STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265869	A. Building B. Wing	12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McCrite Plaza at Briarcliff Skilled Facility	1301 Tullison Rd Kansas City, MO 64116

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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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31102 Based on interviews and record review, the facility failed to ensure an invoked (activated by verifying incapacity of the resident to make decisions) Durable Power of Attorney (DPOA) was in place prior to allowing the designated agent to sign Outside of Hospital Do Not Resuscitate (OHDNR, it instructs health care providers not to begin cardiopulmonary resuscitation, or CPR, if the resident's breathing stops or if a resident's heart stops beating) forms which affected two of the 12 sampled residents, (Resident #22 and #18). Additionally they facility failed to ensure Resident #295's code status matched his/her's care plan. The facility census was 40. Review of the facility's undated policy for advance directives, showed: - It is the policy of the facility to comply with applicable law and to promote the right of self-determination by encouraging the use of Advance Directives (a legal document which allows your to plan and make your own end-of-life wishes known in the event your are unable to communicate)and honoring treatment preferences expressed by the resident and/or the resident's representative and their Advance Directives, if those preferences are allowed by law; - Prior to or on admission, the Social Worker or designee will ask the resident or resident's representative, if they have a a Living Will (a written, legal document that spells out medical treatments you wound not want to be used to keep you alive, as well as your preferences for other medical decisions) or DPOA for health care decisions; - All residents will be given written information concerning an individual's rights under state law, to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate Advance Directives; - If the resident has any of these Advance Directives, a copy of the documents will be placed in the resident's medical record and reviewed quarterly, annually and as needed with the resident; - If the resident becomes incapacitated, the resident's representative will be contacted quarterly, annually and as needed; - If the resident is in a coma or incapacitated, the information about Advance Directives shall be given to the family or resident's representative. (continued on next page)

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

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1. Review of Resident #22's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated [DATE] showed: - Long and short term memory problems; - Lower extremities impaired on both sides; - Dependent on the assistance of staff for toilet use, showers, dressing, personal hygiene and transfers; - Diagnoses included Parkinson's disease (a disorder of the central nervous system that affects movement, often including tremors), progressive neurological disorder (condition where there is a progressive deterioration in functioning), Alzheimer's disease (a brain disorder that slowly destroys memory and thinking skills, and eventually, the ability to carry out the simplest tasks) and dementia (inability to think). Review of the resident's care plan, revised [DATE] directed staff the resident's code status was a do not resuscitate and the resident wanted to have his/her wishes honored. Review of the resident's face sheet showed the responsible party was the resident's spouse. Review of the resident's medical record showed: - The resident's spouse signed the purple OHDNR form on [DATE] and the physician signed it on [DATE]; - Unable to locate the resident's incapacitation letter in the resident's medial record. During an interview on [DATE] at 2:53 P.M., the Social Services Director (SSD) said he/she was looking for the resident's advance directives and the incapacitation letter. During an interview on [DATE] at 9:41 A.M., the SSD said she found the resident's advance directive but was unable to locate the resident's incapacitation letter. During an interview on [DATE] at 10:52 A.M., the Director of Nursing (DON) said if a resident was not their own person and had a DPOA in place, she would expect there to be an incapacitation letter in the residents medical record. 46706 2. Review of Resident #18's Quarterly Minimum Data Set, dated dated [DATE], showed: - Severe cognitive impairment; - Dependent on staff for activities of daily living (ADLs); - Frequently incontinent of bowel and bladder; (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Diagnoses included Alzheimer's disease, aphasia (disorder that makes it difficult to communicate), and high blood pressure. A review of the resident's care plan dated [DATE] showed: - The resident has an ADL self care performance deficit related to limited mobility; - DNR (Do Not Resuscitate) code status. Review of the resident's medical record showed: - Physician's order dated [DATE]: DNR code status; -OHDNR (Out of Hospital Do Not Resuscitate) signed by the resident's husband and physician on [DATE]; -No DPOA paper work was found; -No letter of incapacitation was found. During an interview on [DATE] at 11:45 A.M., the SSD said: -The resident should have a letter of incapacity; -If a resident is deemed incapacitated there should be a letter with that information; -DPOA and incapacitation information should be obtained at admission and placed in the resident's chart; -He/she could not locate the resident's DPOA or incapacity letter. 51626 3. Review of Resident #295's Face Sheet (a document meant to be a quick summary of a resident's essential information) showed: -The resident is his/her own person (there is no other person assigned by the resident or the courts that would be responsible for making the resident's healthcare and/or end-of-life decisions). -The resident's Code Status is listed as unknown. -The Advanced Directive reads the resident's code status is listed as DNR. Review of Resident #295's medical record showed: -The resident had a Basic Interview for Mental Status (BIMS) score of 14, indicating the resident is cognitively intact and capable of making his/her needs and desires known. (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The resident signed a Code Status Form dated [DATE] and checked the DO NOT RESUSCITATE box. The form was witnessed by LPN C. -The resident's New Admission Report Sheet, completed by an unknown staff member, lists the resident's code status as Full Code. -The resident's Medication Administration Record lists the resident's Advance Directive status as both a Full Code and a DNR. Review of Resident #295's care plan updated [DATE] directed staff the resident was to be a FULL CODE. Review of Resident #295's Physician Orders showed a DNR, order dated [DATE]. During an interview on [DATE] at 2:34 P.M., Resident #295 said he/she has a DNR and he/she expects his/her wishes to be honored. During an interview on [DATE] at 8:25 A.M., LPN C said: -If a resident is a DNR, there would be a butterfly sticker on the back of their door. Plus, they would have a purple DNR sheet in the book at the desk. -Resident's Advance Directive paperwork can be found on the computer. -A resident's code status is listed in their care plan, on their face sheet, in provider orders. -The code status listed in all these places are the same. During an interview on [DATE] at 7:55 A.M., LPN B said: -If a resident is a DNR, it would be in the binder at the desk or all over in their chart. -A resident's code status should be the same in each place in their chart. During an interview on [DATE] at 10:52 A.M. the Director of Nursing (DON) said: -If a resident is a DNR status, they would have a physicians order in the computer as well as a DNR form completed in the binder located at each nurse's station. -A resident's advanced directive can be found in the computer on the physician's order sheet, on the face sheet, and when the Medication Administration Record (MAR) is pulled up. -A resident's code status is listed in their care plan. -The code status in the care plan should match the code status in the provider's orders. During an interview on [DATE] at 10:52 A.M., the Administrator said: (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-A resident's code status is expected to be the same throughout their chart. -Whatever code status is listed in the provider's orders should be the code status in the care plan.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47195 Based on observation and interviews, the facility failed to maintain a clean, comfortable, and homelike environment when the facility failed to maintain and replace holes in carpet, vacuum and sweep floors, clean stained furniture, repair scraped and missing paint from walls, clean and maintain food and medication carts, replace stained ceiling tiles, and clean facility windows. The facility census was 40. Review of facility policy, Cleaning and Infection Control of Non-Critical, Reusable Resident Care Equipment, undated, showed: -Cleaning-the physical removal of foreign material, e.g. dust, oil, organic material such as blood, secretions, excretions, and micro-organisms -Cleaning reduces or eliminates the reservoirs of potential pathogenic organisms -Cleaning is accomplished with water, detergents/sanitizers, and mechanical action; -Cleaning is a shared responsibility between nursing and housekeeping departments; -All equipment must be cleaned immediately if visibly soiled, and immediately after use on elders with contact precautions regardless of cleaning schedule; -All neighborhoods will set up a schedule for cleaning with specific assignments to ensure tasks are completed; -All horizontal and frequently touched surfaces will be cleaned daily and immediately when soiled; -The Housekeeping manager and the Infection Practitioner must approve all products used for the stages of cleaning/disinfection process; Review of facility policy, quality of care, undated, showed: -Facility is committed to providing high quality of care and services to residents in a safe, respectful, and person-centered environment. -Safety and Security -Ensuring the safety and security of residents is paramount; -Facility adheres to all relevant safety protocols, infection control measures, and emergency procedures to maintain a secure environment. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation in the dining room on 12/10/24 at 11:29 A.M., showed several areas on all walls where the paint had been scrapped off and was missing from the walls showing white through the dark gray colored paint. One 8 inch by 3 inch area was noted on the back wall by the windows. Observation on 12/10/24 at 12:14 P.M. showed a three tiered metal cart was being used to deliver resident meal trays. The cart was observed to have sticky food like substance caked to the bottom rim of the metal cart unit. The wheels on cart were also observed to be caked in dirt. Observation on 12/11/24 at 8:29 A.M. showed sitting area by patio on east hall had food crumbs located under all four chairs in seating area and the end tables. Observation on 12/11/24 at 8:33 A.M. showed the floor on east hall nurses station had food crumbs, pieces of torn paper, paper clips, and other particles laying on floor. Observation on 12/11/24 at 8:34 A.M. of medication cart on east hall showed the wheels on medication cart were covered and wrapped with appeared to be human hair. The ledges of the bottom of the medication cart also had grime and dirt built up. Observation on 12/11/24 at 8:35 A.M. showed a discolored ceiling tile above sitting area on east hall by patio. Observation on 12/11/24 at 8:37 A.M. showed on east hall there was a 4 inch by 1 inch area that was missing carpet where the blue carpet met white carpet. Areas of frayed carpet were also sticking up where the area of carpet was missing. Observation on 12/11/24 at 8:40 A.M. showed windows on east hall between room [ROOM NUMBER] and 2017 had dirt built up between the screens. Observation on 12/11/24 at 8:43 A.M. showed the stairwell exit door between resident rooms [ROOM NUMBERS] had a spilled sticky substance on it. Observation on 12/11/24 at 8:45 A.M. showed the pillar in the dining area across from room [ROOM NUMBER] had a spilled brown sticky substance on it. Observation on 12/11/24 at 8:49 A.M. showed the white portions of the carpet in the living room area had stains on it. Observation on 12/12/24 at 9:00 A.M. showed crumbs remained under chairs and end tables in on carpeted seating area by the patio on the east hall. Observation on 12/11/24 at 2:23 P.M., showed a PTAC (packaged terminal air conditioner) unit with a black mold-like substance on the fins of the heating/cooling unit in the janitor's closet by room [ROOM NUMBER]. 51626 Observation on 12/10/24 at 9:59 A.M. showed: (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-A window at the end of the rehab hallway, between resident #294's room and the room across the hall, with grime and debris cracked around its edges. -Resident #296 walking in the rehab hallway with a therapy staff member . The resident was overhead saying, That window needs to be cleaned, it looks disgusting! Observation on 12/10/24 at 9:59 A.M. showed: -A chair at the end of the rehab hallway, between resident #294's room and the room across the hall, with stains on the seat. Observation on 12/11/24 at 2:19 P.M. showed a hole in the carpet in resident #21's room. The hole measured approximately one (1) inch by six (6) inches. The hole had frayed carpet around the edges and was directly in the walking path in front of the bathroom door and posed a trip hazard. During an interview on 12/12/24 at 9:59 A.M., Housekeeping Supervisor said: -Maintenance was responsible to fix and repair walls; -The facility was currently understaffed with only four staff members in housekeeping for whole building; -The floor technician was responsible for vacuuming, maintaining floors, windows, and furniture in facility; -Due to the vacant position of floor technician the facility vacuuming and maintenance of the floors had been overlooked by his/her staff; -His/Her staff was primarily responsible for cleaning of the resident rooms; -The facility floor technician quit and facility had been without a floor technician for approximately a week; -He/She had her staff assist with the floor technician duties following completion of resident rooms; -If residents complained about the noise of the vacuum then he/she expected his/her staff to wait until resident was out of their room to vacuum or respect resident wishes and desires to keep the area quiet and not vacuum but try to hit the area with a broom; -He/She expected his/her staff to deep clean every day; -He/She expected his/her staff to respect resident wishes, if a resident did not want housekeeping in their room he/she expected staff to listen; -Housekeeping staff were expected to clean areas that floor technician missed and furniture in main areas; (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The materials found on chairs in halls were cleaned with a steam cleaners; -Housekeeping staff were not allowed to clean the chairs due to risk of spotting the furniture; -He/She communicated with maintenance staff and floor technicians via email if he/she found area that needed addressed; -Resident rooms that were occupied by residents were cleaned daily; -If a room did not get cleaned one day then it was scheduled to be cleaned first the next day; -He/She expected his/her staff to clean resident's bathrooms first and then work their way out of the room by dusting, wiping down furniture items, and attending to the floor; During an interview on 12/13/24 at 9:06 A.M., Assistant Director of Nursing (ADON) B said: -The facility used a website for communication needs that were to be addressed by maintenance; -Nurses and facility administration had access to communicate maintenance needs via the website; -Certified nurses aids are to communicate any maintenance requests to nursing staff and nursing staff are to log the request for maintenance on the website. During an interview on 12/13/24 at 9:10 A.M., Maintenance Technician said: -He/She received work orders through the website work hub; -He/She was able to obtain supplies needed really quickly if did not have them in facility; -He/She was aware of holes in carpet, there is current plans to replace carpet in main areas; -He/She was currently working on resident room needs as first priority; -Facility had a floor technician responsible for cleaning and maintaining facility floors; -The floor technician position had been vacant for approximately one week; -He/She was responsible for wall repairs; -He/She was aware of repair needs required in dining room; -He/She had to get painters from other facility building to come in and paint in dining room. During an interview on 12/13/24 at 10:52 A.M., Administrator said: -She expected to provide a safe, clean, and home like environment for residents; -She expected food carts for room trays to be cleaned and sanitized; (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-She did not expect food carts to have food and other substances caked to bottom of carts; -She expected floors to be free from holes in carpets and trip hazards; -She expected facility floors to be free from debris, crumbs, and stains; -She expected facility floors to be vacuumed; -She expected walls to be maintained with dry wall patches made and walls painted; -She expected furniture to be free from stains and break down.

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51626 Based on interview and record review, the facility failed to complete a criminal background check for for five of 10 sampled employees prior to employment start date and evaluate for history of abuse, neglect, exploitation, or misappropriation of resident property in order to prohibit and prevent such abuse, consistent with the applicable requirements at subsection S483.12(a)(3). The facility census was 40. The facility's Abuse, Neglect, and Exploitation Policy stated: - [NAME] Plaza at Briarcliff has developed and implemented this policy and procedure to prohibit abuse, neglect, exploitation, or misappropriation of property by any perpetrator including but not exclusive to any staff member or volunteer of this facility or any contracted agency staff, vendors, another resident, family member, or visitors of the resident or other residents. - The purpose of the components of this policy is to ensure that all residents of this facility will be free of physical, emotional, and sexual abuse, neglectful treatment and misappropriation of funds and resources. -The accompanying procedures are employed to assure total staff adherence to this policy. -The objective of the Abuse policy is to comply with the seven-step approach to abuse and neglect detection and prevention. -Overview of seven components: Screening, Training, Prevention, Identification, Investigation, Protection, Reporting and Response. -It is the policy of [NAME] Plaza at Briarcliff to screen residents prior to moving into the facility as well as employees and volunteers prior to working with residents. -Screening of employee and volunteer components include verification of references, certification and verification of license, criminal background checks, and query of the Family Care Safety Registry. -All potential employees' names will be submitted to Validity Background Checks prior to their employment. Review of the facility's New Hire employee packets reviewed for Employee Disqualification List (EDL), Criminal Background Check (CBC) and Federal Indicator Checks showed: -Five of the 10 employees randomly selected had a date of hire prior to the date CBC results were received. -Maintenance Employee A was hired on 11/07/24. His/Her CBC results were received by the facility on 11/21/24. (continued on next page)

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Cook C was hired on 10/03/24. His/Her CBC results were received by the facility on 10/07/24. -CNA G was hired on 08/08/24. His/Her CBC results were received by the facility on 08/15/24. -Housekeeper A was hired on 07/11/24. His/Her CBC results were received by the facility on 07/15/24. -Activity Assistant A was hired on 10/11/24. His/Her CBC results were received by the facility on 06/03/24. During an interview on 12/13/24 at 10:52 A.M., the DON said: -An employee's hire date is their first day of orientation. -All background checks are completed by HR/Staffing Coordinator. During an interview on 12/13/24 at 10:52 A.M., the Administrator said: -An employee's hire date is their first day of orientation. -HR ensures all new employees have ben through the EDL, Nurse Aid Certification Check, and runs background checks.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. 51626 Based on interview, and record review, the facility failed to provide services that met professional standards of quality when staff failed to recognize and report significant weight loss and/or gain. This affected four of the 12 sampled residents (Resident #28, Resident #295, Resident #244, and Resident #294). Facility census was 40. The facility's policy for Monitoring Weights stated: -All residents will be evaluated for weight stabilization and timely identification of weight loss. -Significant weight loss will be defined as: 3% loss in one week, 5% loss in 30 days, 7.5% loss in 90 days, and/or 10% loss in 180 days. -The physician, resident, and/or legal representative will be notified immediately (within 24 hours) of any resident meeting the definition of significant weight loss in this policy and informed on the interventions implemented. -Any resident with significant weight loss will be referred to the Registered Dietician Nutritionist (RDN) for recommendations. -The recommendations of the RDN will be communicated to the resident's primary care physician and family upon receipt of the recommendations. - The policy does not address significant weight gain. The facility's Role of Registered Dietician policy showed the Registered Dietician (RD) will be notified of weight changes weekly either in person, by phone conference, or by fax with a specific request for individualized recommendations. The facility's Preventive Maintenance and Inspection policy stated: -Resident weight scales will be calibrated by a licensed outside contractor quarterly and as needed due to use, wear, and tear. -The facility did not provide the requested scale calibration/inspection logs. 1. Review of Resident # 28's undated Care Plan showed: - The resident requires extensive assistance from staff for most activities of daily living (ADLs) including toileting and transfers. - The resident has a diagnosis of Diabetes. Staff are expected to monitor for signs and symptoms of hyperglycemia (elevated blood sugar), one of which is weight loss. (continued on next page)

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McCrite Plaza at Briarcliff Skilled Facility	1301 Tullison Rd Kansas City, MO 64116

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- The resident is taking an antibiotic, which puts him/her at risk for experiencing anorexia (a lack of interest in food and/or eating). Staff are expected to monitor for side effects of this medication every shift. - The resident has a nutritional problem related to moderate malnutrition, diabetes, and Parkinson's disease. Staff are expected to monitor/record/report to the doctor (MD), signs and symptoms of malnutrition, including significant weight loss. - The resident is at risk for dehydration or potential fluid deficit related to diuretic use. Staff are expected to monitor/record/report to the MD, signs and symptoms of dehydration, including recent/sudden weight loss. Review of Resident #28's medical record showed: - On 11/04/24, Resident #28 weighed 173.1 lbs. - On 11/20/24, he/she weighed 142.0 lbs. This calculated to a loss of 31.1 lbs., or 18% in 16 days. - On 11/24/24, Resident #28 weighed 136.2 lbs. This calculated to a loss of another 5.8 lbs., or 4.1% in four days. - On 11/25/24, Resident #28 weighed 139.0 lbs. - On 12/02/24, Resident #28 weighed 138.6 lbs. - On 12/09/24, Resident #28 weighed 137.6 lbs. - In total, Resident #28 lost 35.5 lbs. between 11/04/24 and 12/09/24, or 20.5% in 35 days. - The percentage of weight lost was calculated by the facility's electronic medical record program and the resulting calculation was visible to staff reviewing the resident's weights. - No documentation of notification made to Resident #28's Primary Care Provider related to significant weight loss. - No documentation of notification made to the RD related to specific request for individualized recommendations. 2. Review of Resident #295's Care Plan, revised 12/04/24 showed: - The Resident had a diagnosis of Diabetes and staff are expected to monitor for signs and symptoms of hyperglycemia (elevated blood sugar), one of which is weight loss. - He/She has a potential for nutritional problems related to immobility due to fractures/pain. Staff are expected to monitor/report to the doctor (MD) as needed, signs and symptoms of malnutrition, including significant weight loss. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Is taking two antidepressant medications, Venlafaxine and Mirtazapine. Staff are expected to monitor/document/report to the MD, signs and symptoms of on going depression unaltered by the prescribed medications, which include changes in weight. Review of Resident #295's December Physician Orders showed: - Order Date: 12/04/24, Monitor for side effects, adverse reactions, and behaviors related to antidepressants, anxiolytics (anti-anxiety medications), hypnotic (sleeping medication), and psychotropic medications (medications used for some mental health conditions). Notify Practitioner of and chart any adverse reaction, side effect, or behavior. - Order Date: 12/04/24, Weigh weekly on Monday, change to daily if Congestive Heart Failure (CHF), new diuretic, etc. Notify provider for loss or gain five lbs. or more in seven days. Every day shift every Monday. Review of Resident #295's medical record showed: - On 12/04/24, Resident #295 weighed 188.0 lbs. - On 12/04/24, a Nutritional Assessment was completed on Resident #295. In this assessment staff documented that Resident #295 was at risk for malnutrition. - On 12/05/24, a second Nutritional Assessment was completed on Resident #295. Again, staff documented that the resident was at risk for malnutrition. - On 12/09/24, Resident #295 weighed 176.2 lbs. This calculated to a loss of 11.8 lbs., or 6.2% in five days. - On 12/10/24, a third Nutritional Assessment was completed on Resident #295. In this assessment staff documented that they did not know if the Resident had any weight loss in the last three months and left the assessment incomplete, failing to document a completed nutritional status on the resident. - The percentage of weight gained and lost was calculated by the facility's electronic medical record program and the resulting calculation was visible to staff reviewing the resident's weights. - No documentation of notification made to Resident #295's Primary Care Provider related to significant weight loss. - No documentation of notification made to the RD related to specific request for individualized recommendations. 3. Review of Resident #244's undated Care Plan showed: - The resident is receiving the antidepressant medication duloxetine relating to depression. Staff are expected to monitor/document/report to the doctor (MD), signs and symptoms of depression unaltered by the prescribed medication, one of which is changes in weight. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- The resident is at risk for psychosocial well-being problems related to social isolation. Staff are expected to monitor/document/report to the MD, signs and symptoms of depression. - The resident is at risk for nutritional problems related to impaired mobility and risk for malnutrition. Staff are expected to monitor/document/report to the MD, signs and symptoms of malnutrition, including significant weight loss. Review of Resident #244's medical record showed: - On 11/12/24, Resident #244 weighed 146.0 lbs. - On 11/20/24, Resident #244 weighed 139.1 lbs. This calculated to a loss of 6.9 lbs., or 4.7% in seven days. - On 11/27/24, Resident #244 weighed 140.0 lbs. - On 11/27/24, a Nutritional Assessment was completed on Resident #244. In this assessment staff documented that Resident #244 had a normal nutritional status, with no weight loss during the last three months. - On 11/28/24, a Comprehensive Nutritional Assessment was completed on Resident #244. In this assessment staff documented that Resident #244's weight history was not applicable, the resident had no weight change, and that the RD had no recommendations at this time. - On 12/02/24, Resident #244 weighed 146.2 lbs. This calculated to a gain of 6.2 lbs., or 4.4% in five days. - The percentage of weight gained and lost was calculated by the facility's electronic medical record program and the resulting calculation was visible to staff reviewing the resident's weights. - No documentation notification was made to Resident #18's Primary Care Provider related to significant weight fluctuations. - No documentation notification was made to the RD related to specific request for individualized recommendations. 4. Review of Resident #294's undated Care Plan showed: - Resident had potential for nutritional problem related to impaired balance and mobility. Staff are expected to monitor/record/report to the doctor (MD), signs and symptoms of malnutrition including significant weight loss. - Resident had potential for fluid deficit related to diuretic (a medication used to flush fluids from the body) use. Staff are expected to monitor/record/report to the MD, signs and symptoms of dehydration including recent/sudden weight loss. - Resident had a diagnosis of Diabetes and staff are expected to monitor for signs and symptoms of hyperglycemia (elevated blood sugar), one of which is weight loss. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of December Physician Orders showed: - Start Date: 12/07/24 Torsemide Oral Tablet 20 milligrams (mg) Give one tablet by mouth every 24 hours as needed for diuretic related to unspecified diastolic congestive heart failure (a chronic condition that causes the heart to pump blood less effectively than it used to) administer an additional 20 mg for weight gain of two-three lbs. in one day or five lbs. in one week. - Start Date: 12/07/24 Torsemide Oral Tablet 20 mg Give one tablet by mouth in the morning related to unspecified diastolic congestive heart failure. Review of December's Medication Administration record showed: - The resident was not administered any as needed doses of Torsemide for weight gain between 12/01/24 to 12/13/24 - On 12/08/24 a one time only dose of Torsemide 20 mg was administered to the resident for shortness of air (SOA)/congestion. Review of the medical record showed: - On 12/06/24, Resident #294 weighed 211.4 lbs. - On 12/08/24, Resident #294 weighed 208.4 lbs. This calculated to a loss of 3.0 lbs. in two days. - On 12/10/24, Resident #294 weighed 200.2 lbs. This calculated to a loss of 8.2 lbs., or 3.9% in two days. - In total, Resident #294 lost 11.2 lbs., or 5.29% in four days. - The percentage of weight loss was calculated by the facility's electronic medical record program and the resulting calculation was visible to staff reviewing the resident's weights. - No documentation notification was made to Resident #294's Primary Care Provider related to significant weight loss. - No documentation the provider was made aware of the resident's 3.0 lbs. weight loss prior to administration of the ordered onetime only dose of Torsemide. - No documentation notification was made to the RD related to specific request for individualized recommendations. During an interview on 12/11/24 at 8:25 A.M., LPN C said: - Residents are weighed before breakfast. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- If a resident has to be weighed in their wheelchairs, the weight of the wheelchair and whether or not the wheelchair should have the peddles on or off while weight is being obtained, is written on the back of the wheelchair. The weight of the wheelchair is then subtracted from the total weight obtained with the resident in the wheelchair on the scale. -Scales are checked and calibrated regularly but he/she's not sure by whom. He/She thinks it's done by an outside company. -He/She is unaware of any residents currently on the floor with weight loss or weight gain concerns. -If a resident gains or loses three lbs. in 24 hours or five lbs. in one week, staff is supposed to call the doctor. -If staff contacts the doctor it is charted in PCC (the facility's electronic medical record program) -Residents taking diuretics are supposed to be weighed daily. During an interview on 12/11/24 at 9:12 A.M., Speech Language Pathologist A said: -Speech works with the facility's nutritionist and follows the resident's weight. -He/She is not aware of any residents with a weight gain or weight loss concerns. During an interview on 12/11/24 at 8:44 A.M., Maintenance Technician said: -The Maintenance department checks and calibrates scales annually. -Scale checks and calibrations are documented in the maintenance log/compliance book. -He/She doesn't know when scales were last calibrated. During an interview on 12/13/24 at 7:52 A.M. DM A said: -Nutritional Assessments are completed by him/her or another dietary manager. -Comprehensive Nutritional Assessments are completed by the RD. -He/She isn't sure if nutritional assessments are reviewed by nurses or doctors. During an interview on 12/13/24 at 10:52 A.M. the DON said: -There are two Dietary Managers employed with the facility and each of them has a food manager's certification. -Dietary Manager Assessments are completed by the Registered Dietician (RD). (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Nutritional Assessments are reviewed by nurses during risk meetings. -If a resident's nutritional assessments or weight shows a decline over time, it would be expected that the dietician and a dietary manager would discuss different processes to be put in place. -Both CNAs and Nurses weigh residents. -Scales are checked and calibrated quarterly. -A total of three pounds gained or lost in one day or five pounds gained or lost in one week would require a call to the Provider. -When a resident is identified as having a significant weight gain or loss they are discussed each week. -An order for a diuretic would not change the parameters laid out in the facility's policy for what would be considered significant weight gain or loss and if those parameters are met, it is expected that staff would contact the provider. During an interview on 12/13/24 at 10:52 A.M. the Administrator said: -Dietary Managers are expected to complete Nutritional Assessments and the RD is expected to complete Comprehensive Nutritional Assessments weekly. -Nutritional Assessments are expected to be completed with 24-48 hours after admission. -Scales are checked and calibrated by an outside company. -Wheelchairs are expected to be weighed each time residents requiring wheelchairs are weighed.

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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** 46706 Based on observation, interview, 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 did not provide complete perineal care which affected four of 12 sampled residents, (Resident #18, #27, #22 and #14). The facility census was 40. Review of the facility's undated Perineal Care Protocol Policy showed: -Perineal care is very important in maintaining the resident's comfort and should be completed after each incontinent episode; -Provide privacy; -Perform hand hygiene; -Separate all skin folds and cleanse all perineal areas; -Turn resident to the side and wash perineal area buttocks cleaning all areas; -Reposition the resident; -Perform hand hygiene. Review of the facility's undated policy for indwelling catheter protocol, showed: - Procedure for care of an indwelling urinary catheter: - Clean the perineal area and catheter tubing proximal to distal, with warm, soapy water or a disposable cleansing wipe followed by rinsing the area twice daily and after every bowel movement; - Retract the skin fold and the area washed thoroughly, rinse well and replace the skin fold 1. Review of Resident #18's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 11/26/24, showed: - Severe cognitive impairment; - Dependent on staff for activities of daily living (ADLs); - Frequently incontinent of bowel and bladder; - Diagnoses included: Alzheimer's disease, aphasia (disorder that makes it difficult to communicate), and high blood pressure. A review of the resident's care plan dated 12/2/24 showed: (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- The resident has an ADL self care performance deficit related to limited mobility; -The resident is dependent on staff for personal hygiene and toileting. Observation on 12/12/24 at 08:37 A.M., showed: -The resident in bed; - Certified Nurses Aide (CNA) A and CNA D removed the resident's brief; - CNA A washed hands and applied clean gloves and used one wipe to clean under the resident's abdominal fold; -CNA A used one wipe to clean down the left groin and a different wipe to clean down right groin; -CNA A used a wipe and wiped down the front of the resident and did not spread the skin and clean all areas that urine or feces had touched; -CNA A and CNA D turned the resident on his/her side and CNA D used a wipe and cleaned the back of the resident; -CNA D did not clean all areas that urine or feces had touched; -CNA A and CNA D washed hands and applied clean gloves and placed a clean brief on the resident; -CNA A and CNA D failed to provide complete perineal care to the resident when they did not spread the skin and clean all areas that urine or feces had touched. During an interview on 12/12/24 at 9:05 A.M., CNA A said: -A different wipe should be used for each cleansing motion when doing peri care; -All areas that urine or feces have touched need to be cleaned; -Staff should spread and clean all areas and skin folds that urine or feces have touched. During an interview on 12/12/24 at 9:09 A.M., CNA D said: -One wipe one swipe is how peri care should be completed; -Staff should spread the skin to clean the front and make sure they clean all areas of the back that urine or feces came in contact with. 2. Review of Resident #27's Quarterly MDS, dated [DATE], showed: - Severe cognitive impairment; - Substantial assistance from staff for ADLs; (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Always incontinent of bowel and bladder; - Diagnoses included: Alzheimer's disease, depression and anxiety. A review of the resident's care plan dated 11/22/24 showed: -The resident requires extensive assistance with ADLs; -The resident has bladder incontinence related to Alzheimer's disease. Observation on 12/12/24 at 10:45 A.M., showed: - Registered Nurse (RN) A and CNA F transferred the resident to the toilet and removed the resident's brief; - CNA F washed hands and applied clean gloves and cleaned the backside of the resident; - CNA F washed hands and applied clean gloves and cleaned under the resident's abdominal fold and left and right groin, using a new wipe for each cleansing; -CNA F cleaned the front of the resident and did not spread the skin and clean all the areas that urine or feces had touched; - CNA F and RN A washed hands and applied clean gloves and put a clean brief on the resident; -CNA F did not provide complete perineal care to the resident when he/she did not spread the skin and clean all areas that urine or feces had touched. During an interview on 12/12/24 at 10:52 A.M., CNA F said staff should spread and clean all areas and skin folds that urine or feces have touched. During an interview on 12/12/24 at 10:59 A.M., RN A said: - A new wipe should be used each time staff clean; - Staff should spread and clean all areas and skin folds that urine or feces have touched. During an interview on 12/13/24 at 10:52 A.M. the Director of Nursing (DON) said: -He/she expects staff to separate skin folds and cleanse all areas that urine or feces have touched; -Staff should not use the same area of the wipe to clean different areas of the skin; -He/she expects staff to use one wipe per one swipe. During an interview on 12/13/24 at 10:52 A.M. the Administrator concurred with the DON. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	31102 3.Review of Resident' #22's Quarterly MDS, dated [DATE] showed:- Long and short term memory problems; - Lower extremities impaired on both sides; - Dependent on the assistance of staff for toilet use, showers, dressing, personal hygiene and transfers; - Had a urinary catheter (sterile tube inserted into the bladder to drain urine); - Always incontinent of bowel; - Diagnoses included obstructive uropathy (a condition in which the flow of urine is blocked), Parkinson's disease (a disorder of the central nervous system that affects movement, often including tremors), progressive neurological disorder (condition where there is a progressive deterioration in functioning), Alzheimer's disease (a brain disorder that slowly destroys memory and thinking skills, and eventually, the ability to carry out the simplest tasks) and dementia (inability to think). Review of the resident's care plan, revised 10/22/24 showed: - The resident required enhanced barrier precaution (EBP, gown and glove use during high-contact resident care activities for residents known to be colonized or infected with MDRO, multi-drug resistant organisms, resistant to one or more classes of antibiotics), as well as those at increased risk of MDRO acquisition). [NAME] and doff gloves and gowns during high-contact cares. Perform proper hand hygiene. Use biohazard trash receptacles for disposal of EBP refuse; - The resident is on antibiotic therapy related to a urinary tract infection (UTI, an infection in any part of the urinary system). Administer medication as ordered; - The resident has an indwelling catheter related to obstructive uropathy. Provide catheter care as needed; - The resident required extensive assistance with activities of daily living (ADL). Extensive assistance of one staff for dressing. Extensive assistance of two staff for toilet use. Dependent on the assistance of two staff for transfers; - The resident is at risk for bladder incontinence related to Alzheimer's disease. The resident used disposable briefs and staff should change as needed. Check the resident every two hours and as required for incontinent care. Review of the resident's urinalysis (UA, a test to analyze urine contents), dated 11/29/24, showed the presence of bacteria indicative of a possible urinary tract infection (UTI). Review of the resident's urine culture and sensitivity (UA with C & S, identifies the amount and type of bacteria present and the medications appropriate to treat the infection), dated 12/2/24, showed the presence of organisms indicative of a possible UTI. (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 the resident's medication administration record, (MAR) dated December 2024, showed an order for Cefdinir dated 12/2/2024 for 300 milligrams (mg) one capsule twice daily for seven days for UTI. Observation on 12/12/24 at 7:09 A.M., showed: - CNA E entered the res room, did not don a gown or wash his/her hands and applied gloves; - LPN A entered the resident's room with the mechanical lift, did not don a gown or wash his/her hands and applied gloves; - CNA E unfastened the resident's brief; - CNA E did not anchor the catheter tubing and used the same area of the wipe and wiped down the catheter tubing; - CNA E did not separate and clean all the skin folds; - CNA E and LPN A turned the resident on his/her side; - CNA E cleaned the buttocks and applied a house barrier cream to the resident's buttocks and placed a clean incontinent brief under him/her; - CNA E removed his/her gloves, did not wash his/her hands and applied gloves; - LPN A And CNA E turned the resident side to side and removed the wet incontinent brief and placed a clean incontinent brief under him/her; - LPN A removed his/her gloves and did not wash his/her hands; - CNA E removed gloves, did not wash his/her hands and applied gloves; - CNA E placed the graduate (a graduated cylinder or container used to collect and measure urine) in a gray basin, unclamped the drainage bag and emptied 250 milliliters (mls.) of urine into the toilet; - CNA E did not clean the port before or after emptying the urine; - CNA E removed gloves and did not wash his/her hands; - CNA E and LPN A used the mechanical lift and transferred the resident from his/her bed to the broda chair (a type of reclining geri-chair); - CNA E washed the resident's face and hands and combed his/her hair; - CNA E did not offer or provide oral care; - LPN A and CNA E washed their hands. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/12/24 at 2:39 P.M., CNA E said: - The catheter tubing should be anchored close to the insertion cite; - The port of the drainage bag should be cleaned with an alcohol wipe; - Should separate and clean all areas of the skin folds; - Should not use the same area of the wipe to clean different areas of the skin; - Should wear a gown and gloves with a resident who had a wound or a catheter; - If you can't wash your hands, should sanitize when you enter the resident's room and between glove changes. Should wash your hands before you leave the room. During an interview on 12/12/24 at 2:57 P.M., LPN A said: - Should separate and clean all areas of the skin where urine or feces had touched; - Should not use the same area of the wipe to clean different areas of the skin; - Should sanitize your hands when you enter the resident's room. Wash your hands after you're done with cares. He/she thought you should wash your hands after sanitizing your hands. Should wash your hands or sanitize between glove changes and before you leave the room. During an interview on 12/13/24 at 10:52 A.M., the DON said: - When staff get the resident up in the morning, the staff should brush the resident's teeth or offer oral care, make sure their hair is brushed or combed, offer hearing aides; - Staff should separate and clean all the skin folds and staff should not use the same area of the wipe to clean different areas of the skin. 47195 51626 4. Review of Resident #14's undated Care Plan showed: -Staff were expected to maintain the resident's dignity at the highest level. -The resident required extensive assistance with activities of daily living (ADLs). -The resident required one - two staff members assistance with toileting. -Resident had bladder and bowel incontinence related to dementia, parkinson's disease, and impaired mobility and wore disposable briefs. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McCrite Plaza at Briarcliff Skilled Facility	1301 Tullison Rd Kansas City, MO 64116

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Staff were expected to check and change the resident every two hours. -Staff were expected to wash and dry the resident's perineal area with each incontinent episode. Observation of Resident #14's peri care performed by CMT B and CNA A on 12/11/24 at 10:31 A.M. showed: -After removing the resident's soiled brief, staff used a wet wipe to clean a across the resident's pubic bone and down the center of the genitals. Staff failed to clean the skin folds on either side of the genitals. -After running out of gloves, CNA A left the room to get more. -While cleaning the resident's bottom, CNA A's gloves became soiled with fecal matter along the outer side of his/her left pinky finger. CNA A failed to remove the soiled gloves and/or complete hand hygiene. During an interview on 12/13/24 at 10:52 A.M., the Administrator and the Director of Nursing (DON) both agreed and said: -Staff are expected to separate and clean skin folds during peri care. -Staff are expected to complete hand hygiene before and after all resident cares.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 47195 Based on observation, interview, and record review the facility failed to ensure staff provided quality of care and treatment in accordance with professional standards of practice when staff failed to reposition one resident and additionally failed to follow physician's orders for this resident to be laid down after lunch (Resident #14's). This affected one resident out of twelve sampled residents. The facility census was 40. Review of facility policy, Safe Lift, Transfer, and Repositioning Policy, undated, showed: -Transfer and mobility assistance as well as other resident handling and movement tasks will be carried out in accordance with comprehensive nursing and therapy assessments, the Minimum Data Set (MDS) (a federally mandated assessment tool completed by facility staff) and individualized comprehensive care plan, and written instructions pertaining to each individual resident; -Lifting, transferring, or repositioning assistance will be provided in accordance with the resident's care plan absent emergencies or exceptional circumstances. 1. Review of Resident #14's Annual MDS dated , 10/17/24, showed: -He/She was severely cognitively impaired; -He/She was dependent on a wheelchair; -He/She required substantial/maximal assistance with personal hygiene, shower/bathing, upper body dressing, rolling to left and right mobility, sit to lying, lying to sitting, sit to stand, chair to bed transfer, toilet transfer, and tub/shower transfers; -He/She was at risk of development of pressure ulcers; -He/She used a pressure reducing device in chair and his/her bed; -Care areas triggered included pressure ulcers; -Diagnosis included dementia (a condition that causes decline in mental functioning such as ability to think, remember, and reason), Parkinson's disease (a progressive neurological disorder that causes nerve cells in the brain to die leading to movement problems), anxiety, depression, restless leg syndrome (a condition that caused an uncontrollable urge to move legs), muscle weakness, difficulty in walking, and cognitive deficit (a general term for impairments that affect a person's ability to think, learn, remember, and make decisions). Review of care plan, revised 11/7/24, showed: -Transfer: extensive assistance from two staff for transfers with gait belt to wheelchair; may use mechanical lift due to recent decline; (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Check him/her every two hours as required for incontinence. -Check and change every two hours and as needed. -He/She had potential for pressure ulcer development due to immobility, dementia, and Parkinson's disease; Review of physician's orders, dated 12/10/24, showed an order with a start date of 5/12/24 directing staff to lay the resident down after lunch to off load buttocks in the afternoon for skin integrity. Review of nurses medication administration record (MAR), dated 12/11/24, showed: -Start date 5/12/24, lay resident down after lunch to off load buttocks in the afternoon for skin integrity. -Completed 12/1, 12/2, 12/3, 12/4, 12/5, 12/6, 12/7, 12/8, 12/9, 12/10; Observation on 12/10/24 at 10:00 A.M. showed resident was sitting up in his/her wheelchair. Observation on 12/10/24 at 12:22 P.M. showed resident taken to his/her room. He/She was not laid down and remained up in wheelchair chair watching television in his/her room. Observation on 12/10/24 at 2:03 P.M. showed resident remained up in his/her wheelchair. During an interview on 12/10/24 at 2:18 P.M, Resident's representative said: -He/She had a sore on his/her bottom; -Resident had become stiff so facility started using a lift to transfer him/her; -The facility staff now placed resident in a reclining wheelchair chair. Observation on 12/11/24 at 7:25 A.M. showed resident was up in his/her wheelchair sitting out in the living room. Observation on 12/11/24 at 8:16 A.M. showed resident completed breakfast and was back in living room sitting in his/her wheelchair. Observation on 12/11/24 at 10:05 A.M. showed resident remained in his/her wheelchair chair sitting in living room. During an interview on 12/11/24 at 10:25 A.M., Certified Nurses Aide (CNA) A said Resident #14 had not been laid down since prior to going to breakfast; Observation showed on 12/11/24 at 10:34 A.M. CNA A took resident in his/her room to be laid down and provided incontinent care. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a continuous observation on 12/12/24 from 7:01 A.M.-11:34 A.M. showed: -7:01 A.M., Resident up in his/her wheelchair leaning at 45 degree angle sitting in living room next to medication cart. -8:43 A.M., Resident back in living room from going to dining room for breakfast, remained in wheelchair. He/She was sat in hallway next to nurses station in living room area. -9:16 A.M., Resident wheeled to his/her room by Certified Medication Technician (CMT) A for medications, resident remained in his/her wheelchair chair -9:23 A.M., Resident remained in his/her wheelchair in his/her bedroom; -9:25 A.M., CMT A exited resident's bedroom -10:30 A.M. Resident remained in his/her wheelchair; -10:52 A.M., Resident remained in his/her wheelchair; -11:10 A.M., Hospice Registered Nurse (RN) arrived to facility to see resident, resident remained in his/her chair during hospice assessment and visit; -11:34 A.M., Hospice RN wheeled resident to dining room for lunch; -Staff did not provide incontinent cares or repositioned the reisdent from his/her wheelchair for three hours and thirty-three minutes. During an interview on 12/13/24 at 7:36 A.M., Certified Medication Technician B said: -He/She would expect residents to be repositioned every two hours; -He/She expected residents in a wheelchair to be also be repositioned every two hours; -He/She expected residents to be provided incontinent care and checked every two hours; During an interview on 12/13/24 at 7:46 A.M., Licensed Practical Nurse (LPN) B said: -He/She expected a resident to be repositioned every two hours or more frequently depending on resident specific surgical needs ; -He/She expected Resident #14 to be repositioned every two hours, but if he/she is sore he/she would expect resident to be repositioned more frequently. During an interview on 12/13/24 at 7:51 A.M., CNA B said: -He/She expected residents to be repositioned every two hours and more frequently for residents who may be on Lasix (A diuretic that removes fluid from the body) when he/she would provide cares more frequently such as hourly; (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Resident #A should be laid down after every meal and repositioned every hour to alleviate pressure and prevent him/her from developing open wounds; -He/She would not expect Resident #14 to be up in the chair for four and 1/2 hours without being repositioned. During an interview on 12/13/24 at 8:18 A.M., Director of Nursing (DON) said: -He/she expected residents to be repositioned every two hours; -He/She expected Resident #14 to be repositioned; -Resident #14 helped by moving around a lot; -Resident #14 moved around a lot in his/her chair; -Staff often reposition Resident #14 when they move him/her from room to room; During an interview on 12/13/24 at 10:52 A.M., Administrator said: -He/She expected residents to be repositioned every two hours and as needed; -Some residents can reposition themselves and they will tell us when they are fine and not in need of repositioning; -When resident is not able to reposition themselves we do encourage every two hours turning or repositioning.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 46706 Based on observation, interview, and record review, the facility failed to ensure staff used proper techniques when transferring four of the 12 sampled residents, (Resident #18, #27, #28, and #14) during the use of a mechanical lift, and additionally during the use of a gait belt transfer for resident #28. The facility census was 40. Review of the facility's undated Use of Transfer Gait Belt policy showed: - Gait belts will be used when transferring residents who are partially dependent and have some weight bearing capacity; - Explain the procedure to the resident and place the gate belt around the resident's waist; - Ensure the belt is securely fastened and cannot be easily undone; - Staff members need to position one hand on either side of the gate belt with underhand grip and assist the resident forward. Review of the facility's undated Transfer and Repositioning policy showed: - It is the policy of the facility to provide safe and appropriate transfers of residents as to prevent injuries; -All personnel are responsible for implementing this policy; -Resident handling and movement tasks will be carried out in accordance with comprehensive nursing and the individualized care plans; -Lifting equipment will be operated in accordance with manufactures instructions; -Mechanical devices require two staff at all times. Review of the manufactures instructions for the sit to stand mechanical lift dated 2/16/16, showed: -Transfer from the wheel chair: -Push mechanical lift toward the resident; -Open the base of the lift to go around the chair; -Apply the brakes in both rear castors; -Position the resident; (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Release the brakes, close the legs of the lift and transfer resident; -Reverse the above procedure when lowering the resident to bed or chair. Review of the undated manufacturer's guidelines for the mechanical lift showed: - Do not lift a resident with the caster brakes on. Always let the lift find the correct center of gravity; - Never perform a lift/transfer with the legs in the closed /transport position (front casters touching); - When lifting, the casters should be left free and un-braked, so that the lift will then be able to move to the center of gravity of the lift. Do not apply the brakes unless parking the lift. 1. Review of Resident #18's Quarterly Minimum Data Set (MDS), A federally mandated assessment instrument completed by facility staff, dated 11/26/24, showed: - Severe cognitive impairment; - Dependent on staff for activities of daily living (ADLs); - Diagnoses included Alzheimer's disease, aphasia (disorder that makes it difficult to communicate), and high blood pressure. A review of the resident's care plan dated 12/2/24 showed: - The resident has an ADL self care performance deficit related to limited mobility; - The resident is dependent on staff for transfers; -The resident is dependent on staff for personal hygiene and toileting. Observation on 12/12/24 at 08:37 A.M., showed: -The resident was in bed; -Certified Nurses Aide (CNA) A brought the mechanical lift into the resident's room; -CNA A pushed the lift to the resident's bed; -The legs of the lift were not spread and the breaks remained unlocked; -CNA A and CNA D hooked the resident up to the sling pad; -CNA A used the control and raised the resident off the bed; (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-CNA D left the resident and went into the bathroom while CNA A was at the head of the lift opposite the resident; -The resident was suspended in the lift with no staff stabilizing him/her; -The resident was swinging back and forth in the lift; -The staff failed to safely stabilize the resident while he/she was suspended in the lift. During an interview on 12/12/24 at 9:05 A.M., CNA A said: -There should be two nursing staff using the lift at all times; -One staff member operates the controls of the lift and the other stabilizes the resident as they are raised by the lift and while being transferred. -He/She should have stabilized the resident the entire time the resident was up in the lift. During an interview on 12/12/24 at 9:09 A.M., CNA D said: -It takes two staff to use the mechanical lift lift; -One staff runs the control and one staff stabilizes the resident; -He/she should not have left the resident unsupported in the lift. During an interview on 12/12/24 at, 10:43 A.M., Licensed Practical Nurse (LPN) A said when a resident is suspended in the mechanical lift, staff should be stabilizing the resident by guiding the resident in the sling along with the lift. 2. Review of Resident #27's Quarterly MDS, dated [DATE], showed: - Severe cognitive impairment; - Substantial assistance from staff for mobility and transfers - Diagnoses included: Alzheimer's disease, depression and anxiety. Review of the resident's care plan dated 11/22/24 showed: -The resident requires extensive assistance with ADLs; - The resident requires extensive assistance with transfers; -The resident has bladder incontinence related to Alzheimer's disease. Observation on 12/12/24 at 10:45 A.M., showed: (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The resident was in his/her room in a wheelchair; -CNA F locked both brakes of the resident's wheel chair; -CNA F brought the sit-to-stand mechanical lift into the resident's room; -CNA F spread the legs of the lift around the resident's wheel chair and locked the brake of the left rear [NAME]; -The right rear [NAME] remained unlocked; -Registered Nurse (RN) A and CNA F hooked the resident up to the lift pad; -CNA F raised the resident up in the lift and unlocked the left rear [NAME]; -CNA F and RN A transferred the resident to the bathroom; -RN A locked the right rear [NAME] on the lift; -The left rear [NAME] remained unlocked; -RN A lowered the resident to the toilet; -CNA F provided peri care; -CNA F and RN A hooked the resident back up to the lift; -RN A unlocked the right rear [NAME]; -The resident was moved back to the living room to his/her wheel chair; -RN A spread the legs of the lift and lowered the resident to the wheel chair; -RN A left both brakes of the rear castors unlocked while lowering the resident to the wheel chair; -CNA F and RN A unhooked the resident from the lift pad. During an interview on 12/12/24 at 10:52 A.M., CNA F said: -The only time time the brakes are to be locked is when the lift is parked; -He/she did not realize he/she only left one of the rear brakes unlocked; -Staff should leave the brakes of the lift unlocked while raising or lowering the resident. During an interview on 12/12/24 at 10:59 A.M., RN A said: -The brakes should be locked on the lift when raising or lowering a resident; (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/she did not realized he/she had only locked one break on the lift. 3. Review of Resident #28's Quarterly MDS dated [DATE], showed: - Moderate cognitive impairment. - Required substantial assistance from staff with dressing and toileting; - Diagnoses included Parkinson 's Disease (a chronic brain disorder that causes movement problems, mental health issues, and other health concerns), high blood pressure, anxiety and depression. Review of the resident's care plan dated 9/20/24 showed: - The resident requires extensive ADL assistance; - The resident is at risk for falls related to Parkinson 's Disease. Observation on 12/13/24 at 8:45 A.M., showed: -The resident was in his/room setting in a wheelchair; -CNA C locked the wheelchair and placed the gait belt around the resident's waist; -CMT D and CNA A stood on each side of the wheelchair; -CNA C grabbed the front of the gait belt with his/her left hand and hooked his/her right arm under the residents left arm; -CMT D grabbed the front of the gait belt with his/her right hand and hooked his/her left arm under the residents right arm; -CNA A and CMT D lifted the resident and transferred him/her to the bed; -CNA A and CMT D failed to do a safe gait belt transfer when they hooked their arms under the resident's arms instead of grabbing the back of the residents gait belt. During an interview on 12/13/24 at 9:32 A.M., CMT D said he/she should have grabbed the back of the resident's gait belt instead of hooking the resident under his/her arm during the transfer. During an interview on 12/13/24 at 9:40 A.M., CNA C said he/she should have grabbed the back of the resident's gait belt instead of hooking the reisdent under his/her arm during the transfer. During an interview on 12/13/24 9:53 A.M., LPN A said: - The gate belt should be placed around the resident's waist; - Staff should grab the gait belt and not the resident when doing a gait belt transfer; (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Staff should never grab or put their arm under the resident's shoulder to transfer. During an interview on 12/13/24 at 10:52 A.M. the Director of Nursing (DON) said: -He/she expects staff to have two hands on the gait belt; -No staff should be lifting underneath the arms of the resident; -He/she expects the manufactures guidelines to be followed when using a mechanical lift; -He/she expects the brakes to be unlocked while a resident is in the lift; -He/she would expect staff to ensure they are stabilizing the resident who is up in the lift. During an interview on 12/13/24 at 10:52 A.M. the Administrator concurred with the DON. 47195 51626 4. Review of Resident #14's Medical Record showed: -Resident required extensive assistance from two staff members with all transfers. Staff are to use the mechanical lift for transfers due to the resident's recent decline. -The resident is receiving hospice services due to end-stage Parkinson's disease (a disorder of the nervous system that affects movement and worsens over time). -The resident's diagnoses include Unspecified Dementia (a general term for loss of memory, language, problem-solving, and other thinking abilities that interfere with daily life) Generalized Muscle Weakness -The resident is at risk for falls due to deconditioning, It is the goal of the resident/resident's representative and the facility, that the resident remains free of falls. Observation on 12/11/24 at 10:31 A.M. showed: -Mechanical lift transfer of Resident #14 from his/her wheelchair chair to the bed, performed by CMT B and CNA A. The residents bottom was hanging partially over the edge of the sling 's edge and the top edge of the sling was well above the resident's head, forcing his/her chin against his/her chest. This improper sling placement left the resident vulnerable to falling from the sling while in the air. -Staff did not correctly position the resident in the sling prior to raising the sling with the mechanical lift. The resident's arms dangled from either side of the sling, leaving the resident vulnerable to potential impact injury during transfer. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview following the transfer on 12/11/24 at 10:31 A.M., CNA A said he/she realized the resident was improperly placed in the sling but they had already begun moving the mechanical lift to the bed and he/she thought it was just better to get him/her there quick. During an interview on 12/13/24 at 10:52 A.M., the Director of Nursing (DON) and Administrator agreed: -Staff are expected to follow manufacturer guidelines when using mechanical lifts. -When staff use a mechanical lift to lift a resident in a sling, the staff are expected to position the resident correctly in the sling and keep the resident stable during the transfer.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50980 Based on observation, interview and record review, the facility failed to ensure staff provided proper respiratory care when staff failed to date when oxygen tubing and water humidification bottles were exchanged out, and oxygen filters where changed (Resident #244, #28 and #11). This affected three of the 12 sampled residents. The facility census was 40. Review of the facility's Cleaning and Infection Control of Non-Critical, Reusable Resident Care Equipment policy, undated, showed: - Non-Critical Equipment are those items that either touch only intact skin but not mucous membranes or do not directly touch the elder; - Reusable Equipment is a device designed and tested by the manufacturer, that is suitable for reprocessing prior to use on a elder; - All equipment must be cleaned immediately if visibly soiled; Review of the facility's Oxygen Administration policy, undated, showed: - Oxygen concentrators, cylinders and equipment will be kept and maintained in such a way as to be compliant with all relevant health and safety guidelines; - Every shift check and clean oxygen equipment, masks, tubing and canulas; Procedures: - Display warning signs; Care and use of oxygen concentrators: - This equipment is supplied and maintained by the Durable Medical Equipment provider of the facility; - No cleaning or documentation requirements were listed in the policy for this specific equipment; 1. Review of Resident #244's Admission Minimum Data Set (MDS, a federally mandated assessment completed by the facility staff), dated 11/18/24, showed: - Cognitive skills moderately impaired; - Supervision for toileting, upper/lower body dressing, footwear, personal hygiene, and transfers; (continued on next page)

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Diagnosis: Chronic Lung Disease, Cancer, Anemia (blood disorder), Atrial fibrillation (heart condition), Coronary artery disease (heart disease), Deep venous thrombosis (deep vein blood clots), Hypertension (high blood pressure), Cirrhosis (liver disease), Ulcerative Colitis (inflammatory bowel disease): Review of the resident's care plan, revised 11/29/24, showed: - Resident has altered respiratory status/difficulty breathing, COPD (lung disease), emphysema, acute respiratory failure and asthma; - Oxygen per physician order 12/2/24 Review of the resident's POS, dated December 2024 showed the resident did not have an order for oxygen therapy. Observation on 12/11/24 at 7:45 A.M. showed: - There is no date to indicate the last time that the oxygen tubing was cleaned or changed; - The date next to the water canister on the oxygen concentrator reads 11/11/24 (greater than 30 days ago); During an interview on 12/11/24 at 7:45 A.M., the resident said: - While in the room they have not seen anyone clean or change out any of the oxygen equipment; - Resident uses the oxygen concentrator continuously and gets light headed when not in use; During an interview on 12/12/24 at 3:15 P.M., LPN B said the staff change out tubing and the humidifier canister on oxygen concentrators weekly and indicate the date on the tubing; 31102 2. Review of Resident #11's Quarterly MDS, dated [DATE] showed: - Cognitive skills severely impaired; - Substantial to maximal assist with showers, dressing, personal hygiene and transfers; - Always incontinent of bowel and bladder; - Diagnoses included cancer, congestive heart failure (accumulation of fluid in the lungs and other areas of the body) and dementia (inability to think). Review of the resident's care plan, revised 12/10/24 showed: (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- The resident had oxygen therapy related to shortness of air. If the resident is allowed to eat, oxygen still must be given to the resident but in a different manner (change from mask to nasal cannula). Return resident to usual oxygen delivery method after the meal; - The resident is at risk for altered respiratory status, difficulty breathing related to respiratory failure, recent pneumonia and heart failure. Provide oxygen as ordered. Review of the resident's POS, dated December 2024 showed the resident did not have an order for oxygen therapy. Observation 12/10/24 at 10:44 A.M., showed: - The resident did not have the nasal cannula in his/her nose; - The filters on both sides of the oxygen concentrator was covered in gray lint. Observation on 12/11/24 at 3:35 P.M., showed the filters on both sides of the oxygen concentrator were covered in gray lint. During an interview on 12/11/24 at 2:51 P.M., Registered Nurse (RN) A said he/she only worked one day a week and was not for sure how often staff were supposed to clean the oxygen filters or when it was supposed to be done. During an interview on 12/12/24 at 2:57 P.M., LPN A said: - He/she did not know there were filters on the oxygen concentrator; - He/she did not know how often the filters should be cleaned. 46706 3. Review of Resident #28's Quarterly MDS dated [DATE], showed: - Cognitive skills moderately impaired; - Diagnoses included Parkinson 's Disease (a chronic brain disorder that causes movement problems, mental health issues, and other health concerns), high blood pressure, anxiety and depression. Review of the resident's care plan dated 9/20/24 showed: - The resident requires extensive ADL assistance; - The resident is on oxygen therapy related to shortness of breath; - The resident is at risk for altered respiratory status and difficulty in breathing related to sleep apnea and pulmonary fibrosis (a chronic lung disease that causes scarring in the lungs, making it difficult to breathe); (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Monitor for signs and symptoms of respiratory distress. Review of the resident's POS dated 12/1/24 through 12/31/24 showed: -Order start date: 10/31/24 Change oxygen tubing weekly and as needed every night shift on Sunday; -The resident's POS did not address the cleaning of the oxygen filters. Review of the resident MAR dated 12/1/24 through 12/31/24 showed to change oxygen tubing weekly as needed every night shift on Sunday. Observation on 12/10/24 at 11:30 A.M. showed: -The resident's oxygen concentrator covered with dust; -The resident's oxygen concentrator filter caked in dust. Observation and interview on 12/11/24 at 3:08 P.M., showed: -The resident's oxygen concentrator covered with dust; -The resident's oxygen concentrator filter caked in dust; - CMT F said he/she is not sure who changes the filters on the oxygen filters; - CMT F said the oxygen concentrators should be clean and the filters should be clean. During an interview on 12/11/24 at 3:10 P.M., CMT E said: -He/she is not sure who is responsible for cleaning the oxygen filters; -Oxygen filters and the concentrator should be free from dust. During an interview on 12/13/24 at 10:52 A.M. the Director of Nursing (DON) said: -The oxygen filters should be changed weekly; -There are no logs to document that the filters have been changed.

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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 two medication errors out of 25 opportunities for error resulting in a medication error rate of eight percent which affected two of the 12 sampled residents (Resident #19 and #16). The facility census was 40. Review of the facility's undated policy for medication administration showed, all medications will be administered to every resident by a licensed nurse or a Certified Medication Technician (CMT) and as ordered by a physician in a safe and sanitary manner. The facility did not provide a policy for administration of eye drops. Review of the website, https://webmd.com, for refresh eye drops showed: - To avoid contamination, do not touch the dropper tip to the eye or 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 out one or two drops as needed; - 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 gentle pressure. This will prevent the medication from draining away from the eye. Review of manufacturer guidelines for Systane Ultra Ophthalmic Solution 0.4-0.3 % (used to treat dry eye), dated 2023 showed: -Tilt head back and look up; -Pull down lower eyelid and create pocket; -Administer drop into pocket of eyelid; -Apply gentle pressure to the inner corner of the eye for two minutes. 1. Review of Resident #19's Physician's Order Sheet (POS) dated December 2024 showed a start date of 8/11/24 for Refresh Ophthalmic solution 1.4-0.6%, instill one drop in both eyes every morning and at bed time for dry eyes. Review of the resident's medication administration record (MAR) dated December 2024 showed Refresh Ophthalmic solution 1.4-0.6%, instill one drop in both eyes every morning and at bed time for dry eyes. Observation on 12/12/24 at 7:50 A.M., showed: (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- CMT A washed his/her hands, applied gloves and cleaned the resident's eye lids, removed gloves and washed his/her hands and applied new gloves; - CMT A placed one drop in the resident's left and the tip of the eye dropper touched the resident's eye lid and eye lashes. CMT A applied lacrimal pressure (gentle pressure applied to the inner eye by the nose) for 20 seconds; - CMT A placed one drop in the resident's right eye and the tip of the eye dropper touched the resident's eye lid and eye lashes. CMT A applied lacrimal pressure for 25 seconds. During an interview on 12/12/24 at 9:00 A.M., CMT A said: - The tip of the eye dropper should not touch the resident's eye lid or eye lash; - Lacrimal pressure should be applied for one to two minutes. During an interview on 12/13/24 at 10:52 A.M., the Director of Nursing (DON) said: - The tip of the eye dropper should not touch the resident's eye lashes or eye lids; - Staff should apply lacrimal pressure for one minute. 46706 2. Review of Resident #16's POS, dated December 2024 showed a start date of 11/10/23 - Systane Ultra Ophthalmic Solution 0.4-0.3 %, give one drop in each eye every morning and at bed time for dry eye. Review of the resident's MAR, dated December 2024, showed Systane Ultra Ophthalmic Solution 0.4-0.3 %, give one drop in each eye every morning and at bed time for dry eye. Observation and interview on 12/12/24 at 6:59 A.M., showed: -CMT C administered one eye drop to the resident's left eye and wiped the resident's face with a tissue; -The tip of the applicator touched the resident's upper eye lashes; -CMT C administered one eye drop to the resident's right eye; -The tip of the applicator touched the resident's upper eye lashes; -CMT C did not apply pressure to the inner corner of the resident's left eye after administering the medication; -CMT C did not apply pressure to the inner corner of the resident's right eye after administering the medication; (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-CMT C said he/she should have applied pressure for two minutes to the inner corner of the resident's right eye and the resident's left eye after administering the medication; -CMT C said the dropper should not have touched any part of the resident's eye. During an interview on 12/13/24 10:43 AM LPN A said: -Staff should apply pressure for two minutes to the inner corner of the resident's eye after administering eye drops. -The dropper should not touch any part of the eye.

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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** 46706 Based on observation, interview and record review, the facility failed to store and label drugs and biological's in accordance with current accepted professional principles for three (Resident #12, #28, and #193) out of the 12 sampled residents when the facility failed to store medications in a locked storage area for Resident #28 and Resident #193. Additionally, the facilty failed to supervise Resident #12 while taking medications. The facility census was 40. Review of facility policy, right to self-administer medications, undated, showed: -A resident may self-administer medications only if approved in writing by the resident's physician and a licensed nurse has determined that the resident can perform the task safely and accurately. -A licensed nurse will assess the resident to determine the resident's ability to self-administer their medications. The findings of the assessment will be documented in the resident's medical record. -The medications that the resident self-administers, will be stored in the resident's room in a locked drawer. The resident, nurse, and certified medication technician (CMT) will have a key to the drawer. Review of the facilty's undated Medication Administration policy showed: -All medications will be administered to every resident by a licensed nurse or CMT as ordered by a physician; -All medications will be administered in a safe and sanitary manner. 1. Review of Resident #12's medical record showed: -admitted [DATE]; -No assessment for self administration of medications was found. Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 9/17/24, showed: - Cognitive skills moderately impaired; - Substantial assistance with dressing and toileting; - Diagnoses included Parkinson 's Disease (a chronic brain disorder that causes movement problems, mental health issues, and other health concerns), high blood pressure, anxiety and depression. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation and interview on 12/11/24, at 08:39 A.M., showed: -The resident laying in bed; - No staff present in the resident's room; - A medication cup containing two pills sat on the bedside table; -The resident picked the pills out of the medication cup with his/her fingers and put the pills in his/her mouth; -The resident kept the pills in his/her mouth for approximately two minutes before taking a drink of water; -The resident said he/she did not need supervision to take his/her medication. During an interview on 12/12/24, at 09:10 A.M., CMT C said: - The resident should not have pills setting in his/her room; - Staff should watch residents take all of their medications before leaving the room. During an interview on 12/12/24 10:43 AM Licensed Practical Nurse (LPN) A said: -The resident needs to be supervised while taking medications; -Medications should not be left in the resident's room. 2. Review of Resident #28's medical record showed: -admitted [DATE]; -No assessment for self administration of medications was found. Review of the resident's admission MDS, dated [DATE], showed: - No cognitive impairment; - Extensive assistance of one with dressing, toileting and bathing; - Diagnoses included Parkinson 's Disease, diabetes (a chronic disease that occurs when the body doesn't produce enough insulin or can't use insulin properly), and arthritis. Observation on 12/10/24 at 08:18 A.M., showed: -The door to the resident's room was open; -The resident laying in bed and a bottle of decongestant nose spray setting on the window. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 12/11/24 at 08:44 A.M., showed: -The door to the resident's room was open; -The resident laying in bed and a bottle of decongestant nose spray setting on the window. Observation on 12/12/24 at 08:10 A.M., showed: -The door to the resident's room was open; - CMT D and CNA C walked in the resident's room and asked the resident how he/she was doing; - The resident laying in bed and a bottle of decongestant nose spray setting on the window. During an interview on 12/12/24 at 09:32 A.M., CMT D said: -The family brings medication in that we do not know about; - The resident does not use this medication; - The nose spray should be kept in the medication cart. During an interview on 12/12/24 10:43 AM LPN A said medications should not be left unsecured in the resident's room. During an interview on 12/13/24 at 10:52 A.M. the Director of Nursing (DON) said: -Medications should not be left unsecured in the resident's room; -Staff should watch residents take their medications. During an interview on 12/13/24 at 10:52 A.M. the Administrator concurred with the DON. 47195 3. Review of Resident #193's return MDS., dated 12/5/24, showed he/she entered from a short term general hospital stay. Review of admission record, dated 12/11/24, showed: -He/She admitted to facility 12/5/24; -Diagnoses included fracture of right femur (bone fracture in right leg), delirium due to known physiological condition (a sudden change in mental state that causes confusion, disorientation, and inability to think clearly), urinary tract infection, and chronic kidney disease. Review of physician's orders, dated 12/11/24, showed: (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Start date 12/5/24, monitor right hip surgical site for signs and symptoms of infection (redness/pain), directions every morning and at bedtime.; -Start date 12/6/24, Monitor skin tear to left outer hand. Clean with wound cleanser, apply xeroform, and dry dressing until healed. Directions: in the morning. Review of electronic medical record showed: -No assessment for self administration of medications. -12/6/24, admission packet progress note showed patient presented to hospital on 11/11 following a fall with acute onset right hip pain. Resident had a right interchanteric femur fracture. He/She underwent surgery 11/15. Observation on 12/10/24 at 10:10 A.M. of resident room showed an 8 oz (236 milliliter (ml)) bottle of wound cleanser non-ionic disinfectant and 4oz skin-preparation protective spray was sitting in resident's bedroom window. During an interview on 12/13/24 at 7:36 A.M., Certified Medication Technician (CMT) said wound cleansers and medications should be stored in medication room or medication cart. During an interview on 12/13/24 at 7:46 A.M., Licensed Practical Nurse (LPN) B said: -Resident's wound cleansers should be stored in the medication cart; -Resident medications could be left at bedside if they had orders for medications to be left at bedside; -Resident wound cleansers could be stored in resident room in a baggy and should be dated; -Resident #193 could have wound cleansers in his/her room if it was bagged and dated; -If residents wound cleansers were not going to be left in room they should be stored in the medication cart. During an interview on 12/13/24 at 7:59 AM, Assistant Director of Nursing (ADON) B said: -Wound cleansers should not be stored at bedside but the facility did allow storage in resident's bathroom storage closet; -Resident's wound cleansers should not be stored on resident's windowsill; -Wound cleansers should be stored in a baggy in the closet bathroom. During an interview on 12/13/24 at 8:18 A.M., Director of Nursing (DON) said: -He/She expected wound cleansers not be stored in windowsills; (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 expected residents wound cleansers to be stored in the pantries in the resident bathrooms out of sight or in the medication carts. During an interview on 12/13/24 at 10:52 A.M., Administrator said she did not expect wound cleansers to be left in window sill of a residents room.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50980 Based on observation, interview and record review, the facility failed to store, prepare and serve food in accordance with professional standards of food service safety when staff failed to date the receipt of incoming products in the dry storeroom, label and date used products in the freezer and refrigerator, label and date leftovers in the refrigerator, discard expired leftovers, and monitor refrigerator, freezer and dishwasher temperatures on a daily basis. This had the potential to impact all residents by placing them at risk for food born illnesses. The facility census was 40. Review of the facility's policy Dietary Procedures, undated, showed the evening staff members will check the dates on containers of leftovers and dispose of food found to have been refrigerated for more than four days; A policy on temperature checks in the kitchen was requested and not provided; Observation at 9:00 A.M on [DATE] showed: Dry Kitchen Storage Room located on the 1st floor: - Box of pancake mix opened and no opening date written on package; - Seven loose juice cocktail containers sitting out of case package with no date written; - Thickened Orange Juice opened box with no date written; Refrigerator 1st Floor: - Two plastic bags of tortillas opened and not dated; - Raw strawberries in plastic container not dated; - Leftover chicken soup in facility plastic container not dated; - Multiple containers of pudding and yogurt not dated; - Pulpy unknown food in bag dated ,d+[DATE] (57 days old); - Raw pickles, Jalapenos, green peppers, onions and squash bagged and undated; - Romaine lettuce dated ,d+[DATE] (6 days old) not discarded; - Sharp cheese open bad not sealed, not dated; - Opened hot dogs bagged, no date or label; (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- Seven unknown condiments stored in facility plastic bottles no dates, not labeled; - Open Jello container not dated; Observation at 9:35 A.M. on [DATE] showed: Main Kitchen Dry Storeroom Ground Floor - No received dates on multiple unopened packages of cake mixes and double chocolate cake; - Eight bags of chocolate chip cookie mix undated; - Four rack levels of unopened bread with no received date; - Extra heavy mayonnaise plastic container not dated; - Opened caramel topping Smuckers brand not dated; Freezer - Chicken patties opened and not sealed with no date; - Frozen peas opened box with no date; - Fillets not labeled and not dated; - Dry noodles unsealed and not dated; - [NAME] Spunkmeyer cookie dough opened and uncovered; - Review of dishwashing log shows no temperatures taken on the dishwasher from ,d+[DATE] to ,d+[DATE] (morning); Observation at 10:02 on [DATE] showed: Main Prep Area Kitchen Ground Floor - Refrigerator and Freezer temperature log missing temperature checks from ,d+[DATE] to ,d+[DATE] - Refrigerator/Freezer checks for ,d+[DATE] already entered into the log one day early; Refrigerator Ground Floor - Swiss cheese repackaged undated in a soiled bag; - Sauce unlabeled in facility container with no date; - Lettuce rewrapped with unreadable date on package; (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- Large unlabeled container of lettuce no date; Interview conducted on [DATE] at 9:20 A.M., [NAME] A said: -He has one and a half years' experience working at the facility. - The purpose of the refrigerator on the 1st floor kitchen area is to hold ingredients for cooking. - Policy directs staff to date opened products in bags and containers and store in the refrigerator for later use. - The date on the package is the first use date when opened. - He believes the policy is that after three days any item not used should be discarded. Interview conducted on [DATE] at 9:25 A.M., [NAME] B said the reason for all of the undated items in the refrigerator is that with the dishwasher down they have not had time to review the contents of the refrigerator on a daily basis. In an interview on [DATE] at 2:33 P.M., DM A said: - The leftover policy is ,d+[DATE] days which is mostly for vegetables. - All items need to be labeled and dated with first use date. - Incoming shipments need to have items annotated with receipt date, opened cases need date of when they were opened and expiration is in accordance with the item label. - The staff are to follow milk expiration dates on the package. - Condiments in jugs need to be discarded after 30 days and condiments in facility serving bottles need to be discarded after seven days. - Open items should be labeled and dated. - Temperature logs and dishwasher logs need to be done daily. In an interview on [DATE] at 1:30 P.M., RD (Registered Dietician)said the expectation is that leftovers are labeled and dated. Beef could be kept for three to four days and everything else is expected to be discarded sooner than that. Bags with no labels and no dates would be annotated on his/her inspection report for the facility staff to take action. In an interview on [DATE] at 10:20 A.M., Administrator said she would expect temperature logs to be maintained daily in the kitchen and leftovers to be sealed, labeled and dated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265869	A. Building B. Wing	12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McCrite Plaza at Briarcliff Skilled Facility	1301 Tullison Rd Kansas City, MO 64116

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51626 Based on observation, interview, and record review, the facility failed to ensure residents had a means of directly contacting caregivers when staff failed to identify and correct bathroom call light pull cords that had been wrapped around the handrail on the wall, leaving them inoperable and inaccessible to residents. The facility census was 40. The facility's Call Light, Bed Alarm System policy showed: -Call lights are to be present in all resident rooms and bathrooms. -The policy fails to address the issue of call lights being operable and accessible to a resident lying on the floor in need of help. The facility's Accident Prevention policy showed all staff members will ensure that each resident's environment remains as free from accident hazards as possible. The facility's Incident and/or Accident Protocol showed staff are to assess the environment for safety modifications, clear pathways and ensure the call light was within the resident's reach. The facility's Preventive Maintenance and Inspection policy showed: -Alarms which include personal protective devices such as bed alarms and/or chair alarms, will be calendared for a routine weekly inspection to verify their working order. -Nurses are responsible for any component of alarm verification, such as alert bracelets, the scheduling and documentation correspond to the same standards set for all preventive maintenance of weekly monitoring. Observations on 12/11/24 at 2:19 P.M., 12/12/24 at 9:24 A.M. and 12/13/24 at 9:09 A.M. showed: - In Resident #294, and Resident #21's room and room [ROOM NUMBER], bathroom call light pull cords were wrapped around the handrail on the wall leaving the call light inoperable and inaccessible. - In three common area bathrooms, call light pulls were observed wrapped around the handrail on the wall leaving the call light inoperable and inaccessible. During an interview on 12/13/24 at 10:52 A.M., the Director of Nursing (DON) said: -Call lights should always be within reach and residents should be able to use the call light easily. -Approximately every 30 days, the online call light system checks every room at least once to be sure the light can alert at the desk. -Common area bathrooms are left unlocked and do not require staff assistance to access. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Residents are allowed to use the common area bathrooms and the call light should be within reach. During an interview on 12/13/24 at 10:52 A.M., the Administrator said it is her expectation for call lights to be accessible to residents.