taken to prevent disease); Review of Treatment Administration Record, dated July 2024, showed: -Order start date 7/12/24 at 7:51 A.M., Place a folded 4 x 4 in crease at end of left stump to keep skin from touching. Change dressing dailyto keep area dry. Order changed to discontinued on 7/12/24. Review of skin monitoring: comprehensive CNA shower review showed: -On 4/6/24, staff circled left knee on body chart and wrote scabbed and some redness on left side lf leg stump; -On 4/21/24, on body diagram staff crossed off lower portion of diagram's left leg; (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 7/29/24 at 11:09 A.M. showed resident's left leg had been amputated above knee. During an interview on 7/29/24 at 11:09 A.M. resident said: -He/she had had a venous insufficiency ulcers prior to moving into the facility; -The facility could not get his/her ulcer to heal up and that was how he/she lost his/her leg as his/her tendon was showing; -When he/she had his/her amputation surgery back in October or November the surgeon found that his/her knee was so bad that they had to remove his/her knee as well; -He/She had dealt with venous insufficiency ulcers prior for a few years prior to moving into the facility. During an interview on 7/31/24 at 1:52 P.M., MDS Coordinator said: -Care plans should be updated every ninety days and with significant changes;; -He/She conducted care plan meetings; -Facility utilized a contract consolidator who wrote the care plans; -He/She communicated with contract consolidator on care plan updates via email and consolidator comes on site to facility every six months; -He/She expected a resident who had his/her leg amputated to have that included in his/her care plan. During an interview on 8/1/24 at 11:56 A.M., Administrator said: -Care plans should be updated every time something significant happened and quarterly; -He/She expected a resident's care plan to be updated when an amputation occurred.

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Pearl's II Eden for Elders	611 North College Princeton, MO 64673

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31102 Based on observations, interviews and record review, the facility failed to ensure dependent residents who were unable to carry out activities of daily living (ADLs) received the necessary services to maintain good personal hygiene when staff failed to ensure showers were completed for four of the 12 sampled residents, (Resident #3, #6, #19 and #37). The facility census was 40. The facility did not provide a policy for showers. 1. Review of the resident #6's quarterly Minimum Data Set, (MDS), a federally mandated assessment instrument completed by facility staff, dated 6/4/24 showed: - Cognitive skill intact; - Upper and lower extremity impaired on one side; - Required substantial to maximum assistance from staff for toilet use, showers and transfers; - Occasionally incontinent of urine; - Always continent of bowel; - Diagnoses included hemiplegia (paralysis affecting one side of the body), depression, bipolar disorder (episodes of mood swings ranging from depressive lows to manic highs), anxiety, psychotic disorder (mental illness characterized by psychotic symptoms which can generally be described as a loss of contact with reality) and post traumatic stress disorder (PTSD, a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock). Review of Resident #6's care plan, revised 1/3/24 showed:- The had an ADL self-care performance deficit relate to right sided weakness; - The resident required the assistance of one staff with showers, once a week and as needed. Review of the resident's shower sheets for May showed the resident had a shower on the following dates: - 5/1/24, 5/4/24, 5/8/24, 5/12/24, 5/22/24, 5/25/24. Review of the resident's showers sheets for June, 2024, showed the resident had a shower on the following dates: - 6/5/24, 6/12/24, 6/19/24, 6/26/24 and 6/29/24. Review of the resident's showers sheets for July, 2024, showed the resident had a shower on the following dates: (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 7/20/24 and 7/24/24. Observation and interview on 7/31/24 at 12:45 P.M., showed: - The resident's hair appeared dull; - The resident said when he/she did not get his/her showers twice weekly, it made him/her feel dirty. During an interview on 7/31/24 at 1:11 P.M., Registered Nurse (RN) B said: - They were better at getting showers completed about a month ago but due to call ins and people quitting, they have had to pull whoever was working in showers to the floor to work; - They do not have a designated shower aide. During an interview on 7/31/24 at 1:29 P.M., RN C said: - They do not have a designated shower aide; - They assign a staff member to do the showers, but they usually end up getting pulled to the floor to work and the showers do not get done. During an interview on 7/31/24 at 1:46 P.M., Certified Nurse Aide (CNA) B said: - They have trouble getting the showers done because of the call ins and people getting sick. 47195 2. Review of Resident #3's Annual minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 5/19/24, showed: -He/She was cognitively intact; -He/She had impairment to one side of lower extremities; -He/She was dependent on wheelchair for mobility; -He/She was dependent on nursing staff to assist with toileting, showering, upper and lower body dressing, going from sitting to lying, lying to sitting on side of bed, tub transfers and wheelchair mobility; -He/She required substantial to maximal assistance of nursing staff with personal hygiene, rolling left and right -Diagnoses included: Surgical amputation, heart failure, high blood pressure, gastroesophageal reflux disease, renal failure, diabetes (too much sugar in the blood), venous insufficiency (improper function of vein valves in the leg causing swelling or skin changes), (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of care plan, dated 5/24/23, showed: -Bathing and showering: Avoid scrubbing & pat dry sensitive skin. Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse. He/She required extensive assistance by 1 staff with showering; Use short, simple instructions such as hold your washcloth in your hand; Put soap on your washcloth; Wash your face; to promote independence. -Care plan did not address resident's preferred shower preferences to include frequency and time of day. During an interview or 7/29/24 at 11:16 A.M., Resident said: -The shower aide did not show up frequently or he/she got pulled to floor as he/she did not receive his/her showers; -He/She wanted showers to occur twice a week; -He/She had to go without receiving a shower because facility did not have enough staff to complete his/her showers; -He/She felt dirty when he/she did not receive showers. Review of shower schedule, updated 7/10/24, showed: -Resident was scheduled to receive showers on Sundays and Wednesdays. Review of shower logs from 4/1/24 - to 7/30/24 showed: -Resident missed 17 of 34 scheduled opportunities for showers; -He/She did not receive a shower on 4/24, 5/15, 5/22, 5/29, 6/2, 6/5, 6/9, 6/23, 6/26, 6/30, 7/3, 7/7, 7/10, 7/14, 7/17, 7/24, and 7/28. He/She received a shower on 4/6, 4/7, 4/10, 4/14, 4/17, 4/21, 4/28, 5/1, 5/5, 5/8, 5/12, 5/19, 5/26, 6/12, 6/16, 6/19, and 7/21 -He/She went 31 days without a shower from 6/19/24 to 7/21/24. 3. Review of Resident #19's Quarterly minimum data set (MDS), dated [DATE], showed: -He/She was severely cognitively impaired; -He/She was dependent on a walker for mobility; -He/She required substantial/maximal assistance with toileting, bathing, upper and lower body dressing, taking off footwear, personal hygiene, going from lying to sitting on side of bed, sit to stand chair/bed to chair transfer, toilet and tub shower; (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She required supervision or touching assistance for rolling left and right, or going from sit to lying position, -Diagnoses included: High blood pressure, dementia (a condition characterized by impairment of at least two brain functions such as memory loss and judgement), tachycardia (a rapid heart beat that may be regular or irregular, but is out of proportion to age and level of exertion or activity). Review of care plan, revised 3/1/24, showed: -He/She had an activities of daily living self-care performance deficit due to abnormal gait, mobility, aggressive behavior and dementia. -Bathing/Showering: Avoid scrubbing & pat dry sensitive skin. Check nail length and trim and clean on bath day and as necessary. He/She required Moderate assistance by 1 staff with showering twice a week and as necessary. Provide sponge bath when a full bath or shower could not be tolerated. Use short, simple instructions such as hold your washcloth in your hand; Put soap on your washcloth; Wash your face; to promote independence. Observation on 7/29/24 at 2:03 P.M. showed resident's hair was matted down on one side and sticking out. Resident was sitting on side of bed with no pants on. Shirt had crumbs and stains of food across the chest. Observation 07/30/24 at 8:26 A.M. showed resident was asleep in bed. Resident was wearing a night gown that had food stains on it and food crumbs. Review of shower schedule, updated 7/10/24, showed: -Resident was scheduled to receive showers on Tuesdays and Fridays. Review of shower logs from 5/1/24 - to 7/29/24 showed: -Resident missed 8 of 25 opportunities for showers; -He/She did not receive a shower on 5/21, 5/24, 5/31, 6/7, 6/25, 7/5, 7/23, 7/26 He/She received a shower on 5/3, 5/7, 5/10, 5/14, 5/17, 5/28, 6/4, 6/11, 6/14, 6/18, 6/21, 7/9, 7/12, 7/16, 7/18 -He/She refused a shower opportunities on 6/28 and 7/2; -Resident went 18 days without a shower from 6/19 to 7/9. During an interview on 7/29/24 at 11:42 A.M., Certified Nurse Aide (CNA) B said: -He/She got pulled from working as shower aide three to four times a week to cover the floor due to staffing shortages; -Residents did not receive showers twice a week due to staffing shortages; (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Multiple staff assist with showers. During an interview on 7/30/24 at 2:18 P.M. CNA D said: -He/She had two residents that take showers on evening shift; -There was issues getting showers done on evening shift due to staffing; -There was times that he/she was only CNA working with one or two nurse aides; -When he/she gave showers he/she would fill out a shower sheet to include his/her date and initials and he/she submitted shower sheets to the nurse. During an interview on 7/31/24 at 9:21 A.M., CNA B said: -He/She stated was pulled from shower aide due to state surveyors being in building; -Another staff member was called in to complete some showers for the day. During an interview on 8/1/24 at 8:32 A.M., CNA F said: -Showers were not completed when facility did not have shower aide. During an interview on 8/1/24 at 9:01 A.M., CNA G said: -Residents have had to go without showers due to staffing shortages; -Shower aide gets pulled from completing showers nine times out of every ten days when short staffed. 50980 4. Review of Resident #37's Quarterly Minimum Data Set (MDS), ,dated, 6/26/24, showed: - admitted on [DATE]; - Brief interview for mental status (BIMS) score of 03, indicating the resident was cognitively impaired; - Impairment on one side of lower extremity, use a wheelchair for mobility; - Partial/Moderate assistance required for eating; - Substantial/Maximum assistance for oral hygiene, toileting, showering, dressing, footwear and personal hygiene - Frequently incontinent of Urine, occasionally incontinent of bowel (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Diagnoses included: Anemia, hypertension (high blood pressure), hip fracture, Alzheimer's disease, dementia Review of the resident's care plan, dated 4/10/24, showed: - Dependent on staff for meeting emotional, intellectual, physical, and social needs; - ADL self-care performance deficit. Requires one person physical assist for all Activities of Daily Living (ADL). Staff to encourage Resident to participate to the fullest extent possible with each ADL interaction. Review of completed shower documentation on 7/31/24, at 9:14 A.M., showed: - In the Month of July 2024, resident received 5 showers out of 8 opportunities; - In the Month of June 2024, resident received 7 showers out of 8 opportunities; - In the Month of May 2024, resident received 7 showers out of 8 opportunities; - Resident went 10 days without a shower from 7/1-7/11. During an interview on 8/1/24 at 11:56 A.M., the MDS/Care Plan Coordinator said: - There is a position for a shower aide on the day shift; - They assign a designated member to do the showers every day; - She has had residents complain about not getting their showers and when they complain, they do try to get them completed.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44993 Based on interview, observation and record review the facility failed to ensure preventative skin risk measures where in place for one resident (Resident #17) and additionally failed to ensure that treatements to pressure ulcers were documented as completed for four days for one resident (Resident #39). This affected two out of the 12 sampled residents. The facility census was 40. The facility was asked to provide a wound care policy did not provide a wound care policy. 1. Review of resident #17's quarterly Minimum Data Set, (MDS< a federally mandated assessment completed by the facility staff), dated 7/2/24 showed: -The resident had a Brief Interview for Mental Status (BIMS) score of 0, indicating severe cognitive impairment; - He/She required the assistance of staff to transfer, reposition him/herself, toilet and shower; - The resident was incontinent of bowel and bladder; - The resident was identified as having a stage II pressure ulcer (PU, a wound that is caused by consistent pressure and is open); - The resident used pressure reducing devices (PRD) on his/her bed and wheel chair. Review of the resident's skin care plan dated 10/13/23 showed: - The resident had the potential for PU development because of his/her immobility; - The care plan goal was the resident would have intact skin, free of redness; - The staff were supposed to frequently reposition the resident; - The staff were supposed to notify the charge nurse of any new skin break down. Review of the Physician Order Sheet (POS) dated July 2024 showed: - 7/4/23, Order for a skin assessment to be completed weekly on Saturday nights; - 2/29/24, Order for Calmozine and zinc (cream to use for Stage I PU and as a moisture barrier), apply every night to the resident's coccyx (bony area of the very low back), until healed; - There were no further orders addressing the resident's PU progression form a stage I to a stage II. Review of the skin assessment showed: (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-6/29/24 Braden Scale (a scoring system to determine the likelihood a resident can develop a PU), showed a score of 13, indicating the resident was at moderate risk for the development of a PU; -7/7/24 Skin assessment showed an open area to the resident's coccyx that was 0.5 centimeter (CM) length and width; -7/13/24 Skin assessment showed the residnet did not have an open area to his/her coccyx; -7/21/24 Skin assessment showed the resident now had a open area to his/her coccyx that measured 1 CM long and 1 CM wide. Observation showed on 7/30/24 the following: -7/30/24 at 8:24 A.M. The resident was in his/her wheel chair sitting on a lift sling in the dining room sleeping; -7/30/24 at 9:25 A.M. The resident remained in his/her wheel chair in the dining room still sitting on a lift sling and asleep; - 7/30/24 at 10:30 A.M. The resident remained in his/her wheel chair, sitting on a lift sling in the dining room sleeping; -7/30/24 at 11:21 A.M. The resident was in his/her wheel chair, sitting on the lift sling at the dining room table with his/her eyes closed; -7/30/24 at 12:17 P.M. The resident remains in his/her wheel chair, sitting on his/her lift sling with his/her meal in front of him/her; -7/30/24 at 1:30 P.M. The resident remained in his/her wheel chair, sitting on the lift sling in his w/c in the dining room. -7/30/24 at 1:40 P.M. Nurses Aide (NA) A pushed the resident to his/her room from the dining room and exited the resident's room; - NA A returned to the residents room with the mechanical lift and Certified Nurses Aide (CNA) A entered the resident's room; - CNA A and NA A lay the resident in bed with the mechanical lift and removed the resident's pants and brief; - The resident's brief and pants were saturated with urine, the resident's ' right side of groin was bright red in color, CNA A applied barrier cream to the resident's groin; - CNA A rolled the resident to his/her side and the resident's coccyx was red in color with an open area that measured approximately 1 CM wide and 1.5 CM long. - CNA A and NA A rolled the resident's to his/her back, did not ensure the resident was on his/her side. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview, on 7/30/24 at 2:05 P.M. NA said: - The residents are supposed to be laid down after every meal; - The resident was not laid down after breakfast this A.M.; - He/She thought the staff were supposed to lay the resident's down every four hours; - The resident was supposed to be repositioned every two hours; - The resident was last repositioned at 5:45 A.M.; - He/She should have laid the resident down and repositioned the resident sooner than he/she did today. Observation on 7/31/24 showed the following: - 7:55 A. M. The resident was sitting in his/her wheel chair on the lift sling in the dining room; - 9:51 A.M. CNA E and CNA B take the resident from the dining room to his/her room and lay the resident's in bed; - The resident was saturated with urine through his/her pants, CNA E and CNA B pull the resident's pants and brief down and the resident was saturated with urine through his/her brief; - The resident's groin was bright red in color, neither CNA applied moisture barrier cream to the resident's groin; - The resident had a dark purple area to his/her coccyx, oval in shape that measured approximately 3 CM wide and 4 CM long sacrum oval in shape, approximately 4 cm long X 3 CM wide. - The CNA's raise the resident's head of bed to approximately 45 degrees and left the resident lying on his/her back; -The resident remained on a non pressure reducing mattress; During an interview on 7/31/24 at 10:11 A.M. CNA E said: - He/She was supposed to position the resident on his/her side when in bed; - The resident was not currently on a pressure reducing mattress; During an interview on 7/31/24 at 10:19 A.M. Registered Nurse (RN) C said: - The resident has an open area to his/her coccyx and the resident's coccyx was purple in color; - The resident was not on a pressure reducing mattress; (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- He/She expected staff to reposition the resident every two hours; - The resident should not have been up in his/her chair without being toileted or repositioned for over 5 hours on 7/30/24; - HE/she expected staff to position resident's with a purple coccyx on their side and not on their back; - He/She expected staff to provide perineal care to the resident every two hours; During an interview on 7/31/24 at 2:24 P.M. the MDS Coordinator said: - When the nurse identified a wound, there should be some kind of intervention put in place; - He/She has taught the staff to lay the resident down first and get him/her up last because he/she had a PU; - The resident should not been up in his/her wheelchair for more than five hours and not repositioned. 51166 2. Review of Resident #39's Quarterly MDS dated [DATE]., showed: -Cognition impaired with a BIMS (Brief Interview of Mental Status) score of eight. -Resident was at risk for pressure ulcers. -Resident had no unhealed pressure ulcers at the time of the assessment. -Resident required moderate assistance with mobility and repositioning. -Diagnoses: Rhabdomyolysis (breakdown of muscle tissue that results in the release of a protein into the blood that can damage the kidneys.Symptoms include dark, reddish urine, a decreased amount of urine, muscles aches and weakness); Covid-19; Depression, Unspecified; Traumatic Ischemia of Muscle; Subsequent Encounter; Unspecified Fall, Subsequent Encounter. Review of resident clinical records for the month of July showed: -Resident was at risk for pressure ulcers. -Required assistance of two nursing staff for turning, repositioning, and mobility. -Resident's treatment record showed no wound care was documented on 7/5, 7/9, 7/23, 7/25. -POS (Physician's Order Sheet) showed: cleanse wounds, apply collagen/collagen dressing, cover with cushioned dressing change every other day and as needed if soiled, until healed. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 8/12/2024 LPN A., said: - Treatments should be documented when completed. - Physician orders should be followed and documented when completed.

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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** 47195 Based on observation, interviews and record review the facility failed to ensure an environment free of accident hazards when one resident (Resident #1) was not served a physician ordered mechanical soft diet and was served a regular hamburger on a bun, placing resident at risk for choking hazards. The facility census was 40. Review of facility policy, diet orders, dated 2020, showed: -Each resident will have a diet order prescribed by the physician and documented in health record; -Diet orders are checked for accuracy regularly, at the quarterly care plan meeting, by comparing diet orders on file in dining services with physician order sheet in health record. If diet order is not consistent, the dining services manager or designee will make the necessary changes to ensure the correct diet is on the physician order sheet and resident meal card. Review of facility policy, dental soft (mechanical soft), dated 2022, showed: -The consistency modified diet is for individuals with limited or difficulty in chewing regular textured foods. -The diet consists of food of nearly regular textures but eliminates very hard, sticky, crunchy or hard to chew foods; -Foods should be moist and fork tender; -Meat is ground or chopped into 'bite-sized' pieces (1/2 inch or smaller) and should be held with a minimal amount of prepared broth, gravy, or other type of moistening agent to keep the product moist. -Hot ground meats should be topped with gravy or other type of moistening point of service. 1. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, dated 5/28/24, showed: -He/She was severely cognitively impaired; -He/She was dependent on a walker for mobility; -He/She had a mechanically altered diet; -He/She required set up or clean up assistance with eating; (continued on next page)

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Pearl's II Eden for Elders	611 North College Princeton, MO 64673

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Diagnoses included: Heart failure, Alzheimer's disease (a progressive disease that destroys memory and other important mental functions), aphasia (a language disorder that affects a person's ability to communicate), psychotic disorder (a mental disorder characterized by a disconnection from reality), [NAME]-[NAME] syndrome (a genetic disorder that causes obesity, intellectual disability, and shortness in height with hormonal symptoms including constant hunger), mild intellectual disability , gastro-esophageal reflux disease without esphagitis (GERD) (a digestive disease in which stomach acid or bile irritates the food pipe lining) Review of physician's orders, dated 7/30/24, showed: -Order started 7/18/23, Diet orders: No salt added diet, mechanical soft texture, regular consistency, for double eggs and meat at breakfast Review of care plan, revised 3/7/24, showed: -He/She was able to eat independently with set up assistance; -He/She was on a planned weight loss program due to morbid severe obesity; -Serve him/her a mechanical soft diet; -Monitor and record meal intake; -No bread and butter at lunch and supper; -He/She had oral/dental health problems due to lack of teeth; -Diet as ordered. Consult with dietician and change if chewing/swallowing problems were noted; -He/She had GERD; -Dietary: avoid foods or beverages that tend to irritate esphageal lining like alcohol, chocolate, caffeine, acidic or spicy foods, fried or fatty foods; -Avoid lying down for at least 1 hour after eating. Keep head of bed elevated. Encouraged to stand/sit upright after meals; -Avoid snacks that aggravate the condition; -Monitor/document/report as needed signs and symptoms of GERD including belching, coughing/choking when lying down, heartburn, dyspepsia, indigestion, regurgitation, increased salivation, swallowing problems, bitter taste in mouth, dysphagia, substernal chest pain, increased gag response. Review of electronic medical record showed: (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 7/27/24 at 7:58 A.M., Registered Dietician wrote he/she reviewed resident due to an open area on lower left leg. Diet was no added salt mechanical soft diet. Resident's weight was down three pounds in thirty days. Resident had decline in meal intake and had refused liquid protein supplement. Resident's meal intake had declined. Resident had increased nutrient need due to skin issues but was refusing recommendation. The goal was to consume adequate amounts of calories with protein to help heal resident's wound. Current diet provided adequate calories and protein for wound healing but resident was not eating enough. Due to refusal of residents protein supplement and poor intake of food try ensure plus 8 oz. Adjust diet and oral supplements as resident will accept. -On 6/10/24 at 3:26 P.M., Registered dietician wrote resident was reviewed due to open area on lower left leg. Diet is no added salt mechanical soft diet. Resident had increased nutrition needs due to area on left leg. Current diet provided adequate calories and protein for wound healing but resident did not eat enough. He/She added 30 ml of liquid protein and additional 15 grams protein. When resident refused meal staff to offer a oral nutritional supplement. Observation on 7/30/24 at 1:33 P.M. showed resident was eating a hamburger on a bun from fast food restaurant in the dining room behind kitchen after he/she returned from out of facility doctor appointment. During an interview on 7/30/24 at 1:38 P.M., Dietary Manager said that resident was motivated to leave facility only by receiving fast food meal after his appointment. Resident fed himself and was eating in back dining room with other men. Current weight was down 2. During an interview on 7/31/24 at 1:52 P.M., MDS Coordinator said: -He/She expected mechanical soft diet to be followed; -Resident #1 should not have been served a regular hamburger, he/she should have had the meat ground up. During an interview on 8/1/24 at 8:32 A.M., Certified Nurse Aide (CNA) F said: -Resident is on a mechanical soft diet; -Mechanical soft diet makes it easier for resident to chew his/her food; -Resident will sometimes eat chips. During an interview on 8/1/24 at 9:01 A.M., CNA G said: -He/She was not aware of resident being on a special diet; -He/She had never served resident his/her food. During an interview on 8/1/24 at 9:21 A.M., Registered Dietician said: -Mechanical soft diets are served with ground meat and soft cooked vegetables; (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-A regular hamburger patty should not be served for resident who is on a mechanical soft diet; -He/She expected physician ordered diets should be followed. During an interview on 8/1/24 at 11:56 A.M., MDS Coordinator said: -He/She expected staff to follow physician ordered diets; -Facility had served resident regular happy meals for years; -He/She had not observed resident display any swallowing issues. During an interview on 8/1/24 at 11:56 A.M., Administrator said: -He/She expected staff to follow physician ordered diets; -Hamburgers and french fries is what motivated resident to get to his/her wound clinic appointments.

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31102 Based on observation, interview and record review, the facility failed to provide Trauma Informed Care for one of the 12 sampled residents who had a diagnosis of Post-Traumatic Stress Disorder (PTSD, a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock). The facility census was 40. The facility did not provide a policy for trauma informed care. 1. Review of Resident #6's quarterly Minimum Data Set, (MDS), a federally mandated assessment instrument completed by facility staff, dated [DATE] showed: - Cognitive skill intact; - Upper and lower extremity impaired on one side; - Required substantial to maximum assistance from staff for toilet use, showers and transfers; - Occasionally incontinent of urine; - Always continent of bowel; - Diagnoses included hemiplegia (paralysis affecting one side of the body), depression, bipolar disorder (episodes of mood swings ranging from depressive lows to manic highs), anxiety, psychotic disorder (mental illness characterized by psychotic symptoms which can generally be described as a loss of contact with reality) and post traumatic stress disorder (PTSD, a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock). Review of the resident's care plan, revised [DATE] showed it did not address the resident's diagnosis of PTSD, including triggers and interventions. Review of the resident's medical record showed the resident did not have a Trauma Informed Care Assessment completed. Observation and interview on [DATE] at 11:09 A.M., showed: - The resident sat in his/her wheelchair in his/her room; - The resident said he/she had trauma in the past; - In 1977, he/she was involved in a single car accident. He/she hit a pothole and rolled several times. He/she died twice on the way to the hospital and was in a coma (a state of deep unconsciousness where a person is unresponsive and cannot be awakened, even by strong stimuli) for 47 days. His/her right side is paralyzed (loss of ability to move all or part of the body) and his/her right eye does not work. (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE] at 1:11 P.M., Registered Nurse (RN) B said: - He/she was not for sure if they had any resident's who had a diagnosis of PTSD; - Resident #6 had a diagnosis of bipolar disorder so he/she might have PTSD, but not for sure; - He/she was not aware of the facility providing any training for residents with a diagnosis of PTSD. During an interview on [DATE] at 1:29 P.M., RN C said:- He/she did not think they had any residents with a diagnosis of PTSD; - He/she had only worked in the facility for about a month and has not had any training on PTSD. During an interview on [DATE] at 1:46 P.M., Certified Nurse Aide (CNA) B said: - He/she had not had any training with residents who have PTSD. During an interview on [DATE] at 2:12 P.M., the MDS/Care Plan Coordinator said: - He/she had to look in the electronic records to determine if Resident #6 had a diagnosis of PTSD; - He/she was not aware of any training with the staff related to PTSD and what the triggers would be; - The care plan should address the resident's diagnosis of PTSD and what the triggers were. During an interview on [DATE] at 2:25 P.M., Social Services said: - She was aware Resident #6 had a brain injury and had a diagnosis of PTSD. During an interview on [DATE] at 11:56 A.M., the MDS/Care Plan Coordinator said: - Trauma Informed Care Assessments were completed by Social Services; - CNAs can chart behaviors and alert the Charge Nurse (CN) who is supposed to discuss it with the CNA. The nurse documents any behaviors; - Resident #6 has not had any behaviors in a long time.

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47195 Based on observation, record review, and interviews, the facility failed to ensure they assessed residents for risk of entrapment from bed rails prior to installation, failed to review the risk and benefits with the resident or the resident's representative , failed to obtain informed consent prior to installation, and additionally failed to ensure the bed's dimensions were appropriate for the resident's size and weight for four of 16 residents sampled (Residents #3, #19, #1, and #192). The facility census was 40. Facility did not provide a policy on entrapment or side rails. 1. Review of Resident #3's Annual minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 5/19/24, showed: -He/She was cognitively intact; -He/She had impairment to one side of lower extremities; -He/She was dependent on wheelchair; -He/She was dependent with toileting, showering, upper and lower body dressing, going from sitting to lying, lying to sitting on side of bed, tub transfers and wheelchair mobility; -He/She required substantial to maximal assistance with personal hygiene, rolling left and right -Diagnoses included surgical amputation, heart failure, high blood pressure, gastroesophageal reflux disease, renal failure, diabetes (too much sugar in the blood), venous insufficiency (improper function of vein valves in the leg causing swelling or skin changes), Review of care plan, dated 5/24/23, showed: -He/She was independent with physical limitations; -Bed Mobility: He/She was able to move independently to reposition self; -Side rails were not care planned; Review of physician's orders showed dated July 30, 2024: -Order started on 12/5/23, side rails to bed as requested by patient for repositioning. Review of Bed Rail/Assist Bar Evaluation showed quarterly evaluations were completed: (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On 12/5/23, Bed rails, Bilateral, resident requested to have bed rails/assist bar while in bed and bed rails/assist bar were indicated to serve as an enabler to promote independence; -On 5/19/24, Bed rails, Bilateral, resident requested to have bed rails/assist bar while in bed and bed rails/assist bar were indicated to serve as an enabler to promote independence; -On 7/19/24, Bed rails, Bilateral, resident requested to have bed rails/assist bar while in bed and bed rails/assist bar were indicated to serve as an enabler to promote independence; Observation on 7/29/24 at 11:01 A.M. showed resident had u-shaped side rails on both sides of his/her bed that were in the up position. During an interview on 7/29/24 at 11:01 A.M., resident said: -He/She used the side rails to reposition him/herself while in bed. -He/She preferred to get a shower twice a week if possible; -He/She sometimes did not get a shower as he/she preferred due to facility not having enough staff; During an interview on 7/30/24 at 2:18 P.M., Certified Nurse Aide (CNA) D said: -Resident used side rails to help him/her roll; -He/She would hold onto side rail and wiggle him/herself up in bed; During an interview on 7/30/24 at 3:03 P.M., Licensed Practical Nurse (LPN) A said: -Side rails have to have a physician's order and have to be care planned; -MDS Coordinator and outsourced staff member was responsible for updating care plans. During an interview on 7/31/24 at 1:52 P.M., MDS Coordinator said: -Resident had side rails for repositioning and helping self turn. During an interview on 8/1/24 at 8:32 A.M., CNA F said: -Resident had side rails so he/she did not roll out of his/her bed. During an interview on 8/1/24 at 9:01 A.M., CNA G said: -He/She did not know why resident had side rails on his/her bed. 2. Review of Resident #19's Quarterly minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 5/13/24, showed: -He/She was severely cognitively impaired; (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She was dependent on a walker for mobility; -He/She required substantial/maximal assistance with toileting, bathing, upper and lower body dressing, taking off footwear, personal hygiene, going from lying to sitting on side of bed, sit to stand chair/bed to chair transfer, toilet and tub shower; -He/She required supervision or touching assistance for rolling left and right, or going from sit to lying position, -Diagnoses included: high blood pressure, dementia (a condition characterized by impairment of at least two brain functions such as memory loss and judgement), tachycardia (a rapid heart beat that may be regular or irregular, but is out of proportion to age and level of exertion or activity). Review of care plan, dated 3/1/24, showed: -He/She was able to transfer self independently; -He/She used walker to maximize independent with transferring. -He/She had limited physical mobility due to weakness; -He/She was able to ambulate with walker independently. -He/She was able to move and reposition self independent in bed; -He/She was at increased risk for falls due to history of attempts to leave facility unattended, impaired safety awareness, and dementia; -He/She has impaired cognitive function or impaired though processes due to dementia with behavioral disturbances; -Side rails were not care planned. Review of physicians orders, dated July 2024, showed, -No orders for side rail on bed. Review of Bed Rail/Assist Bar Evaluation showed quarterly evaluations were completed: -On 11/12/23, bed rails/assist bar were not indicated at that time. Observation on 7/30/24 at 10:16 A.M. showed: -A u-shaped side rail was up on right side of bed. Observation on 7/31/24 at 8:10 A.M. showed resident was lying in bed with his/her right side rail up. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 7/30/24 at 10:16 A.M., resident was not able to verbalize why he/she had side rail on his/her bed. During an interview on 7/30/24 at 2:18 P.M., Certified Nurse Aide (CNA) D said: -Resident used side rails to maneuver self in and out of bed. During an interview on 7/31/24 at 1:52 P.M., MDS Coordinator said: -Resident was not supposed to have side rails on his/her bed. During an interview on 8/1/24 at 8:32 A.M., CNA F said: -He/She saw resident use side rail to help pull self up to a sitting position. During an interview on 8/1/24 at 9:01 A.M., CNA G said: -Resident had side rails because he/she fell and broke his/her pelvis and used side rail to pull self up in bed; -Resident had been mobile prior to fall. 3. Review of Resident #1's Quarterly MDS, dated [DATE], showed: -He/She was severely cognitively impaired; -He/She was dependent on a walker for mobility; -He/She required substantial/maximal assistance for toileting, personal hygiene, and bathing; -He/She was dependent for lower body dressing and shoes; -He/She required partial/moderate assistance for upper body dressing, sit to lying position; -He/She was independent with mobility rolling left and right, and lying to sitting, sit to stand, chair to bed transfer -Diagnoses included: Heart failure, Alzheimer's disease (a progressive disease that destroys memory and other important mental functions), aphasia (a language disorder that affects a person's ability to communicate), psychotic disorder (a mental disorder characterized by a disconnection from reality), [NAME]-[NAME] syndrome (a genetic disorder that causes obesity, intellectual disability, and shortness in height with hormonal symptoms including constant hunger), mild intellectual disability , gastro-esophageal reflux disease without esphagitis (GERD) (a digestive disease in which stomach acid or bile irritates the food pipe lining) Review of physician's orders, dated 7/30/24, showed: -He/She had no orders for side rails. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of care plan, revised 3/7/24, showed: -He/She had an activities of daily living self-care performance deficit due to Alzheimer's, down syndrome and mild intellectual disabilities; -He/She used walker with all transfers for ambulation for safety; -Bed Mobility: He/She required assistance of one staff to move and reposition self in bed; -Transfer: He/She was able to transfer independent, used a walker to maximize independence with transferring. -He/She was at high risk for falls. Observation on 7/29/24 at 10:46 A.M. showed resident had u-shaped cane rails on both sides of his/her bed that were raised. Review of physician's orders, dated July 30, 2024, showed: -No orders for side rails. Review of care plan, dated 6/10/24, showed: -He/She had an activities of daily living self-care performance deficit due to Alzheimer's, down syndrome, and mild intellectual disabilities; -Bed mobility: He/She required an assist of 1 staff to move and reposition self in bed; -Transfer: He/She was able to transfer independently; -He/She used a walker to maximize independence with transferring; -He/She was high risk for falls; Review of Bed Rail/Assist Bar Evaluation showed: -On 2/26/24, a bed rail/assist bar assessment was completed which showed bed rails/assist bar were not indicated at that time. During an interview on 7/30/24 at 2:18 P.M., CNA D said: -He/She believed residents side rails are just built onto the bed itself; -He/She used side rails when he/she was in bed; -He/She did not think resident's side rails were care planned. During an interview on 7/31/24 at 1:52 P.M., MDS Coordinator said: (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident was not supposed to have side rails up on his/her bed. During an interview on 8/1/24 at 8:32 A.M., CNA F said: -He/She had side rails due to resident being a mover when he/she slept. During an interview on 8/1/24 at 9:01 A.M., CNA G said: -He/She did not know why resident had side rails. 4. Review of Resident #192's Admission MDS, dated [DATE], showed: -He/She had moderately impaired cognition; -He/She was dependent on a wheelchair and/or walker for mobility; -He/She required partial to moderate assistance with dressing, bathing, and toileting; -He/She required supervision or touching assistance with personal hygiene, rolling left and right, moving from sitting to lying position, chair to bed transfers, moving from sitting to lying positions, and toilet/tub transfers; -Diagnoses included ischemic cardiomyopathy (a damaged heart from lack of blood flow); renal failure (condition when the kidneys lose the ability to filter waste and balance fluids), arthritis (swelling and tenderness of one or more joints), dementia, shortness of breath, and stroke (damage to the brain from interruption of its blood supply). Review of baseline care plan, dated 7/8/24, showed: -He/She was high risk for falls; -Ensure call light in reach and remind resident to ask for assistance with getting up; -He/She was stand by assist with walker until he/she was evaluated by therapy. Review of care plan, dated 12/5/22, showed: -He/She was at risk for falls due to gait/balance problems, recent back problems, and a fall at home. -Ensure that he/she wore appropriate footwear when ambulating and mobilizing; -He/She had an activities of daily living self-care performance deficit due to impaired balance, recent pelvis fracture; -He/She needed one staff to assist him/her with activities. Review of physician's orders, dated July 31, 2024, showed: (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-No orders for side rails. -Diagnosis included stroke (damage to the brain from an interruption of its blood supply), dementia, anxiety, gout (a form of arthritis that causes severe pain, swelling, redness, and tenderness in joints), aortic valve stenosis (narrowing of the valve in the large blood vessel branching off the heart). Review of bed rail/assist bar evaluation showed: -On 7/12/24, a bed rail/assist bar assessment was completed which showed bed rails/assist bar were not indicated at that time. Observation on 7/29/24 at 2:32 P.M. showed resident had u-shaped side rails on both sides of his/her bed that were in an up position. During an interview on 7/29/24 at 2:32 P.M. said he/she did not know why he/she had side rails on his/her bed but the side rails were on his/her bed when he moved into facility. During an interview on 7/30/24 at 2:18 P.M., CNA D said: -He/She did not know why resident had side rails as he/she was mostly impendent as he/she walked and got dressed on his/her own. -He/She was in facility for physical therapy. During an interview on 7/31/24 at 1:52 P.M., MDS Coordinator said: -He/She was not to have side rails on his/her bed; -Therapy did not assess resident for side rails. 5. During an interview on 7/30/24 at 3:01 P.M., Administrator said: -He/She was pretty sure the nurses completed side rail assessments and entrapment assessments on residents. During an interview on 7/30/24 at 3:03 P.M., Licensed Practical Nurse (LPN) A said: -He/She did not do side rail or entrapment assessments; -He/She thought MDS Coordinator may complete assessments; -A physician's order was required for side rails; -Side rails had to be care planned. During an interview on 7/30/24 at 3:10 P.M., Registered Nurse (RN) B said: (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl's II Eden for Elders	611 North College Princeton, MO 64673

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She believed entrapment and side rail assessments were completed by MDS Coordinator and a part of the quality assurance improvement plan process -This facility only used less restrictive u shaped cane rails During an interview on 7/31/24 at 1:52 P.M., MDS Coordinator said: -Previously the Director of Therapy would start side rail process by assessing if residents needed the side rails to use, but that position had recently been vacated; -Therapy would tell him/her when resident required side rails and he/she would contact resident's physician; -He/She completed quarterly assessments for residents who used side rails along with the resident's quarterly MDS assessments; -He/She also assessed residents for side rail use upon admission or annually; -Residents with side rails should have a physician's orders for them; -He/She did not do entrapment assessments for residents; -Maintenance had done entrapment assessments in the past; -He/She had been told by Administrative Assistant over a year ago that Maintenance measured side rails, mattresses, and bed frames. During an interview on 8/1/24 at 11:56 A.M., MDS Coordinator said: -Areas of entrapment should be measured on all beds with side rails installed. During an interview on 8/1/24 at 11:56 A.M., Administrator said: -Entrapment areas should be measured on all beds; -His/Her maintenance staff was responsible for measuring areas of entrapments; -A year or so ago maintenance staff checked and measured all side rails.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44993 Based on observation, record review and interviews, the facility failed to maintain enough staff to meet the needs of the residents when call light times when call lights were not answered timely, for four of the 12 residents (Resident #3, #17, #28 and #142), the facility failed to provide showers two times weekly for two residents (Resident #3 and #19), and when the facility failed to maintain resident rooms in a clean and sanitary manner (Resident #1#15 and #19). The facility census was 40. The facility did not provide a staffing policy. 1. Review of resident #142's Admission Minimum Data Set, (MDS, a federally mandated assessment completed by the facility staff) dated 5/28/24 showed: - The resident had a Brief Interview for Mental Status (BIMS) score of 11, indicating minimal cognitive impairment; Diagnoses included: High blood pressure, COVID-19, and abdominal aortic aneurysm (a weakening of the aortic artery that could burst). - The resident was independent with dressing, toileting and hygiene, but used a walker and wheel chair; - The resident was continent of bowel and used intermittent urinary cathereterization. During an interview on 7/29/24 at 3:00 P.M. the resident said: - The staff take to long to answer his/her call light; - Sometimes he/she has to wait longer than an hour; - He/She would like his/her call light answered in 15 or 20 minutes. Review of the call light logs showed the following: -7/30/24 at 7:25 A.M. the call light was on for 34 minutes and 6 seconds. -7/30/24 at 6:28 A.M. the call light was on for 32 minutes and 53 seconds -7/30/24 at 2:49 A.M. the call light was on for 18 minutes and 44 seconds. -7/29/24 at 9:20 P.M. the call light was on for 26 minutes and 33 seconds. - 7/29/24 at 7:28 P.M. the call light was on for 40 minutes and 12 seconds. - 7/29/24 at 5:45 P.M. the call light was on for 93 minutes and 47 seconds. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 7/29/24 at 4:40 P.M. the call light was on for 32 Minutes and 47 seconds - 7/28/24 at 2:55 P.M. the call light was on for 34 minutes and 52 seconds. - 7/28/24 at 7:48 A.M. the call light was on for 63 minutes and 5 seconds. - 7/28/24 at 6:21 A.M. the call light was on for 45 minutes and 46 seconds. - 7/27/24 at 1:10 P.M. the call light was on for 27 minutes and 23 seconds - 7/26/24 at 6:01 P.M. the call light was on for 38 minutes and 11 seconds. - 7/25/24 at 7:51 A.M. the call light was on for 27 minutes and 4 seconds. - 7/23/24 at 7:32 P.M. the call light was on for 37 minutes and 53 seconds. -7/23/24 at 12:12 P.M. the call light was on for 65 minutes and 30 seconds. - 7/23/24 at 11:19 A.M. the call light was on for 42 minutes and 9 seconds. - 7/22/24 at 7:28 P.M. the call light was on for 41 minutes and 40 seconds -7/22/24 at 11:17 A.M. the call light was on for 106 minutes and 47 seconds. - 7/22/24 at 7:53 A.M. the call light was on for 91 minutes and 39 seconds - 7/21/24 at 5:57 P.M. the call light was on for 80 minutes and 15 seconds. - 7/1/24 at 6:32 P.M. the call light was on for 95 minutes and 38 seconds. - 7/1/24 at 10:43 A.M. the call light was on for 78 minutes and 9 seconds. 2. Review of Resident #17's quarterly MDS dated [DATE] showed: -The resident had a BIMS score of 0, indicating severe cognitive impairment; - Diagnoses included: Stroke, glaucoma (a disease of the eyes that renders the resident blind) and kidney disease; - The resident was dependent on the staff to help him/her get dressed, eat, toilet use, and transfer. During an interview Family member A said: - He/She visited the resident daily; - Often the staff are slow to answer the resident's call light; (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- He/she expected the call light to be answered within 10 to 15 minutes. Review of the call light log showed on 7/12/24 at 1:42 P.M. the call light was on for 22 minutes and 44 seconds. During an interview on 7/30/24 at 3:00 P.M. the Infection Preventionist said: - He/She was unable to complete infection control tasks because he/she was often called to work taking care of the residents because of no staff working. During an interview on 7/31/24 at 10:10 A.M. Certified Nurses Aide (CNA) B said the facility did not have enough staff working in the facility to provide showers like they are supposed to be and answer call lights in a timely manner. During an interview on 7/31/24 at 2:24 P.M. The MDS coordinator said: - The facility did not have enough people working to meet the needs of the residents; - Call lights do not get answered timely; - The residents don't get turned every two hours like they are supposed to; - The showers are not getting done; - Staffing has never been as bad as it is now; - The facility can't rely on agency staff either because they call in often and don't work their shifts, then the facility was left scrambling to find replacement staff. 47195 3. Review of Resident #3's Annual MDS. dated 5/19/24, showed: -He/She was cognitively intact; -He/She had impairment to one side of lower extremities; -He/She was dependent on a wheelchair; -He/She had clear speech, made self understood and clear comprehension of others; -He/She was dependent with toileting, showering, dressing, and transfers and mobility; -He/She required substantial to maximal assistance with personal hygiene, rolling left and right -He/She was frequently incontinent of urine; (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Diagnoses included surgical amputation, heart failure, high blood pressure, gastroesophageal reflux disease, renal failure, diabetes (too much sugar in the blood), venous insufficiency (improper function of vein valves in the leg causing swelling or skin changes), Review of care plan, revised 5/24/23, showed: -He/She had an ADL self-care performance deficit due to limited mobility; -He/She required assistance by one staff for toileting; -He/She required assistance by one staff with transfers; -He/She was encourage to use call bell to call for assistance; -He/She was at risk of potential pressure ulcer development due to limited mobility and incontinence; -Follow facility policies/protocols for the prevention/treatment of skin breakdown; -He/She was incontinet of bowel and bladder; -He/She will be taken to bathroom as requested; -He/She was aware when incontinent, change as needed per resident request; -He/She required extensive assistance by 1 staff with showering; During an interview on 7/29/24 at 11:18 A.M., resident said: -Staff were awfully busy in facility; -Staff frequently wait to lay him/her down until last because he/she used hoyer lift; -He/She often had to wait thirty to forty minutes on his/her call light to be answered; -He/She had felt forgotten when he/she had to wait so long for staff to respond to his/her call light. -The shower aide did not show up frequently or he/she got pulled to floor as he/she did not receive his/her showers; -He/She wanted showers to occur twice a week; -He/She had to go without receiving a shower because facility did not have enough staff to complete his/her showers; -He/She felt dirty when he/she did not receive showers. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of call light report times, dated 6/30/24, to 7/30/24, showed: -7/1/24 at 1:28 P.M. the call light was on for 18 minutes and 33 seconds; -7/1/24 at 2:50 P.M. the call light was on 19 minutes and 19 seconds; -7/1/24 at 3:13 P.M., the call light was on 27 minutes and 32 seconds; -7/1/24 at 3:57 P.M., the call light was on 17 minutes and 12 seconds; -7/2/24 at 6:17 A.M. the call light was on 18 minutes and 6 seconds; -7/2/24 at 9:16 A.M., the call light was on 20 minutes and 19 seconds; -7/4/24 at 7:44 P.M., the call light was on 21 minutes and 20 seconds; -7/4/24 at 9:31 P.M. the call light was on 16 minutes and 58 seconds; -7/5/24 at 12:59 P.M. the call light was on 58 minutes and 1 second; -7/5/24 at 8:30 P.M., the call light was on 20 minutes and 3 seconds; -7/6/24 at 6:19 A.M., the call light was on 16 minutes and 1 second; -7/6/24 at 12:51 P.M., the call light was on 28 minutes and 10 seconds; -7/6/24 at 7:24 P.M., the call light was on 26 minutes and 17 seconds; -7/6/24 at 9:31 P.M., the call light was on 22 minutes and 8 seconds; -7/7/24 at 10:22 A.M., the call light was on 25 minutes and 32 seconds; -7/8/24 at 8:48 P.M., the call light was on 23 minutes and 30 seconds; -7/9/24 at 1:25 P.M., the call light was on 15 minutes and 56 seconds; -7/10/24 at 8:55 P.M., the call light was on 22 minutes and 18 seconds; -7/11/24 at 8:45 P.M., the call light was on 21 minutes and 50 seconds; -7/12/24 at 6:30 A.M., the call light was on 15 minutes and 53 seconds; -7/13/24 at 12:51 P.M., the call light was on 25 minutes and 6 seconds; -7/13/24 at 7:55 P.M., the call light was on 23 minutes and 38 seconds; -7/13/24 at 8:09 P.M., the call light was on 21 minutes and 24 seconds; (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-7/14/24 at 6:48 A.M., the call light was on 60 minutes and 20 seconds; -7/14/24 at 8:01 A.M., the call light was on 87 minutes and 15 seconds; -7/15/24 at 11:15 A.M., the call light was on 20 minutes and 17 seconds; -7/15/24 at 1:46 P.M., the call light was on 15 minutes and 17 seconds; -7/16/24 at 11:08 A.M., the call light was on 20 minutes and 30 seconds; -7/16/24 at 9:37 P.M., the call light was on 20 minutes and 27 seconds; -7/17/24 at 9:09 A.M., the call light was on 17 minutes and 7 seconds; -7/17/24 at 12:11 P.M., the call light was on 20 minutes and 44 seconds; -7/17/24 at 7:42 P.M., the call light was on 32 minutes and 21 seconds; -7/18/24 at 9:46 P.M., the call light was on 30 minutes and 23 seconds; -7/19/24 at 6:31 A.M., the call light was on 19 minutes and 56 seconds; -7/19/24 at 8:02 P.M., the call light was on 22 minutes and 59 seconds; -7/20/24 at 11:55 A.M., the call light was on 17 minutes and 9 seconds; -7/20/24 at 1:44 P.M., the call light was on 20 minutes and 49 seconds; -7/20/24 at 2:19 P.M., the call light was on 19 minutes and 13 seconds; -7/20/24 at 7:37 P.M., the call light was on 17 minutes and 53 seconds; -7/21/24 at 10:56 A.M., the call light was on 33 minutes and 11 seconds; -7/21/24 at 11:34 A.M., the call light was on 22 minutes and 12 seconds; -7/21/24 at 7:35 P.M., the call light was on 23 minutes and 41 seconds; -7/22/24 at 7:26 A.M., the call light was on 36 minutes and 37 seconds; -7/22/24 at 10:41 A.M., the call light was on 18 minutes and 22 seconds; -7/22/24 at 8:10 P.M., the call light was on 24 minutes and 48 seconds; -7/23/24 at 7:11 A.M., the call light was on 18 minutes and 20 seconds; -7/23/24 at 6:35 P.M., the call light was on 16 minutes and 53 seconds; (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-7/24/24 at 7:00 A.M., the call light was on 25 minutes and 44 seconds; -7/25/24 at 6:25 A.M., the call light was on 23 minutes and 46 seconds; -7/25/24 at 6:14 P.M., the call light was on 29 minutes and 5 seconds; -7/25/24 at 8:20 P.M., the call light was on 22 minutes and 54 seconds; -7/26/24 at 7:05 A.M., the call light was on 20 minutes and 48 seconds; -7/26/24 at 8:51 A.M., the call light was on 20 minutes and 19 seconds; -7/26/24 at 7:12 P.M., the call light was on 20 minutes and 42 seconds; -7/26/24 at 7:47 P.M., the call light was on 29 minutes and 15 seconds; -7/26/24 at 8:33 P.M., the call light was on17 minutes and 37 seconds; -7/27/24 at 7:37 A.M., the call light was on 18 minutes and 42 seconds; -7/27/24 at 8:42 A.M., the call light was on 21 minutes and 13 seconds; -7/27/24 at 11:14 A.M., the call light was on 19 minutes and 11 seconds; -7/27/24 at 2:33 P.M., the call light was on 20 minutes and 10 seconds; -7/27/24 at 3:09 P.M., the call light was on 51 minutes and 31 seconds; -7/28/24 at 2:35 P.M., the call light was on 41 minutes and 56 seconds; -7/28/24 at 4:31 P.M., the call light was on 18 minutes and 12 seconds; -7/28/24 at 8:54 P.M., the call light was on 16 minutes and 50 seconds; -7/29/24 at 7:00 A.M., the call light was on 32 minutes and 24 seconds; -7/29/24 at 3:41 P.M., the call light was on 22 minutes and 55 seconds; Review of shower schedule, updated 7/10/24, showed: -Resident was scheduled to receive showers on Sundays and Wednesdays. Review of shower logs from 4/1/24 - to 7/30/24 showed: -Resident missed 17 of 34 scheduled opportunities for showers; -He/She did not receive a shower on 4/24, 5/15, 5/22, 5/29, 6/2, 6/5, 6/9, 6/23, 6/26, 6/30, 7/3, 7/7, 7/10, 7/14, 7/17, 7/24, and 7/28. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	He/She received a shower on 4/6, 4/7, 4/10, 4/14, 4/17, 4/21, 4/28, 5/1, 5/5, 5/8, 5/12, 5/19, 5/26, 6/12, 6/16, 6/19, and 7/21 -He/She went 31 days without a shower from 6/19/24 to 7/21/24. Observation on 7/30/24 at 9:04 A.M. showed resident's call light was already on, Certified Nurse Aide (CNA) A and Nurse Aide (NA) A observed going into resident's room to answer call light at 9:21 A.M., 17 minutes after observation started. During an interview on 7/30/24 at 9:04 A.M. Resident's family member said resident was waiting to be laid down by staff. During an interview on 7/30/24 at 9:07 A.M. resident said he/she had turned his/her call light on because he/she was waiting to go the bathroom. He/She had turned light on several minutes ago. 4. Review of Resident #19's Quarterly MDS, dated [DATE], showed: -He/She was severely cognitively impaired; -He/She was dependent on a walker for mobility; -He/She required substantial/maximal assistance with toileting, bathing, upper and lower body dressing, taking off footwear, personal hygiene, going from lying to sitting on side of bed, sit to stand chair/bed to chair transfer, toilet and tub shower; -He/She required supervision or touching assistance for rolling left and right, or going from sit to lying position, -Diagnoses included: high blood pressure, dementia (a condition characterized by impairment of at least two brain functions such as memory loss and judgement), tachycardia (a rapid heart beat that may be regular or irregular, but is out of proportion to age and level of exertion or activity). Review of care plan, revised 3/1/24, showed: -He/She had an activities of daily living self-care performance deficit due to abnormal gait, mobility, aggressive behavior and dementia. -Bathing/Showering: Avoid scrubbing & pat dry sensitive skin. Check nail length and trim and clean on bath day and as necessary. He/She required Moderate assistance by 1 staff with showering twice a week and as necessary. Provide sponge bath when a full bath or shower could not be tolerated. Use short, simple instructions such as hold washcloth in your hand; Put soap on washcloth; Wash face; to promote independence. Observation on 7/29/24 at 1:58 P.M. showed resident's room had food crumbs and sticky spots on over the bed table and floors. Food particles were observed in chair beside the bed. Resident was observed laying in his/her bed with no pants, his/her shirt had food stain on it. Resident's hair was observed uncombed and matted to head on one side with the other side of hair sticking straight out. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 7/30/24 at 8:26 A.M. showed resident asleep in bed. Resident was laying in bed in night gown that was covered in food stains and food crumbs. Resident's room was observed to have food crumbs and wrappers scattered across teh floor. Observation on 7/30/24 at 10:16 A.M. showed room [ROOM NUMBER] had not been cleaned when a plastic spoon was on ground , cheerio pieces and food crumbs were scattered around floor. During an interview on 7/30/24 at 9:37 A.M., Housekeeper A said: -He/She did not cleaned resident's room until approximately 2:30 on 7/29/24 due to resident being on isolation precautions; Observation on 7/31/24 at 8:18 A.M. showed room had not been cleaned, the floor had crumbs scattered about. Review of shower schedule, updated 7/10/24, showed: -Resident was scheduled to receive showers on Tuesdays and Fridays. Review of shower logs from 5/1/24 - to 7/29/24 showed: -Resident missed 8 of 25 opportunities for showers; -He/She did not receive a shower on 5/21, 5/24, 5/31, 6/7, 6/25, 7/5, 7/23, 7/26 He/She received a shower on 5/3, 5/7, 5/10, 5/14, 5/17, 5/28, 6/4, 6/11, 6/14, 6/18, 6/21, 7/9, 7/12, 7/16, 7/18 -He/She refused a shower opportunities on 6/28 and 7/2; -Resident went 18 days without a shower from 6/19 to 7/9. 5. Review of Resident #1's Quarterly MDS, dated [DATE], showed: -He/She was severely cognitively impaired; -He/She was dependent on a walker for mobility; -He/She had a mechanically altered diet; -He/She required set up or clean up assistance with eating; (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Diagnoses included heart failure, alzheimer's disease (a progressive disease that destroys memory and other important mental functions), aphasia (a language disorder that affects a person's ability to communicate), psychotic disorder (a mental disorder characterized by a disconnection from reality), [NAME]-[NAME] syndrome (a genetic disorder that causes obesity, intellectual disability, and shortness in height with hormonal symptoms including constant hunger), mild intellectual disability , gastro-esophageal reflux disease without esphagitis (a digestive disease in which stomach acid or bile irritates the food pipe lining) Review of resident's care plan, dated 3/2/23, showed: -He/She was dependent on staff for meeting emotional, physical, and social needs; -He/She had an ADL self-care performance deficit due to alzheimer's, down syndrome, and mild intellectual disabilities. Observation on 7/29/24 at 10:44 A.M. showed resident had food cups on his/her floor, food crumbs, and old plastic spoon. [NAME] had crumbs all across the tray that sat on top of walker handles. Resident's over the bed table had been covered in food crumbs. A smashed up apple peel was laying on floor, the floor was sticky as walked across it causing shoes to stick to it as walked. An empty cup was observed on the floor along with magazing and paper pieces. Observation on 7/29/24 at 1:03 P.M. showed resident's room had not been cleaned. Food containers on floor, empty cup, trash was full, magazine, papers, and fruit pieces remain scattered across the floor. Resident's over bed table and walker tray remains covered in food crumbs and sticky spots. Observation on 7/29/24 at 11:45 A.M. showed CNA C said he/she had asked Housekeeper A to go into resident's room three hours ago and staff had still not made it into the room to clean resident's floor. Observation on 7/30/24 at 8:20 A.M. showed resident in room eating a honey bun off tray. Food scraps, spoon, magazine pages were on the floor around resident. Observation on 7/30/24 at 9:25 A.M. showed CMT A asked Housekeeper A if he/she had time to go and clean up resident's floor and sweep it. Housekeeper A said he/she would go do it. During an interview on 7/30/24 at 9:37 A.M., Housekeeper A said: -He/She had cleaned resident's room on 7/29, but resident had tore up room since then; -He/She found it easier to clean resident's room when he was out of facility or out of room. 6. Review of Resident #15's Annual MDS, dated [DATE], showed: -He/She had moderately impaired cognition; -He/She had clear speech; -He/She was able to make self-understood and understand others; (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl's II Eden for Elders	611 North College Princeton, MO 64673

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She was dependent on walker and wheelchair for mobility; -He/She required substantial/maximal assistance for bathing, toileting, lower body dressing, putting on footwear; -He/She required partial to moderate assistance with personal hygiene, eating, and walking 10 -50 feet; -He/She was independent with rolling left and right, moving from sitting to lying, lying to sitting, chair to bed transfers, -He/She required supervision or touching assistance with toilet and tub transfers; -Diagnosis included: diabetes (too much sugar in the blood), Parkinson's disease (disorder of the central nervous system that affects movement), schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), mild mental retardation (deficit in intellectual functioning). Review of resident's care plan, dated 5/26/24, showed: -He/She was dependent on staff for meeting physical, intellectual, emotional, and social needs; -He/She had an ADL self-care performance deficit due to parkinson's, impaired balance, and activity tolerance. Observation on 7/29/24 at 1:45 P.M. showed resident laying in his/her bed with a dirty shirt that had spilled food on it. Room was observed with food crumbs throughout floor of the room. The over the bed table in room had sticky stuck on food, sticky spilled substances, and food crumbs. Observation on 7/30/24 at 8:36 A.M. showed environment had not been cleaned with scraps of food crumbs scattered around floor. The over the bed table had sticky spilled substances and food rumbs still on it. During an interview on 7/30/24 at 9:37 A.M., Housekeeper A said: -He/She did not clean resident's room on 7/29. Observation on 7/31/24 at 8:29 A.M. showed resident's room floor had not been cleaned. Shoes stuck to the floor as walked across it it. There was spilled food on floor, sticky spots on over bed tables, and food crumbs scattered across the floor in the room. During an interview on 7/29/24 at 11:42 A.M., CNA B said: -He/She got pulled from working as shower aide three to four times each week due to staffing shortages; -Residents did not receive two showers per week due to staffing shortages. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 7/30/24 at 9:37 A.M., Housekeeper A said: -He/She was new in his/her position; -He/She had been trained by the Administrator on how to clean resident rooms; -He/She cleaned each resident's room everyday starting on north hall, then south hall, and finished on west hall; -He/She cleaned COVID positive rooms at the end of his/her shift; -He/She cleaned each resident's room every day; -He/She had cleaned Resident # (LARRY's) room on 7/29, resident had tore up room since then; -He/She found it easier to clean Resident # (Larry's) room when he was out of facility or out of room. -He/She did not cleaned REsident (Margaret's) room approximately 2:30 on 7/29/24; -He/She did not remember to clean Resident (Randall's) room on 7/29. During an interview on 7/30/24 at 2:18 P.M., CNA D said: -He/She worked evening shifts; -The facility had only had two staff working during the evening shift hours recently, they used to have three aides; -He/She was often the only Certified Nurse Aide (CNA) working night shift with only one or two other aides; -In the last 30 days he/she had worked with just two aides during evening shift at least 1-2 out of every four shifts worked; -Due to staffing sometimes showers would not get done as the nurse aides could not do showers and he/she had to be available to assist with transfers for residents; -Due to staffing some residents are not got into bed before night shift arrived; -South hall residents did not get laid down in their beds until 9:00 P.M. or after; -Call lights take longer when facility was short staffed; -When he/she worked sometimes call lights were on for thirty minutes before he/she could get to them. During an interview on 7/31/24 at 1:52 P.M., MDS Coordinator said: (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-10 minutes was a reasonable response time for call lights; -He/She was aware of issues with getting call lights answered timely; -Facility was short staffed which made getting call lights answered in reasonable time almost impossible. During an interview on 7/31/24 at 2:15 P.M., CNA E said: -There was not enough aides to do his/her job properly due to level of care of residents; -There was supposed to be two staff present to complete hoyer transfers; -He/She had to transfer residents on his/her own due to not having enough staff to assist with the hoyer transfer; During an interview on 8/1/24 at 9:01 A.M., CNA G said: -He/She worked at facility two to three times per week -Due to staffing shortages there was extended call light wait time for residents; -He/She knew that a resident had waited 59 minutes for his/her call light to be answered; -Residents have had to have accidents due to staff not responding fast enough to their call lights; -He/She had to work with only one other aide on the halls nine times out of ten; -The shower aide was pulled from doing showers nine times out of ten when he/she worked in the facility; -Residents did not receive the care they deserved due to the facility staffing. During an interview on 8/1/24 at 11:56 A.M., MDS Coordinator said: -He/She had a position for a shower aide on day shift; -There was designated shower person but not same person every day; -He/She expected resident's to receive two showers every week; -He/She was aware of resident complaints regarding not getting showers; -He/She did not have sufficient staff to met resident needs every day; -When facility was short staffed showers and call lights were the main problem; -It was difficult to get residents toileted and repositioned when short staffed; (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Wait times were longer due to staffing; -He/She was aware residents at times had to wait thirty minutes for their call lights to be answered; -He/She expected call lights to take a maximum of ten minutes to be answered; -He/She did not have enough nurse aides to meet residents needs; During an interview on 8/1/24 at 11:56 A.M., Administrator said: -He/She expected residents to receive two showers per week; -He/She did not have enough facility trained staff; -Staffing had been a challenge for a long time; -He/She had difficult time finding and keeping housekeeping staff; -He/She expected residents to live in a clean and sanitary environment. 50980 7. Review of Resident #36's Quarterly MDS, dated [DATE], showed: -admitted [DATE]; -Brief interview for mental status (BIMS) score of 10, indicating the resident is moderately cognitively impaired; -Resident has lower extremity impairment on one side; -Resident uses a walker and a wheelchair for mobility; -Resident is independent for eating and minimal assistance for oral hygiene and personal hygiene; -Resident requires substantial/maximal assistance with toileting, bathing, upper and lower body dressing including footwear; -Resident requires supervision or touching assistance for rolling left and right; -Resident requires partial/moderate assistance going from lying to sitting position, sit to stand, chair/bed to chair transfer, and toilet transfer. -Resident requires substantial/maximal assistance for tub/shower transfer; -Resident is occasionally incontinent of Urine and Bowel; (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Diagnoses included: anemia (deficiency of red blood cells in the blood), high blood pressure, anxiety disorder, and depression; Review of care plan, revised 5/25/24, showed: -Resident is dependent on staff for emotional, intellectual, physical, and social needs; -Resident has an Adult Daily Living (ADL) self-care performance deficit due to recent fractures. Resident requires one staff for assistance for showers, dressing, personal hygiene. Resident requires two staff for assistance for bed repositioning and toilet use. -Resident is at a risk for falls and requires that the call light is within reach and needs prompt response to all requests for assistance. During an interview on 8/1/24 at 07:57 A.M., The Resident's family member said: -Resident only receives a shower once a week; -Resident has experienced long wait times for call light response for toileting. Family member has observed staff talking instead of answering call lights. The issue has been ongoing for the last 7 months, family member has notified staff, but no improvement has been seen; -Family members feels extremely frustrated over the level of care their relative is receiving; 31102 8 . Review of Resident #28's Annual MDS, dated [DATE], showed:- Cognitive skills intact; - Required supervision or touch assistance with for oral care, toilet use, personal hygiene and transfers; - Required partial to moderate assistance with showers and dressing; - Occasionally incontinent of urine; - Continent of bowel; - Diagnoses included high blood pressure, diabetes mellitus, dementia (inability to think), thyroid disorder (medical condition that keeps your thyroid from making he right amount of hormone) and depression. The facility did not provide the resident's care plan. Review of the resident's call light log times showed:- 7/3/24 at 7:38 A.M., the call light was on for 27 minutes and 57 seconds; - 7/10/224 at 7:42 A.M., the call light was on for 23 minutes and six seconds; (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 7/11/24 at 7:31 A.M., the call light was on for 27 minutes and 11 seconds; - 7/11/24 at 9:48 P.M., the call light was on for 17 minutes and 15 seconds; - 7/12/24 at 8:59 P.M., the call light was on for 16 minutes and 12 seconds; - 7/13/24 at 7:12 A.M., the call light was on for 28 minutes and six seconds; - 7/13/24 at 9:22 P.M., the call light was on for 23 minutes and 50 seconds; - 7/14/24 at 6:13 A.M., the call light was on for 62 minutes and 41 seconds; - 7/14/24 at 6:04 P.M., the call light was on for 40 minutes and 54 seconds; - 7/15/24 at 5:57 P.M., the call light was on for 17 minutes and 21 seconds; - 7/18/24 at 6:06 A.M., the call light was on for 45 minutes and five seconds; - 7/18/24 at 7:33 A.M., the call light was on for 24 minutes and 31 seconds; - 7/22/24 at 7:55 A.M., the call light was on for 30 minutes and 25 seconds; - 7/22/24 at 9:30 P.M., the call light was on for 41 minutes and 22 seconds; - 7/23/24 at 12:00 P.M., the call light was on for 31 minutes and nine seconds; - 7/25/24 at 6:37 A.M., the call light was on for 17 minutes and 10 seconds; - 7/26/24 at 7:58 A.M., the call light was on for 19 minutes and one second; - 7/29/24 at 7:16 A.M., the call light was on for 21 minutes and 37 seconds. During an interview on 7/29/24 at 11:33 A.M., the resident said: - He/she has had to wait 30 minutes or longer for staff to take him/her back to his/her room after a meal; - The resident now eats lunch and dinner in his/her room because he/she does not like to wait that long before going back to his/her room after meals; - He/she would like to eat all the meals in the dining room but does not like the long wait afterwards; - Sometimes the call lights take a while to get answered. During an interview on 7/31/24 1;11 P.M., RN B said: - The call lights should be answered within ten minutes; (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Most of the time they have enough staff to meet the resident's needs, but it's mainly on the weekends they don't have enough staff due to staff calling in. During an interview on 7/31/24 at 1:29 P.M., RN C said: - They do not have enough staff to meet the resident's needs; - It takes longer for the call lights to get answered, showers do not get done and it takes longer to get the charting completed. During an interview on 7/31/24 at 1:46 P.M., CNA B said: - They do not have enough staff to meet the resident's needs; - Showers do not always get done, all the residents who need to be turned and repositioned or toileted every two hours does not always get completed and it takes longer to get the call lights answered.

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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. 44993 Based on observation and interviews, the facility failed to designate a registered nurse to serve as the Director of Nursing (DON) on a full time basis for the past two years. The facility census was 40. The facility did not provide a DON policy. Observation for the duration of the survey showed the facility did not have a DON. During an interview on 7/30/24 at 10:00 A.M. The Administrator said: - They have not had a DON for the past two years; - They have advertised the open position in the local paper several times and placing posters. During an interview on 7/31/24 at 3:00 P.M. The Administrative Assistant said: - The facility has not had a DON for a couple of years; - Advertising the open position has not brought in candidates; - The facility was supposed to have a DON. During an interview on 8/1/24 at 11:56 A.M. The Minimum Data Set (MDS) Coordinator and Administrator said the facility should have a DON.

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F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training. 44993 Based on interviews and record review the facility failed to ensure five Nurse Aides (NA) completed a competency evaluation program approved by the state within four months of hire. Facility census was 40. The facility did not provide an NA certification policy. 1. Review of NA A employee record showed: - He/She was hired as an NA on 4/24/24; - He/She was not enrolled in a state approved certification program. During an interview on 7/29/24 at 10:00 A.M. NA A said: - He/She was not enrolled in a Certified Nurses Aide (CNA) course; - He/She started working for the facility in April 2024; - He/She was supposed to talk with the administrator about getting enrolled in a CNA course and had not done that yet. 2. Review of NA B Employee record showed he/she was hired as an NA 3/9/24. Review of the state CNA registry showed NA B was not registered as a CNA. 3. Review of NA C employee file showed he/she was hired 3/19/24 as an NA. Review of the state CNA registry showed NA C was not registered as a CNA. 4. Review of the date of hire list showed NA D was hired 4/1/24 as an NA. Review of the state CNA registry showed NA D was not registered as a CNA. 5. Review of the date of hire list showed NA E was hired 4/18/24 as an NA. Review of the state CNA registry showed NA E was not registered as a CNA. 6. During an interview on 7/31/24 at 11:12 A.M. the Administrative Assistant said: - The facility waited for 30 day's after hiring an NA to see if the NA will stay at the facility; - The nurse completes an evaluation form based to determine if the NA is ready to go to class; (continued on next page)

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F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- The form has information such as the staff members quality of work and how often they do not report for duty; - NA B and NA C have both completed the certification course, but are awaiting testing; - NA A, NA D and NA E have not been enrolled in the certification course yet; - We should make sure the NA's are certified within four moths of hire. During an interview on 8/1/24 at 11:56 A.M. the Administrator said the NA's should be certified within four months of hire.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. 31102 Based on observation, interview and record review, the facility failed to ensure staff administered medications with a medication rate of less than five percent when facility staff made three medication errors out of 30 opportunities for error resulting in a medication error rate of 30%, which affected three of the 12 sampled residents, (Resident #6, #22 and #30). The facility census was 40. The facility did not provide a policy for medication administration, administration of nasal sprays, administration of eye drops or administration of insulin. 1. Review of Resident #30's physician order sheet (POS), dated August, 2024, showed: - Start date: 4/23/24 - Flonase Allergy Relief Nasal Suspension, one spray in each nostril daily for allergies. Review of the resident's medication administration record (MAR), dated August, 2024, showed: - Flonase Allergy Relief Nasal Suspension, one spray in each nostril daily for allergies. Observation on 7/31/24 at 8:22 A.M., showed: - Registered Nurse (RN) B shook the bottle, administered one spray in the left nostril then administered one spray in the right nostril; - RN B did not have the resident blow his/her nose and did not close one side of the nostril. Review of the package leaflet for Flonase nasal spray, revised March 2016, showed, in part: - Shake the bottle gently; - Blow your nose to clear the nostrils; - Close one side of the nostril. Tilt your head forward slightly and carefully insert the nasal applicator into the other nostril; - Start to breathe in through your nose, and while breathing in press firmly and quickly down one time on the applicator to release the spray; - Repeat in the other nostril; - Wipe the nasal applicator with a clean tissue and replace the cap. During an interview on 7/31/24 at 1:11 P.M., RN B said:- He/she should have followed the manufacturer's guidelines when administering the nasal spray. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 8/1/24 at 11:56 A.M., the MDS/Care Plan Coordinator said:- He/she expected the staff to follow the manufacturer's guidelines. 2. Review of Resident #6's POS, dated August, 2024, showed:- Start date: 6/26/19 - Systane Balance Solution, instill two drops in both eyes three times daily for dryness. Review of the resident's MAR, dated August, 2024, showed: - Systane Balance Solution, instill two drops in both eyes three times daily for dryness. Observation on 7/31/24 at 8:46 A.M., showed: - RN B administered two drops in each eye; - The tip of the eye dropper touched the resident's eye lashes and RN B gave the resident a Kleenex to wipe his/her eyes; - RN B did not apply lacrimal pressure and did not give the resident instructions. Review of the website webmd.com for Systane eye drops showed; - Do not touch the dropper tip or the tube tip to the eye or any other surface; - Tilt your head back, look up, and pull down the lower eyelid to make a pouch; - Place the dropper directly over the eye and squeeze our one or two drops as ordered; - Look down and gently close your eye for one or two minutes; - Place one finger at the corner of the eye near the nose and apply gently pressure. During an interview on 7/31/24 at 1:11 P.M., RN B said: - The tip of the eye dropper should not touch the resident's eye lid or eye lashes; - If it said to apply lacrimal pressure (gentle pressure applied to the inner corner of the eye by the nose), then he/she should do it. During an interview on 8/1/24 at 11:56 A.M., the MDS/Care Plan Coordinator said: - Staff should apply lacrimal pressure for one minute and the tip should not touch the eye lid or eye lashes. 3. Review of Resident #22's POS, dated August, 2024, showed: - Start date: 6/28/24 - Insulin Lispro insulin pen, four units before meals for diabetes mellitus; (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Start date: 6/28/24 - Insulin Lispro insulin pen, inject per sliding scale. If blood sugar is 150 - 200, give two units of Lispro insulin for diabetes mellitus. Review of the Resident's MAR, dated, August, 2024, showed: - Insulin Lispro insulin pen, four units before meals for diabetes mellitus; - Insulin Lispro insulin pen, inject per sliding scale. If blood sugar is 150 - 200, give two units of Lispro insulin for diabetes mellitus. Observation on 7/31/24 at 11:36 A.M., showed: - RN B cleaned the port of the insulin pen, attached the needle and did not prime the insulin pen; - RN B dialed the dose knob to six units. The resident's blood sugar was 195; - When RN B administered the insulin in the resident's right upper arm, he/she did not leave it in the skin. Review of the website, https://humalog.lilly.com for Humalog (fast acting) (Lispro insulin) pen showed: - Wipe the rubber seal with an alcohol wipe and attach a new needle; - Priming your pen means removing the air from the needle and cartridge that may collect during normal use and ensures that the pen is working correctly; - If you do not prime before each injection, you may get too much or too little insulin; - To prime your pen, turn the dose knob to select two units. Hold your pen with the needle pointing up. Tap the cartridge holder gently to collect air bubbles at the top; - Continue holing your pen with the needle pointing up. Push the dose knob in until it stops and 0 is seen in the dose window. You should see insulin at the tip of the needle. If you do not see insulin at the tip of the needle, repeat priming; - Insert the needle into the skin. Push the dose knob all the way in. Continue to hold the dose knob in and slowly count to five before removing the needle. During an interview on 7/31/24 at 1:11 P.M., RN B said: - He/she should have primed the insulin pen with two units; - He/she thought you should leave the needle in the skin for five seconds. During an interview on 8/1/24 at 11:56 A.M., the MDS/Care Plan Coordinator said:- Staff should prime the insulin pen with two units; (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl's II Eden for Elders	611 North College Princeton, MO 64673

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- The staff should leave the insulin pen in the skin for three to five seconds.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 31102 Based on observations, interviews, and record review, the facility failed to ensure staff provided a safe and effective medication administration system that was free of significant medication errors when staff failed to prime an insulin pen prior to administering insulin, which affected one of the 12 sampled residents, (Resident #22). The facility census was 40. The facility did not provide a policy for administration of insulin or administration of medications. 1. Review of the website, https://humalog.lilly.com for Humalog (fast acting) (Lispro insulin) pen showed: - Wipe the rubber seal with an alcohol wipe and attach a new needle; - Priming your pen means removing the air from the needle and cartridge that may collect during normal use and ensures that the pen is working correctly; - If you do not prime before each injection, you may get too much or too little insulin; - To prime your pen, turn the dose knob to select two units. Hold your pen with the needle pointing up. Tap the cartridge holder gently to collect air bubbles at the top; - Continue holing your pen with the needle pointing up. Push the dose knob in until it stops and 0 is seen in the dose window. You should see insulin at the tip of the needle. If you do not see insulin at the tip of the needle, repeat priming; - Insert the needle into the skin. Push the dose knob all the way in. Continue to hold the dose knob in and slowly count to five before removing the needle. Review of Resident #22's physician's order sheet (POS), dated August, 2024, showed: - Start date: 6/28/24 - Insulin Lispro insulin pen, four units before meals for diabetes mellitus; - Start date: 6/28/24 - Insulin Lispro insulin pen, inject per sliding scale. If blood sugar is 150 - 200, give two units of Lispro insulin for diabetes mellitus. Review of the Resident's medication administration record (MAR), dated, August, 2024, showed: - Insulin Lispro insulin pen, four units before meals for diabetes mellitus; - Insulin Lispro insulin pen, inject per sliding scale. If blood sugar is 150 - 200, give two units of Lispro insulin for diabetes mellitus. Observation on 7/31/24 at 11:36 A.M., showed: (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Registered Nurse (RN) B cleaned the port of the insulin pen, attached the needle and did not prime the insulin pen; - RN B dialed the dose knob to six units. The resident's blood sugar was 195; - When RN B administered the insulin in the resident's right upper arm, he/she did not leave it in the skin. During an interview on 7/31/24 at 1:11 P.M., RN B said: - He/she should have primed the insulin pen with two units; - He/she thought you should leave the needle in the skin for five seconds. During an interview on 8/1/24 at 11:56 A.M., the MDS/Care Plan Coordinator said: - Staff should prime the insulin pen with two units; - The staff should leave the insulin pen in the skin for three to five seconds.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47195 Based on observation, interview and record review, the facility failed to store medications in a locked storage area to ensure medications were inaccessible to unauthorized staff and residents when medications were left at bedside for three residents (Resident #15, #192, and #27) and when the medication cart was left unlocked and unattended. The facility census was 40. Facility provided no policy on medication storage. Review of facility policy, administering medications, dated 2001, showed: -Medications are administered in a safe and timely manner, and as prescribed. -During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide. -Residents may self-administer their own medication only if the attending physician, in conjunction with the interdisciplinary care planning team, had determined that they have decision-making capacity to do so safely. 1. Review of Resident #15's annual MDS, dated [DATE], showed: -He/She had moderately impaired cognition; -He/She had clear speech; -He/She was able to make self-understood and understand others; -He/She was dependent on walker and wheelchair for mobility; -He/She required substantial/maximal assistance for bathing, toileting, lower body dressing, putting on footwear; -He/She required partial to moderate assistance with personal hygiene, eating, and walking 10 -50 feet; -He/She was independent with rolling left and right, moving from sitting to lying, lying to sitting, chair to bed transfers, -He/She required supervision or touching assistance with toilet and tub transfers; (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Diagnosis included: diabetes (too much sugar in the blood), Parkinson's disease (disorder of the central nervous system that affects movement), schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), mild mental retardation (deficit in intellectual functioning). Review of care plan dated 5/21/24 showed: -Resident had impaired cognitive function/dementia or impaired thought processes due to disease process and Parkinson's. -Administer medications as ordered. Monitor/document for side effects and effectiveness. Review of physician's orders, dated July 30, 2024, showed: -He/She did not have order to self-administer his/her medications. -Ordered 7/25/24 - Combivent Respimat inhalation aerosol solution 20-100 MCG/ACT - 1 puff inhale orally four times a day for COVID-19 for 7 days and 1 puff inhale orally every 6 hours as needed for shortness of breath. Review of electronic medical record showed no assessment for self-administration of medications. Observation on 7/29/24 at 1:45 P.M. showed resident's combivient-bivent-inhaler-20mg/100 mcg medication was sitting inside a pharmacy labeled box with resident's name on it at bedside night stand. Observation on 7/30/24 at 8:36 A.M. showed resident's combivent-bivent-inhaler was sitting on bedside night stand. Observation on 7/31/24 at 8:28 A.M. showed resident's combivent inhaler remained on bedside night stand. Resident was observed sitting up in his/her bed. During an interview on 7/30/24 at 2:18 P.M., Certified Nurse Aide (CNA) D said the Resident did not administer his/her own medications. During an interview on 7/31/24 at 1:52 P.M., MDS Coordinator said: -He/She could not self-administer his/her medications; -His/Her rooms were not able to be removed from his/her room because of the Covid-19 virus; 2. Review of Resident #192's admission MDS, dated [DATE], showed: -He/She had moderately impaired cognition; -He/She was dependent on a wheelchair and/or walker for mobility; -He/She required partial to moderate assistance with dressing, bathing, and toileting; (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She required supervision or touching assistance with personal hygiene, rolling left and right, moving from sitting to lying position, chair to bed transfers, moving from sitting to lying positions, and toilet/tub transfers; -Diagnoses included ischemic cardiomyopathy (a damaged heart from lack of blood flow); renal failure (condition when the kidneys lose the ability to filter waste and balance fluids), arthritis (swelling and tenderness of one or more joints), dementia, shortness of breath, and stroke (damage to the brain from interruption of its blood supply). Review of baseline care plan, dated 7/8/24, showed: -He/She admitted to facility to get stronger and to return home; -His/Her admitting medications included metoprolol succinate ER oral tablet,, allopurinol oral tablet 100 mg, atorvastatin calcium oral tablet, ticagrelor oral tablet, and gabapentin oral capsule; -He/She had drug allergies or intolerance's to pseudoephedrine, sudafet, idonated diagnostic agents Review of care plan, dated 7/22/24, showed: -He/She was dependent on staff for meeting emotional, intellectual, physical, and social needs due to physical limitations; -He/She had impaired cognitive function; -Administer medications as ordered. Monitor/document for side effects and effectiveness; -He/She had potential fluid deficit as I have been vomiting some since readmission; -Administer treatments as ordered and monitor for effectiveness. -Monitor/document/report as needed changes in skin status: appearance, color, wound healing, signs and symptoms of infection, wound size (length x width x depth), stage. Review of physician's orders dated 7/30/24, showed start date 7/8/24, Clobestasol Propionate External Cream 0.05%, apply to affected area topically every 12 hours as needed for itchy skin. Review of electronic medical record showed he/she had no self administration of medication assessment. Observation on 7/29/24 at 2:22 P.M. showed resident had medication box labeled with his/her name sitting clobestasol propionate external cream 0.05 % on hand washing sink in his/her room. Observation on 7/30/24 at 9:53 A.M. showed resident had clobestasol propionate external cream 0.05 % sitting on his/her bedside table in his/her room. During an interview on 7/30/24 at 2:18 P.M., Certified Nurse Aide (CNA) D said the resident did not self-administer his/her own medications. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 7/31/24 at 1:52 P.M., MDS Coordinator said his/her medication was left at his/her bedside due to resident being Covid-19 positive. 3. During an interview on 7/31/24 at 1:52 P.M., MDS Coordinator said when the resident received eye drops or inhalers and they had COVID-19 then medications were left in resident's room. During an interview on 8/1/24 at 11:56 A.M., Administrator said when resident was in a room by themselves and in Covid-19 isolation he/she did not see harm in leaving medication in resident's room. 4. Review of resident #27's Annual MDS dated [DATE] showed: - BIMS score of 13, indicating no cognitive impairment; - Diagnoses included: Heart failure, Vascular dementia (Loss of memory, and impairment to the resident's reasoning caused by a stroke that impedes the blood flow to the brain), and anxiety; - He/She was independent with his/her cares. Review of the resident's care plan dated 5/8/23 showed the resident required assistance with showers and dressing and was independent with eating. The resident did not have a care plan addressing medications at the bedside. During an interview and observation on 7/29/24 at 10:08 A.M. the resident: - The resident was sitting in his/her recliner; - He/She had a stack of plastic medicine cups sitting on a table next to the resident; - There was a round light pink tablet in the top plastic medication cup; - Sitting next to the stack of medication cups was a single paper medication cup; - There was 1 oval, pink tablet, 1 orange capsule, 1 round light green tablet, and 1 round dark pink tablet inside the paper medication cup; - The resident said oh, I forgot to take those, picked up the paper medication cup, looked inside it and then placed it back on the table; - The resident said he/she did not remember when he/she received the medication. During an interview on 7/30/24 at 2:18 P.M., Certified Nurse Aide (CNA) D said he/she had seen some certified medication technicians that left medications in resident rooms. During an interview on 7/31/24 at 1:52 P.M., MDS Coordinator said medications should not be left at resident's bedside. During an interview on 8/1/24 at 11:56 A.M., Administrator said he/she expected that medications never be left at bedside. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. During an observation on 7/31/24 at 7:40 A.M. showed the medication cart was located on south hall outside resident room [ROOM NUMBER]-B was left unattended and unlocked. No staff was observed in sight. At 7:44 A.M., Registered Nurse (RN) B exited 21 at end of hall and returned to the medication cart. During an interview on 7/31/24 at 7:45 A.M., RN B said: -He/She did leave the medication cart unlocked and unattended; -He/She should not have left the cart unlocked and unattended. During an interview on 7/31/24 at 1:52 P.M., MDS Coordinator said medication carts should not be left unlocked or unattended by staff. During an interview on 8/1/24 at 11:56 A.M., Administrator said medication cart should never be left unlocked and unattended. 44993

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47195 Based on observation, record review, and interview the facility failed to prepare and serve food in accordance with professional standards for food service safety when staff failed to label and date all foods, cover all foods being refrigerated, prepare food items from a menu, use proper hand washing and gloving, test the dishwasher for proper sanitation before running dishes, properly sanitize all food preparation surfaces in kitchen and dining room, failed to temperature check foods before serving food from steam table, and have a fully operational and working stove. The facility census was 40. 1. Review of facility policy, labeling and dating foods (date marking), dated 2020, showed: -All foods stored will be properly labeled according to following guidelines: -Dry storage food items: -Once case is opened, the individual food items from the case are dated with the date the item was received into the facility and placed in/on the proper storage unit utilizing the 'first in-first out' method of rotation. -Expiration dates on commercially prepared, dry storage food items will be followed. -Refrigerated storage food items: -Once opened, all ready to eat, potentially hazardous food will be re-dated with a use by date according to the current safe food storage guidelines or by the manufacturers expiration date. -Prepared food or opened food items should be discarded when: -The food item does not have a specific manufacturer expiration date and has been refrigerated for 7 days; -The food item is leftover for more than 72 hours; -The food item is older than the expiration date. Review of facility policy, handling leftover food, dated 2021, showed: -Leftover food items to be re-used are checked at the end of meal service to ensure they are less than 41 degrees for cold food and greater than 135 degrees, or per state specific regulations for hot food. Foods that are outside the correct range shall be discarded for food safety. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-All leftover food that meets these safety and quality parameters shall immediately started in the cooling process. Food is loosely covered and placed in the refrigerator or on ice bath. The temperatures are recorded and documented on the food cover. Once the food has correctly cooled to 41 degrees or less it is sealed tightly and labeled to identify the contents and has a use by date that is clearly visible. Foods that are removed from hot service during the evening shift and cannot be monitored during the cooling process before staff close the department are discarded to ensure food safety. -Leftover foods stored in the refrigerator shall be wrapped, dated, labeled with a use by date that is no more than 72 hours from the time of first use. -Refrigerated leftovers stored beyond 72 hours shall be discarded. Observation during initial tour of kitchen on 7/29/24 at 9:48 A.M., showed: -There was three glasses of orange juice on a tray in the fridge was open to air with no covering; -Undated and opened gallon of whole milk; -Undated and opened 24 oz chocolate syrup; -Illegible date and opened container of 22 oz caramel syrup; -Opened and undated loaf of bread. During a continuous observation of the kitchen on 7/30/24 at 11:02 A.M.-12:29 P.M., showed: -Refrigerator showed there was a tray of resident drinks including tea and lemonade that was uncovered; During an interview on 7/29/24 at 10:04 A.M., Dietary Manager said: -He/She dated leftover food items six days out; -He/She dated condiments for one month; During an interview on 7/31/24 at 8:31 A.M., Dietary Aide A said: -Food should be labeled and dated when it was opened, when it came into stock; -Leftovers can remain in refrigerator for up to six days before being thrown out; During an interview on 8/1/24 at 9:15 A.M., Dietary Manager said: -Leftovers could be kept for six days before discarding; -Drinks in the refrigerator should be covered. During an interview on 8/1/24 at 9:21 A.M, Registered Dietician said: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She expected staff to throw out leftover food items in 5-7days; -He/She expected food items to have a label and date of expiration. During an interview on 8/1/24 at 11:56 A.M., Administrator said: -He/She expected staff to date food according to guidelines; -Food that was not dated should be thrown out; -He/She expected staff to date items three days from when it was cooked so that staff knew when they could no longer use item and it needed thrown out. 2. Review of facility policy, handling leftover food, dated 2021, included standardized recipes and production charts shall be utilized to minimize overproduction and waste. Review of facility policy, menus, revised October 2008, included menus shall meet the nutritional needs of residents, be prepared in advance, and be followed. During a continuous observation of the kitchen on 7/30/24 at 11:02 A.M.-12:29 P.M., showed: -11:02 A.M. showed meal was already prepped and on the steam table covered. Food to included mashed potatoes with butter, buttered carrots, country fried steaks, cherry cobbler, observation of menu showed it was resident's choice was 3 oz protein, two grains, two vegetables, and beverage; -11:23 A.M., Dietary Manager prepped pureed meal by breaking up pieces of bread and adding it to the robot coupe. He/She then added country friend steak that was already prepared to mechanical soft consistency to robot coupe and did not measure but poured beef broth from pitcher directly into robot coupe. During an interview on 7/30/24 at 11:18 A.M., Dietary Manager said he/she did not use any recipes to prepare today's resident choice lunch. During an interview on 7/30/24 at 11:23 A.M., Dietary Manager said: -He/She knew how much to add to make pureed foods just by looking at the consistency; -He/She would just add thickener to the food if he/she got the food too thin by pouring in too much broth. During an interview on 8/1/24 at 9:15 A.M., Dietary Manager said: -He/She did not follow facility recipes; -He/She should follow a recipe book to prepare facility meals; During an interview on 8/1/24 at 9:21 A.M, Registered Dietician said: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She expected the cook to follow facility menus according to recipe unless it was a holiday or meal of month and the meal was on the substitution log and he/she would review and sign off on meal when he/she was in the facility; -He/She expected puree meals to be prepared following a recipe; 3. Review of facility policy, proper hand washing and glove use, dated 2020, showed: -All employees will use proper hand washing procedures and glove usage in accordance with state and Federal sanitation guidelines. -The proper procedure for washing hands is as follows: a. Turn on water as hot as comfortable. b. Wet hands and apply soap. c. Scrub 15 to 20 seconds or more: getting under nails, between fingers, and all exposed areas, such as back of hands and forearms. d. Rinse hands thoroughly. e. Dry hands with paper towel or air dryer. f. Turn off faucet with paper towel. -All employees will wash hands upon entering the kitchen from any other location, after all breaks (including bathroom and smoking breaks) and between all tasks. Hand washing should occur at a minimum of every hours. -Employees will wash hands before and after handling foods, after touching any part of the uniform, face, or hair, and before and after working with an individual resident. -Gloves are to be used whenever direct food contact is required. -Hands are washed before donning gloves and after removing gloves. -Gloves are changed any time hand washing would be required. This includes when leaving the kitchen for a break, or to go to another location in the building; after handling potentially hazardous raw food; or if the gloves become contaminated by touching the face, hair, uniform, or other non-food contact surface, such as door handles and equipment. -When gloves must be changed, they are removed, hand washing procedure is followed, and a new pair of gloves is applied. Gloves are never placed on dirty hands; the procedure is always wash, glove, remove, rewash, and re-glove. Review of facility policy, Food Preparation and Service, Revised November 2022, showed: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Food and nutrition service employees prepare, distribute, and serve food din a manner that complies with safe food handling practices. -Cross-contamination can occur when harmful substances, i.e, chemical or disease -causing microorganisms are transferred to food by hands (including gloved hands) food contact surfaces, sponges, cloth towels, or utensils that are not adequately cleaned. Cross-contamination can also occur when raw food touches or drips onto cooked or ready-to-eat foods. -Food preparation staff adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illness. Continuous observation of the kitchen on 7/30/24 at 11:02 A.M.-12:29 P.M., showed: -11:09 A.M., [NAME] A washed his/her hands and then used bare hands to turn off faucet before drying his/her hands; -11:17 A.M., Dietary Aide A entered kitchen from dining room, and he/she did not wash his/her hands; -11:21 A.M., [NAME] A opened trash can lid, removed gloves, did not wash hands, and goes to apply new set of gloves, then remove items from clean side of dishwasher bay; -11:23 A.M. Dietary Manager dropped glove to the floor, pick up glove from floor with bare hand, placed glove in trash can, did not wash his/her hands, then added new glove to hand. He/She did not was his/her hands. -11:30 A.M. [NAME] A observed washing hands, turned faucet off with clean bare hands before drying his/her hands. -11:33 A.M. Dietary Manager washed his/her hands, turned water faucet off with his/her clean bare hands before drying hands with a paper towel. -11:38 A.M. [NAME] A removed his/her gloves, went to hand washing sink to start washing hands. He/She turned off faucet with bare hands then grabbed paper towels to dry his/her hands. -11:41 A.M. showed [NAME] A washed hands, turned faucet off with his/her bare clean hands, then grabbed paper towel to dry his/her hands off; -11:41 A.M., [NAME] A touched his/her glasses with hands, did not wash hands; -11:42 A.M., [NAME] A pushed dirty dishes into dishwasher and came to clean/dry side and removed clean pans, he/she did not wash hands. -11:46 A.M., Dietary Manager washed his/her hands and turned off the faucet with his/her bare hand; -12:01 P.M., Dietary Aide A re-entered kitchen and did not wash his/her hands; -12:01 P.M., [NAME] A washed hands, shut faucet off with bare hands, then grabbed paper towels; (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl's II Eden for Elders	611 North College Princeton, MO 64673

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-12:12 P.M., Dietary Manager left kitchen, re-entered kitchen and did not wash hands, he/she then applied gloves; -12:13 P.M., [NAME] A washed his/her hands, dropped paper towel on floor, picked paper towel up off floor and threw paper towel away he/she had picked up off floor, he/she did not wash hands again; -12:17 P.M., Dietary Aide A observed applying gloves, first tray served to resident; -12:19 P.M., Dietary Aide A served second plate to resident, he/she did not change gloves; -12:19 P.M., Dietary Manager provided Dietary Aide A buttered piece of bread served on a glove to take to and serve to resident due to not having a plate to serve bread on; -12:20 P.M., Dietary Aide A had not changed gloves and was assisting resident he/she had just served to cut up his/her food on their plate; -12:21 P.M., Dietary Aide A served a different resident his/her meal and was wearing same set of gloves; -12:22 P.M., Dietary Aide A obtained a new plate to serve, did not change his/her gloves, assisted fifth resident served with cutting up his/her food using resident's silverware that was on the table; -12:23 P.M., Dietary Aide A patted resident on back wearing same gloves he/she had been wearing since 12:17 P.M., then cut up different resident's food; -12:26 P.M., Dietary Aide A served last resident his/her meal in dining room. Twelve residents were observed in dining room and Dietary Aide A served all residents their food in the dining room and did not change his/her gloves. He/She then began to pass out desserts to all residents with same gloves on. During an interview on 7/31/24 at 8:31 A.M., Dietary Aide A said: -Hand washing should occur when you enter kitchen, every time you switch tasks, and frequently; -He/She should wash hands between serving residents their room trays; -He/She should sanitize hands between residents; -He/She did not wash hands while serving residents in dining room because he/she jumped from resident to resident. During an interview on 7/31/24 at 8:39 A.M., [NAME] A said: -He/She should wash hands when he/she first entered kitchen, as he/she changed job, and went from one task to another; (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-It was not sanitary to touch the faucet handle after he/she washed her hands with his/her bare hands, he/she should use a towel to shut off faucet. -He/She should apply gloves after he/she washed his/her hands. -He/She did not realize he/she was supposed to change his/her gloves when went from dirty side of dishwasher to the clean side of dishwasher and when/he she went between different types of foods until dietary manager explained that to him/her this morning. During an interview on 8/1/24 at 9:15 A.M., Dietary Manager said: -He/She expected staff to wash their hands after they touch every surface; -It was not sanitary for staff to touch the faucet with their bare hands after hand washing to turn off the faucet handle, he/she expected staff to use a paper towel to turn the faucet off; -Staff should wash hands between glove changes; -Gloves should be changed between every task. During an interview on 8/1/24 at 9:21 A.M, Registered Dietician said: -He/She expected staff to wash their hands anytime they go in and out of the kitchen, between tasks; -It was not sanitary for staff to wash hands and use their bare hands to turn off faucet handles; -He/She had observed facility using gloves inappropriately -He/She expected staff to not use same set of gloves for entire meal service; -He/She would expect staff to change gloves or sanitize their hands between assisting resident to cut up their foods and continue passing trays. During an interview on 8/1/24 at 11:56 A.M., Administrator said: -He/She expected staff to wash hands when they entered kitchen and in between tasks; -It was not sanitary for staff to shut off faucet handle with bare hands after hand washing. -He/She did not expect staff to change gloves or sanitize between residents when serving them their meals; -He/She did not expect dietary staff to cut up residents food; -He/She expected staff to wash their hands when going from dirty side of dishwasher to clean side. 4. Review of facility policy, Sanitation, dated 2001, showed: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Sanitizing of environmental surfaces must be performed with one of the following solutions: -50-100 ppm chlorine solution; -150-200 ppm quaternary ammonium compound; or -12.5 ppm iodine solution. Between uses, cloths and towels used to wipe kitchen surfaces will be soaked in containers with approved sanitizing solution. Sanitizing solution will be changed at least once per shift or if solution becomes cloudy or visibly dirty. -Dishwashing machines must be operated using the following specifications: Low-Temperature Dishwasher (chemical sanitation) -Wash temperature (120 degrees Fahrenheit); -Final rinse with 50 parts per million (ppm) hypochlorite (chlorine) for at least 10 seconds. Review of facility policy, Dishwashing Machine Use, revised 2010, showed: -Food service staff required to operate the dishwashing machine will be trained in all steps of dishwashing machine use by their supervisor or a designee proficient in all aspects of proper use and sanitation. -A supervisor will check the dishwashing machine for proper concentrations of sanitizer solution (measured as parts-per-million (PPM)) after filling the dishwashing machine and once a week thereafter. Concentrations will be recorded in a facility approved log. Observation on 7/29/24 at 10:04 A.M. showed: -Two clean trays of dishes that had come out of dishwasher on clean side of dishwasher bay; -Dishwasher sanitization log had only been completed for the AM shift, no PM entries were on log. -A test strip was ran by dietary manager showed 100 Parts Per Million (PPM). During an interview on 7/29/24 at 10:04 A.M., Dietary Manager said: -He/She had not tested the dishwasher machine for proper sanitation or temperature yet; -He/She usually tested the dishwasher middle of the morning after he/she had ran all the breakfast dishes; -He/She just tested the dishwasher one time during the day after the breakfast dishes were ran; During a continuous observation of the kitchen on 7/30/24 at 11:02 A.M.-12:29 P.M., showed: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-11:23 A.M., Dietary manager used a paper towel to dry the inside of robot coupe container, did not allow item to air dry. During an interview on 7/31/24 at 8:31 A.M., Dietary Aide A said: -He/She did not know how to test the dishwasher for proper sanitation levels as that was the dietary manager's job role; During an interview on 7/31/24 at 8:39 A.M., [NAME] A said: -He/She worked part time doing dishes; -He/She had not been trained on how to test the dishwasher for proper sanitation -Dietary manager was the one who tested to ensure the dishwasher as sanitizing properly -He/She did not know what time the dishwasher was tested . During an interview on 8/1/24 at 9:15 A.M., Dietary Manager said: -He/She checks dishwasher for proper sanitation one time daily after breakfast; -The pink bucket was used to wash dishes, all items will still go through the dishwasher after they are washed. During an interview on 8/1/24 at 9:21 A.M, Registered Dietician said: -He/She expected dishwasher to be tested for proper sanitation twice daily; -Staff should test the dishwasher in the morning to ensure it was dispensing proper sanitation levels and the afternoons. During an interview on 8/1/24 at 11:56 A.M., Administrator said: -He/She expected dietary staff to dishwasher sanitation checks on a daily basis and document when it was done; -He/She expected staff to check it before they ran dishes through the dishwasher for the day. -Cookware and dishware should be air dried after they were washed. 5. Review of facility policy, Food Preparation and Service, Revised November 2022, showed: -Food and nutrition service employees prepare, distribute, and serve food din a manner that complies with safe food handling practices. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Cross-contamination can occur when harmful substances, examples of chemical or disease -causing microorganisms are transferred to food by hands (including gloved hands) food contact surfaces, sponges, cloth towels, or utensils that are not adequately cleaned. Cross-contamination can also occur when raw food touches or drips onto cooked or ready-to-eat foods. -Appropriate measures are used to prevent cross contamination. These include: -Sanitizing towels and cloths used for wiping surfaces in containers filled with approved sanitizing solutions (at concentrations specified by the manufacturer of the solution used); and -Cleaning and sanitizing work surfaces (including cutting boards) and food-contact equipment between uses, following food code guidelines. During a continuous observation of the kitchen on 7/30/24 at 11:02 A.M.-12:29 P.M., showed: -There was no sanitation buckets out in the kitchen; -A quart sized spray bottle of comet disinfect cleaner with bleach 3-40 on label sat on the sink by dishwasher and rinsing sink beside a bottle of dish soap; -11:36 A.M. dishwasher sanitizer log had no readings on 7/27/24 and 7/28/24 morning; -11:44 A.M., pink bucket by sink noted with washcloth in water. Staff observed using washcloth to pre-wash dishes and wipe surfaces; -12:10 P.M. Dietary Aide A observed refilling pink bucket and adding dish soap Observation on 7/30/24 at 1:49 P.M., showed: -Cleaner used in kitchen was Comet disinfecting cleaner with bleach 3-40 degrees. Observation of comet cleaner with bleach 3-40 label, showed: -Directions for use: To clean and disinfect: for hard porous surfaces clean before disinfecting. Spray product on surface. Treated surface must remain wet for 60 seconds, then rinse and wipe clean. Review of comet disinfecting cleaner with bleach, safety data sheet, dated January 2015, showed: -Restrictions on use: Do not mix with other cleaning products or chemicals as irritating fumes may be formed; -Keep only original container; -Ingredients included: sulfuric acid, monnooctyl [NAME], sodium salt, sodium hypochlorite During an interview on 7/30/24 at 12:10 P.M., Dietary Aide A said: -He/She used bucket to wipe down everything in kitchen; (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She added dish soap to the bucket of water -He/She had recently started adding five sprays of comet 3-40 to the pink bucket as well; During an interview on 7/31/24 at 8:31 A.M., Dietary Aide A said: -He/She used dish soap and comet spray to sanitize surfaces in the kitchen by adding water and dish soap to pink bucket and then applying four or five sprays of comet to the soapy dishwater in the bucket; -He/She sanitized room trays by spraying comet straight on; -He/She did not know what the required contact surface time was for the comet cleaner to be on a surface to sanitizer; -He/She used the yellow container of wipes to wipe off tables in the dining room of the facility. Observation on 8/1/24 at 9:15 showed: -Wipes used were lemon scent which contained benzalonium chloride .13 percent, label on yellow container said killed 99.9 percent of germs; During an interview on 8/1/24 at 9:15 A.M., Dietary Manager said: -He/She used generic bleach wipes to wipe off tables in the dining room; -He/She used a comet spray to clean surfaces in kitchen; -The pink bucket was used to wash dishes, all items will still go through the dishwasher after they are washed. During an interview on 8/1/24 at 9:21 A.M, Registered Dietician said: -He/She would expect staff to wash surfaces with dish soap, then spritz to sanitize surfaces; -He/She felt it was appropriate to use wipes to clean surfaces in dining room; -He/She would not have expected staff to spray comet into dawn dish soap and used that to sanitize surfaces in kitchen. During an interview on 8/1/24 at 11:56 A.M., Administrator said: -He/She felt it was appropriate to use dish soap and comet cleanser to sanitize food preparation surfaces in kitchen. -He/She felt it was appropriate to use bleach wipes to sanitize dining room tables. 6. Review of facility policy, Food Preparation and Service, Revised November 2022, showed: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Food and nutrition service employees prepare, distribute, and serve food in a manner that complies with safe food handling practices. -Food distribution and service: -Proper hot and cold temperatures are maintained during food distribution and service. -The temperatures of foods held in steam tables are monitored throughout the meal service by food and nutrition services staff. Continuous observation of the kitchen on 7/30/24 at 11:02 A.M.-12:29 P.M., showed: -11:02 A.M. showed meal was already prepped and on the steam table covered. Food to included mashed potatoes with butter, buttered carrots, country fried steaks, cherry cobbler, observation of menu showed it was resident's choice was 3 oz protein, two grains, two vegetables, and beverage; -11:49 A.M. first plate being dished off steam table for room trays, no food temperature had been taking off foods on steam table that had been on steam table prior to entry to kitchen 47 minutes prior; -11:54 A.M., first room tray cart leaves kitchen for north hall; -11:58 A.M., second room tray cart left kitchen for south hall; -12:11 P.M., third room tray cart left kitchen for west hall; -12:16 P.M., no foods have been temperature checked on steam table; -12:17 P.M., steam table pushed out into entry of facility next to dining room. During an interview on 7/31/24 at 8:39 A.M., [NAME] A said: -Food in the kitchen was temperature checked periodically on steam table and when he/she cooked the food. During an interview on 8/1/24 at 9:15 A.M., Dietary Manager said: -Food temperatures were taken when items were taken out of the oven; -He/She expected temperatures to be documented on temperature log; -He/She did not take temperatures of food right before serving food; -He/She temperature checked the food on 7/30/24 at 10:45 A.M. During an interview on 8/1/24 at 9:21 A.M, Registered Dietician said he/she expected food items to be temperature checked when it was cooked and right before it was served; (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 8/1/24 at 11:56 A.M., Administrator said: -He/She expected food to be temperature checked to ensure it reached proper temperature; -He/She did not know if food should be temperature checked on steam table. 7. During an interview on 7/29/24 at 10:04 A.M., Dietary Manager said: -His/Her oven did not work, they had been unable to find the parts for the oven after contacting three different suppliers; -He/She had difficult time juggling food preparation and cooking of food items without stove. During an interview on 7/31/24 at 8:39 A.M., [NAME] A said: -The oven under the griddle side of the stove did not work; -He/She used the griddle side a lot for breakfast meal preparation of eggs; During an interview on 8/1/24 at 9:15 A.M., Dietary Manager said: -He/She had not had a fully operational stove for two years since it quit in April; -It was hard to get all foods prepared without a fully functional stove; -Administrator had tried three places to obtain parts for stove, but had not obtained parts to fix stove or replaced the stove. During an interview on 8/1/24 at 11:56 A.M., Administrator said: -Kitchen should have a fully functional and working stove; -The stove in kitchen had not been fully operational for two to three years; -The stove was only 7-8 years old and he/she had contacted two to three different suppliers to locate parts and the parts could not be found; -Facility could not afford to purchase a new stove; -He/She felt that everything else functioned on the stove and dietary staff could make do. 8. During an interview on 8/1/24 at 9:15 A.M., Dietary Manager said: -He/She obtained his/her dietary manager certification on 10/16/2023 as a food protection manager; -He/She had worked in kitchen for [AGE] years and had served as a supervisor for 7 years; During an interview on 7/31/24 at 8:31 A.M., Dietary Aide A said: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She had not received any formal in-services from dietary manager; -Dietary manager has always told him/her what he/she needed to do; -Facility did have online clinics that were dietary related that he/she could watch. During an interview on 7/31/24 at 8:39 A.M., [NAME] A said: -He/She had been working in the kitchen part time with cooking and dishes; -He/She had been watching Dietary Manager as part of his/her training and he/she had guided him/her through the cooking and kitchen processes; -Here had been online training through the facility, but he/she had not had any dietary specific in-services or online training.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44993 Based on observation, interview and record review the facility failed to ensure infection prevention measures where followed when the facility staff failed to ensure resident's who were positive for Covid 19 and required intermittent urinary catheterization (Resident #142), had open wounds (Resident #17) were placed on Enhanced Barrier Precautions. The facility additionally failed to ensure staff were trained on use of personal protective equipment and the infection control procedures for handling soiled laundry, and failed to use proper handwashing guidelines when administering medications for Residents #30, #6, #37. This effected five residents out the 12 sampled residents. The facility census was 40. 1. Review of Resident #142's Admission Minimum Data Set, (MDS, a federally mandated assessment completed by the facility staff) dated 5/28/24 showed: - The resident had a Brief Interview for Mental Status (BIMS) score of 11, indicating minimal cognitive impairment; Diagnoses included: High blood pressure, COVID-19, and abdominal aortic aneurysm (a weakening of the aortic artery that could burst). - The resident was independent with dressing, toileting and hygiene, but used a walker and wheel chair; - The resident was continent of bowel and used intermittent urinary cathereterization. Review of the of the facility record showed the following the resident tested positive for COVID-19 on 7/22/24. Review of the care plan dated 6/5/24 showed: - The resident did not require Enhanced Barrier Precautions (EBP) for intermittent catheterization; - The staff were supposed to use universal precautions when providing cares to the resident; - The care plan did not address the resident's care needs when he/she became positive for COVID-19 infection. During an interview on 7/29/24 at 10:38 A.M. Nurse Aide (NA) A said: - The resident had COVID-19; - The staff were supposed to use precautions when providing care to the resident. 2. Review of resident #17's quarterly Minimum Data Set, (MDS a federally mandated assessment completed by the facility staff), dated 7/2/24 showed: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The resident had a Brief Interview for Mental Status (BIMS) score of 0, indicating severe cognitive impairment; - He/She required the assistance of staff to transfer, reposition him/herself, toilet and shower; - The resident was incontinent of bowel and bladder; - The resident was identified as having a stage II pressure ulcer (PU, a wound that is caused by consistent pressure and is open); - The resident used pressure reducing devices (PRD) on his/her bed and wheel chair. Review of the resident's skin care plan dated 10/13/23 showed: - The resident had the potential for PU development because of his/her immobility; - The care plan goal was the resident would have intact skin, free of redness; - The staff were supposed to frequently reposition the resident; - The staff were supposed to notify the charge nurse of any new skin break down. Observation on 7/29/24 at 11:25 A.M. showed: - The resident had an open wound and there was no signage indicating the the staff were supposed to use EBP; - NA A and Certified Nurses Aide (CNA) A entered the resident's room; - Neither aide washed or sanitized their hands upon entering the room; - Both aides attached the resident to the mechanical lift, placed the resident in bed, then put on gloves; - Both aides participated in providing incontinent care to the resident; - NA A sanitized his/her hands upon leaving the resident's room; - CNA A did not wash or sanitize his/her hands upon leaving the resident's room; - CNA A went to another resident's room, did not wash or sanitize his/her hands and began combing that resident's hair; - The resident did not have Personal Protective Equipment (PPE) available and did not have disposable receptacles inside the resident room for garbage and used PPE. 47195 (continued on next page)

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Pearl's II Eden for Elders	611 North College Princeton, MO 64673

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Review of facility policy, laundry and bedding, soiled, revised September 2022, showed: -Clean linen is protected from dust and soiling during transport and storage to ensure cleanliness. Observation on 7/30/24 at 8:59 A.M. showed Laundry Aide A transporting laundry cart down west hallway with clean cloth gowns. The cart was uncovered. He/She was observed adding isolation gowns to the containers outside of isolation rooms. Observation on 7/30/24 at 10:02 A.M. showed Laundry Aide A transporting an uncovered cart of bedding including sheets and blankets down the hallway on west hall. Pillows were also observed on the cart. There was a sheet that had been used to cover items outside that was observed hanging off the side of the cart. Observation on 7/31/24 at 8:05 A.M. showed a cart of bed spreads, washcloths, towels, and sheets was in hallway outside of room [ROOM NUMBER]. Items were uncovered. Laundry Aide A was observed going to assist CNA B with resident cares. During an interview on 7/30/24 at 10:04 A.M., Laundry Aide A said: -He/She had been taught he/she did not have to cover laundry when it was inside the building; -He/She only needed to cover laundry cart items when he/she was transporting them outside from one building to the other. During an interview on 8/1/24 at 11:56 A.M., Administrator said: -He/She expected laundry to be covered while being transported inside the facility. Review of facility policy, standard precautions, revised December 2007, showed: -Standard precautions will be used in the care of all residents regardless of their diagnoses, or suspected or confirmed infection status. -Hand hygiene -Hand hygiene refers to handwashing with soap (anti-microbial or non-antimicrobial) or using alcohol-based hand rubs (gels, foams, rinses) that do not require access to water. -Hands shall be washed with soap and water whenever visibly soiled with dirt, blood, or body fluids, or after direct or indirect contact with such, and before eating and after using the restroom. -In the absence of visible soiling of hands, alcohol-based hand rubs are preferred for hand hygiene. -Wash hands after removing gloves. -Gloves: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Wear gloves (clean, non-sterile) when you anticipate direct contact with blood, body fluids, mucous membranes, non-intact skin, and other potentially infected material -Wear gloves when in direct contact with a resident who is infected or colonized with organisms that are transmitted by direct contact; -Wear gloves when handling or touching resident-care equipment that is visibly soiled or potentially contaminated with blood, body fluids, or infectious organisms; -Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces and before going to another resident and wash hands immediately to avoid transfer of microorganisms to other residents or environments. -Masks, Eye Protection, Face Shields: -Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and resident-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions. -Gowns -Wear a gown (clean, non -sterile) to protect skin and prevent soiling of clothing during procedures and resident care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions or cause soiling of clothing -Remove gown and perform hand hygiene before leaving the resident's room. -Environmental control -Ensure that environmental surfaces, beds, bedrolls, bedside equipment and other frequently touched surfaces are appropriately cleaned. Observation on 7/29/24 12:18 P.M. of hall trays being passed showed Certified Nurse Aide (CNA) A applied gown, N-95 mask to enter resident's room who was on isolation precautions for Covid-19. CNA A did not apply face shield or goggles. CNA C stood in doorway to room and handed food tray items to CNA A who had went inside room, CNA A closed resident's room door as took items into room. Trays were not taken into the room. CNA C passed things through door way and CNA A closed doorway each time he/she came to grab additional food items from CNA C in hallway. CNA C did not sanitize after passing food tray items to CNA A who was inside isolation room. Observation on 7/29/24 at 12:24 P.M. showed Registered Nurse (RN) C offered to take resident's meal tray into room [ROOM NUMBER], a covid isolation room, as he/she had medications to pass to resident. RN C sat medication cup on top of supply cart and applied gloves, then a cloth gown, then N-95 mask. A phone rang from inside RN C's pocket, and RN C was observed reaching inside pocket with gloved hand to answer phone. He/She completed call and put phone back inside his/her pocket of scrubs. RN C did not change gloves or sanitize. He/She then entered Resident #192 isolation room. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 7/30/24 at 8:54 A.M. showed Certified Medication Technician (CMT) delivering medications to resident on isolation precautions. He/She applied gown, gloves, and N95 mask. When he/she exited room [ROOM NUMBER], a covid isolation room, he/she was still wearing a cloth gown. He/She removed gown in hallway and opened room [ROOM NUMBER]'s door and threw gown inside doffing barrel inside room. He/She then sanitized his/her hands. Observation on 7/30/24 at 9:58 A.M. showed Housekeeper A loading cleaning cart and setting paper towels, Kleenex boxes, soap refills, and hand sanitizer directly on floor as he/she was loading items into bottom level of cleaning cart. Continuous observation of the kitchen on 7/30/24 at 11:02 A.M.-12:29 P.M., showed: -11:21 A.M. Dietary manager observed wearing cloth mask under his/her chin and [NAME] A wearing mask over his/her face. -11:45 A.M., Dietary aide A wearing his/her mask below his/her nose. Observation on 7/30/24 at 2:48 P.M.-2:57 P.M. showed Housekeeper A preparing to clean room [ROOM NUMBER]: -room [ROOM NUMBER] was on COVID Isolation precautions; -2:48 A.M. Housekeeper A applied personal protective equipment of gown, gloves, and face shield prior to entering COVID isolation room. He/She took a hand full of cleaning supplies into room with him/her. He/She did not have on a N95 mask when he/she entered room. -2:51 P.M., Housekeeper A observed sticking hand out of room [ROOM NUMBER] and dropping dust mop head directly on floor of hallway outside of room [ROOM NUMBER]; -2:52 P.M., Housekeeper A opened door and threw a washcloth directly on floor outside of room [ROOM NUMBER]; -2:53 P.M., Housekeeper A opened door and threw a second washcloth directly on floor outside of room [ROOM NUMBER]: -2:54 P.M., Housekeeper A opened door and threw a third washcloth directly floor on floor on top of dust mop and other wash clothes. -2:55 P.M., Housekeeper A observed opening room door and throwing a clear trash bag out of room [ROOM NUMBER] and directly onto floor on top of other items laying directly on floor in hallway. -2:57 P.M., Housekeeper A exited room [ROOM NUMBER], he/she then placed a dust pan from the room onto the floor in hallway. He/She then obtained gloves from cart and picked up 3 washcloths, floor mop, and trash bag off the floor. Housekeeper A exited room wearing only surgical mask; During an interview on 7/29/24 at 9:48 A.M., Dietary Manager said: -Dietary staff did not wear masks in the kitchen, they only mask when they go around residents; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 7/30/24 at 9:37 A.M., Housekeeper A said: -He/She had been working in housekeeping since June 2024; -He/She received training from administrator on how to clean room, what he/she needed to take into room, and how to clean and sanitize COVID precaution rooms; -He/She cleaned COVID positive resident rooms at end of shift; -When he/she cleaned a COVID positive room he/she had to carry all his/her cleaning items into room with him/her and close the door; -He/She cannot stand with door open while cleaning COVID positive rooms; -He/She cleaned each resident room daily starting on north hall, then south hall, and then west halls; -He/She put cleaner in water to disinfect everything; -When he/she cleaned rooms he/she used a washcloth and wiped down cabinets, door handles, and toilets to ensure all areas were disinfected; -He/She did not know how long disinfectant had to sit on surface before he/she wiped it; -He/She poured the disinfectant into a bucket of water and added ounces from the container. During an interview on 7/30/24 at 2:58 P.M., Housekeeper A said: -The supply cart did not have any N95 masks on it so she was unable to don a mask before entering room [ROOM NUMBER]; -He/She placed items from COVID isolation rooms in same basket as other items to be laundered as all items went straight from his/her dirty bucket to laundry after he/she had completed cleaning all resident rooms; -He/She placed trash from COVID positive rooms with other trash and he/she did not keep those items separate. Observation on 7/31/24 at 9:13 A.M. showed CNA E entered room [ROOM NUMBER], a covid isolation room, wearing a cloth gown only and cloth facial mask. He/She did not apply gloves or N95 mask. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 7/31/24 at 10:39 A.M.-10:48 A.M. showed CNA E entered room [ROOM NUMBER], a covid isolation room wearing no gown, no gloves to deliver water cups. He/She exited room and did not sanitize. CNA E then entered room [ROOM NUMBER], a room not on isolation precautions, and delivered water cup. He/She was observed touching Resident #1 on his/her shoulder as he/she asked resident if they had still been sleeping or if they wanted to get up. He/She did not sanitize. CNA E then entered room [ROOM NUMBER], a non-isolation room, and removed old water cup and replaced with fresh water cup from his/her cart. CNA E then was observed applying gown that he/she did not tie up, no gloves and no N95 mask, and entered room [ROOM NUMBER], a covid isolation room, and delivered a Styrofoam cup of water and ice. CNA E removed gown in resident's room. He/She exited room and used hand sanitizer outside of room. CNA E then applied a new gown from supply cart that he/she did not tie up, did not apply gloves, and did not apply an N95 mask, and entered room [ROOM NUMBER], a covid isolation room. CNA E exited room having removed his/her gown inside the resident's room. CNA E entered room [ROOM NUMBER], a non-isolation room, without knocking and took in cup of water. CNA E then entered room [ROOM NUMBER], a non-isolation room, and delivered water cup. CNA E was not observed sanitizing between resident rooms. CNA E then applied gown that he/she did not tie in back, did not apply gloves, and did not apply N95, and entered room [ROOM NUMBER], a covid positive room with two Styrofoam glasses of water. He/She exited room without gown, did not sanitize. CNA E then arrived to room [ROOM NUMBER] where he/she applied a gown that he/she did not tie up, did not apply gloves, and did not apply N95 mask and took in a Styrofoam glass of water to resident. He/She exited room without a gown and he/she did not sanitize. During an interview on 7/31/14 at 1:52 P.M., MDS Coordinator said: -He/She expected a gown, gloves, N95 mask with a surgical mask over the N95, and eye protection to be applied prior to staff entering resident rooms that were on COVID precautions; -He/She had issues with getting staff to comply with infection control measures, especially agency staff members. During an interview on 7/31/24 at 2:15 P.M., CNA E said: -He/She had no training at facility on infection control; -Prior to entering a COVID positive room he should apply gloves and a mask; -He/She should sanitize before entering COVID positive rooms; -He/She did enter rooms in facility that were COVID positive without wearing proper personal protective equipment; -He/She entered resident rooms who were COVID positive wearing just a regular mask; -He/She was not told he/she should wear an N95 mask when entering Covid positive resident rooms; -He/She should wash hands before he/she entered resident rooms and after leaves; -He/She should wash hands before providing cares and applying gloves and after providing per-care. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She expected COVID isolation trash and laundry to be bagged to ensure laundry knew it was Covid laundry -He/She expected housekeeping staff to not throw items directly on floor outside resident's room when cleaning the resident's room. During an interview on 8/1/24 at 11:56 A.M., Administrator said: -He/She had told employees they could pull their masks down when they were away from other people inside the building; -He/She had told dietary staff that when they were in the kitchen and if they were not afraid of each other they could be in kitchen without their mask on; -He/She did the same thing while in his/her office. -He/She expected housekeeping staff to not throw items such as dust mops, washcloths, and trash directly on floor in hallway after cleaning covid isolation rooms. 31102 4. Review of Resident #30's annual MDS, dated [DATE], showed: - Cognitive skills severely impaired; - Required supervision or touch assistance from staff with eating; - Partial to moderate assistance from staff for transfers; - Diagnoses included high blood pressure, anxiety and depression. Review of the resident's physician order sheet (POS), dated August, 2024, showed: - Start date: 11/27/23 - Bupropion Hydrochloride (HCL), 100 milligrams (mg.), one tablet three times a day for anxiety; - Start date: 11/2/22 - Abilify tablet, 2 mg. daily for depression; - Start date: 3/30/23 - Celebrex 200 mg., one capsule twice daily for pain; - Start date: 2/28/24 - Fluoxetine HCL 10 mg. one tab daily for depression; - Start date: 12/4/23 - Famotidine 20 mg., one tab daily for gastroesophageal reflux disease (GERD, a chronic condition that occurs when stomach contents move back up into the esophagus); - Start date: 1/19/23 - Claritin 10 mg. tablet daily for seasonal allergies. Review of the resident's medication administration record (MAR), dated August, 2024, showed: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Bupropion HCL 100 mg., one tablet three times a day for anxiety; - Abilify tablet, 2 mg. daily for depression; - Celebrex 200 mg., one capsule twice daily for pain; - Fluoxetine HCL 10 mg. one tab daily for depression; - Famotidine 20 mg., one tab daily for GERD; - Claritin 10 mg. tablet daily for seasonal allergies. Observation on 7/31/24 at 8:22 A.M., showed: - Registered Nurse (RN) B did not wash his/her hands and used his/her bare hands and picked the pills out and put them in a clear plastic bag and crushed them; - He/she used his/her bare hands and pulled the capsule apart; - He/she placed the crushed medication in a plastic medication cup and added yogurt and administered it to the resident. 5. Review of Resident #6's quarterly MDS, dated [DATE], showed:- Cognitive skills intact; - Independent with eating and transfers; - Diagnoses included hemiplegia (paralysis affecting one side of the body), depression, bipolar disorder (episodes of mood swings ranging from depressive lows to manic highs), anxiety, psychotic disorder (mental illness characterized by psychotic symptoms which can generally be described as a loss of contact with reality) and post traumatic stress disorder (PTSD, a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock). Review of the resident's POS, dated August, 2024, showed:- Start date: 5/3/17 - Enteric Coated Aspirin tablet 81 mg. one daily for prevention of stroke. Review of the resident's MAR, dated August, 2024, showed:- Enteric Coated Aspirin (ECASA) tablet 81 mg. one daily for prevention of stroke. Observation on 7/31/24 at 8:46 A.M., showed:- RN B poured the ECASA tablets in the lid of the bottle then used his/her bare hands and picked a tablet up and put in the medication cup. During an interview on 7/31/24 at 1:11 P.M., RN B said: - He/she should not have touched the medication with his/her bare hands. During an interview on 8/1/24 at 11:56 P.M., the MDS/Care Plan Coordinator said:- Staff should not handle medications with their bare hands. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	50980 6. Review of Resident #37's quarterly MDS, dated [DATE], showed: - admitted to the facility on [DATE]; - Was cognitively impaired; - Impairment on one side of lower extremity, dependent on wheelchair for mobility - Partial to moderate staff assistance for eating; - Substantial to maximum assistance for oral hygiene, toileting, showering, dressing, footwear and personal hygiene; - Frequently incontinent of urine, occasionally incontinent of bowel; - Diagnoses included: Anemia, hypertension (high blood pressure), hip fracture, Alzheimer's disease, and dementia. Review of the resident's care plan, dated 4/10/24, showed: - Dependent on staff for meeting emotional, intellectual, physical, and social needs; - ADL self -care performance deficit. Requires one person physical assist for all Activities of Daily Living (ADL). Staff are to encourage the resident to participate to his/her fullest extent possible with each ADL interaction. Observation on 7/30/24 at 3:52 P.M., showed: -Resident was receiving foot physical therapy from therapist for 20 minutes. RN B entered the room used hand sanitizer, donned (applied) gloves, and started to perform wound care on the resident's right elbow abrasion. Physical therapist stopped therapy and assisted in wound care with RN B without washing or sanitizing their hands and did not apply gloves.