STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265870	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northland Rehabilitation & Health Care Center	4301 NE Parvin Road Kansas City, MO 64117

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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 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. Based on observation, record review, and interviews, the facility failed to store, prepare and serve food in accordance with professional standards of food service safety when staff failed to discard expired leftovers in the refrigerator, failed to wear beard nets and hand wash while working in the kitchen, failed to maintain proper standards of cleanliness and storage in the kitchen area, and failed to take accurate temperature readings of cooked food items. This affected all residents by putting them at risk for a food borne illness. The facility census was 95. Review of facility policy Monitoring Food Temperatures for Meal Service, undated, showed:- Food temperatures will be monitored daily to prevent food borne illness and ensure foods are served at palatable temperatures;- Prior to serving a meal, food temperatures will be taken and documented for all hot and cold foods to ensure proper serving temperatures. Any food item not found at the correct holding/serving temperature will not be served but will undergo the appropriate corrective action;- The temperature of each food item will be recorded on the Foot Temperature Log. Foods that require corrective action (such as re-heating) will have the new temperature recorded with a circle around it next to the original temperature;- When taking temperatures, the thermometer is inserted in the thickest part of the food, not touching any part of the container, and held until the maximum or minimum temperature is reached;- Food temperatures of hot foods on room trays at the point of service are preferred to be at 120 degrees Fahrenheit or greater to promote palatability for the resident;Review of facility policy Handling Leftover Food, undated, showed:- Once food has cooled to 41 degrees Fahrenheit or less it is sealed tightly and labeled to identify the contents and has a use by date that is clearly visible;- Leftover foods stored in the refrigerator shall be wrapped, dated, labeled with a use by date that is no more than 72 hours from the time of first use;- Refrigerated leftovers stored beyond 72 hours shall be discarded;- Opened canned food items shall be transferred to a clean, closed container for storage;Review of facility policy Food Storage (Dry, Refrigerated, and Frozen), undated, showed:- Food shall be stored on shelves in a clean, dry area, free from contaminants;- All food items shall be labeled. The label must include the name of the food and the date by which it should be sold, consumed, or discarded;- Keep potentially hazardous foods out of the temperature danger zone (41 degrees Fahrenheit - 135 degrees Fahrenheit);Review of facility policy Hair Restraints, undated, showed:- Hair restraints shall be worn by all Dining Services staff when in food production, dishwashing areas or when serving food from the steam table;- Hair restraints, hats, and/or beard guards shall be used to prevent hair from contacting exposed food. - Any facial hair that is longer than the eyebrow shall require coverage with a beard guard in the production and dishwashing areas;Observation on 7/21/25 at 9:38 A.M., showed:Kitchen Walk-in Freezer:- Ice forming and coming down from the back of the condenser in the freezer;- Ice chunks on the floor of the freezer;- One box of frozen food sitting on the floor;- Condensation on the floor in a puddle in front of the freezer door;Walk-in Refrigerator:- Leftover food item not labeled or dated;- Mushy carrot leftovers undated;- Egg whites dated 7/16/25 opened and resealed, leftover expired and not discarded;- Unlabeled and undated meat in a see-through plastic wrap in a pan defrosting on the bottom rack with yellow liquid surrounding the package in the pan;- Italian dressing container opened but not resealed;- Heavy (continued on next page)

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

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

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	whipping cream opened 7/11/25 and resealed, expired but not discarded;- Grime and dirt under the racks on the floor throughout the refrigerator;- Unbroken eggs on the floor under the racks;Bulk Storeroom Pantry:- Browning sauce opened with no date annotated;- Bulk tomato catsup stored 4/18/25, opened and resealed with no open date;- Eight bowls of unlabeled or dated dry cereal for individual use on rack in pantry;- Top of bulk sugar container had food stains and crystallized substance on the handle;- Inside of bulk sugar container are two black unknown specs of foreign material in the sugar;Chest Refrigerator:- Black specs and moldlike substance inside of the unit along the center section covering an eight inch area;- Cherry Tomatoes leftover dated 7/17/25, expired and not discarded;Kitchen Area:- Dish holders next to steam line are caked with food debris and stains throughout the interior of the fixture;- Dietary Aide (D), with a facial beard longer in length than an eyebrow, working in the dishwashing and kitchen area without a beard net donned;During an interview on 7/21/25 at 9:50 A.M., Dietary Aide (D) said:- Was not sure why he/she had to wear a hat in the kitchen and did not know the requirements for a beard net in the kitchen;During an interview on 7/21/25 at 9:55 A.M., the Dietary Manager (DM) said:- She had not informed the maintenance department that the condenser in the walk-in freezer was leaking and causing ice to form;- Leftovers are kept for a maximum of three days and then are thrown out; Observation in the Dining room on 7/22/25 at 7:33 A.M., showed:- Buildup of algae and mold like growth in the ice machine drain;Observation in the Kitchen on 7/22/25, showed:- DM resigned from the position yesterday with no person appointed to take over;- 9:50 A.M. Trash can at handwashing station overflowing with trash;- Refrigerator had unlabeled liquid in a steel container and unlabeled meat in a container;- Sink near the ice machine underneath the counter and piping contains eight inch area of black grime and plastic trash. Multiple drains have food debris and trash in them around the dishwasher and kitchen sinks;- 10:30 A.M. Dietary Dishwasher (A) came into kitchen from break and put on gloves to work in the dishwashing area without first washing his/her hands;- 10:37 A.M. Puree carrots completed and placed into the warmer, no temperature taken;- Horizontal surfaces above plate holder near steam line had food debris and stains;- Food warmer next to stove had corner of glass cover broken off (two square inch area) and missing on front side of warmer;- Pans in the clean storage rack had oily film around storage surface edges;- Chest refrigerator had a block of cheese dated 7/21/25 not sealed;- 11:00 A.M. Chicken pot pie mixture of gravy, chicken, and vegetables poured into two deep steel containers with defrosted pre-made crust lining the bottom and sides of the container. Contents covered with a top layer of crust and placed into the oven without any temperatures taken;- Mold like substance on ventilation diffusers in the overhead throughout the kitchen;- 11:13 A.M. Puree chicken pot pie container moved from the oven to the warmers with no temperature taken;- 11:22 A.M. Mashed potatoes completed cooking and placed in the warmer with no temperatures taken;- Condensation from the overhead diffusers falling at 1 drop per 3 minutes from various locations in the kitchen;- 11:35 A.M. Carrots with brown sugar added to the steam line from the stove. Dietary [NAME] (A) placed a meat thermometer into the carrots for two seconds and the temperature bounced from 180 degrees Fahrenheit to 215 degrees Fahrenheit without stabilizing;- 11:37 A.M. Puree carrots were removed from the warmer and placed onto the steam table without any temperatures taken;- 11:50 A.M. Puree Chicken Pot Pie from the steam line was temperature checked and recorded as 110 degrees Fahrenheit which is in the danger zone for hazardous food items such as raw chicken. Food item was taken to the stove for re-heating in a skillet;- 11:55 A.M. Chicken Pot Pie main course was removed from the oven and placed on the steam line. Temperature taken by the state surveyor registered at 151 degrees Fahrenheit. Dietary [NAME] (A) took the temperature for two seconds and got 169 degrees Fahrenheit; Dietary [NAME] (A) after being asked to re-temp the main course and hold the thermometer for greater than ten seconds without touching the metal pan recorded a temperature of 153 degrees Fahrenheit. Dietary [NAME] (A) then removed both pans of Chicken Pot Pie and put them back in the oven for further cooking;- 12:08 P.M. Dietary Aide (C) placing food of plates while wearing gloves and a hair net and holding a hair net in one of his/her hands. The hair net (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	being came in contact with the surface of plates and some food items that were placed on plates;- 12:10 P.M. Dietary Aide (E) cooking at the stove with hair net not covering his/her moustache;- 1:04 P.M. Dietary Server (A) with beard, loading food trays in the kitchen onto hall carts not wearing a beard net;During an interview on 7/22/25 at 1:15 P.M., Dietary [NAME] (A) said:- The puree and main course of Chicken Pot Pie needed to be cooked to a temperature of 165 degrees Fahrenheit due to the chicken in the product;Observation on 7/22/25 at 1:22 P.M., showed:- Food Cart with test tray arrives at 160 Hall;- Test hall tray containing pureed carrots measured 102 degrees Fahrenheit;- Test hall tray containing pureed chicken pot pie measured 106 degrees Fahrenheit; During an interview on 7/24/25 at 9:30 A.M., the Maintenance Supervisor said:- He was not aware of the condenser leak in the freezer, and this would be something that he would repair or arrange for it to be fixed if he was notified;- He was never notified about mold growing on the ventilation diffusers in the kitchen. Due to the height of these vents, maintenance would go in and clean these when notified or help kitchen staff do this safely;- His department works off of a work order system to track and schedule repairs;During an interview on 7/24/25 at 1:30 P.M., the Administrator said:- Water should not be leaking from the back of the freezer condenser and ice chunks should not be on the floor of the freezer;- Food boxes should not be stored on the floor of the freezer;- Leftovers may be reheated once and discarded according to the facility's policy;- Leftovers should be labeled and dated;- Defrosting meat lying in a tray should be labeled and dated;- Opened containers should be resealed when put back into the refrigerator;- She would not expect to see grime or dirt under the storage racks throughout the refrigerator;- There should be no food on the floor under the racks;- There should be no black specs in the bulk sugar;- There should be no black specs or growth on the inside surfaces of the chest refrigerator;- [NAME] nets are required in the kitchen according to the facility's policy;- She would not expect the plate holder to have food stains on the surfaces of the unit;- Temperatures for foods served should follow facility policy;- Initial temperature checks should be taken right before food is served and the temperatures should follow facility policy;- Two seconds is not long enough to properly measure the temperature of food cooked, measurements should follow manufacturers guidelines;- She would not expect condensation and mold like growth on the ventilation diffusers in the kitchen overhead;- She would expect kitchen staff returning from their break to wash their hands upon entering the kitchen;

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure staff treated residents in a manner to maintain their dignity when staff failed to knock on a resident's door and wait for a response before entering which affected one of the 19 sampled residents, (Resident #57), and when staff stood to assist Resident #29 to eat. The facility census was 95. Review of the facility's policy for Resident Rights, dated 12/2024 showed:- Each resident residing in this community has the right and will be afforded the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the community without interference, coercion, discrimination or reprisal;- No staff member or contracted provider of care will hamper, compel, treat differently or retaliate against a resident for exercising Resident Rights;- Each resident will have autonomy and choice, to the maximum extent possible, about how each resident wish to live his/her everyday life and receipt of care, subject to the community's policies and procedures as long as those policies do not violate any requirement;- Resident rights include but are not limited to: exercise his/her rights; privacy and confidentiality. 1. Review of Resident #57's care plan, revised 5/27/25 showed:- The resident had an activities of daily living (ADL) self care performance deficit. The resident had urinary incontinence, wears incontinent briefs for dignity, and able to change briefs with minimal assistance. The resident required the assistance of one staff with dressing. Review of the resident's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 5/30/25 showed:- Cognitive skills moderately impaired;- Independent with toilet use, dressing and transfers;- Occasionally incontinent of urine;- Diagnoses include high blood pressure, anxiety and depression. Observation and interview on 7/22/25 at 8:31 A.M., showed:- Housekeeping Staff A opened the resident's closed door and entered the resident's room and did not knock or announce him/herself;- He/She spoke very little English and did not understand when asked if he/she was supposed to knock on the resident's door before he/she opened it;- The resident said he/she would prefer for the staff to knock and announce themselves before the staff entered his/her room. Observation and interview on 7/22/25 at 8:36 A.M., showed:- An unknown Certified Nurse Aide (CNA) did not knock and opened the resident's door and said he/she was looking for the mechanical lift. Observation on 7/22/25 at 8:37 A.M., showed:- An unknown housekeeper did not knock on the resident's door and entered the room. He/She cleaned the resident's bathroom then left the room. During an interview on 7/24/25 at 8:49 A.M., Licensed Practical Nurse (LPN) B said:- The staff should knock on the resident's door and announce themselves before they entered the resident's room. During an interview on 7/24/25 at 9:33 A.M., CNA A said:- Staff should knock and announce themselves before they opened the resident's door. During an interview on 7/24/25 at 10:12 A.M., CNA E said:- Staff should knock on the resident's door before they entered the room. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 7/24/25 at 11:19 A.M., the Director of Nursing (DON) said:- The Staff should knock and announce themselves before they entered the resident's room. 2. Review of Resident #29's Quarterly MDS, dated [DATE], showed:- Resident had severe cognitive impairment;- Resident was dependent on staff for eating assistance;- Diagnosis: stroke, cancer, anemia, diabetes, and multiple sclerosis; Observation on 7/21/25 at 12:41 P.M., showed:- LPN (A) standing over the resident for four minutes while feeding resident food with a spoon and helping resident to drink out of a cup; During an interview on 7/24/25 at 8:40 A.M., LPN (A) said:- For residents that require assistance from staff to eat, ideally a staff member would sit between no more than two residents to help each one during the meal. Staff should be sitting and not standing when helping residents to eat.

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to promote an environment respectful of the rights of each resident to make choices about significant aspects of their lives when staff did not provide satisfactory meals or offer evening (HS) snacks to four residents (Resident #5, #60, #71, and #76), failed to honor resident menu choices for two residents (Resident #33 and #55), failed to serve meals according to one resident's preferences (Resident #8), failed to offer to one resident menu items prepared for the meal (Resident #11), and failed to offer condiments to the alternate dining room. This affected eight of 19 residents sampled. The facility census was 95.Review of the facility policy, Resident Rights, dated 12/2024, showed each resident residing in this community has the right and will be afforded the right to a dignified existence and self-determination. No facility policy was provided regarding snacks. No facility policy was provided regarding resident meals. 1. Review of Resident #5's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 07/11/25, showed: - Cognitive skills intact; - Setup or clean up assistance required by nursing staff with eating; - Dependent on facility staff for mobility and transfers; - Diagnoses included: Hip fracture, depression, and thyroid disorder. Review of the Comprehensive Care Plan, dated 07/09/25, showed: - Potential/actual impairment to skin integrity and nursing staff are required to encourage good nutrition and hydration to promote healthier skin; - Dietary preferences will be honored and Resident prefers snacks between meals; - An activities of daily living (ADL's) self-care performance deficit and nursing staff participation are required with bathing, mobility, dressing, and eating. During an interview on 07/21/25 at 09:50 A.M., the Resident's spouse said: - Three days last week Resident got toasted cheese sandwich and fries; and many times meals do not have drinks; - The staff might bring snacks if asked to, but the staff does not just bring them; During an interview on 07/22/25 at 09:39 A.M., the Resident said: -Food sometimes looks like you don't want to eat it. The broccoli is cooked until it's mush; (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Staff forget to put milk on the trays or spoons or straws and you don't always get what you order; -He/She was upset for receiving a grilled cheese three days in a row for lunch; -He/She was upset that at 9:40 A.M breakfast had not been served and had no snack last night; -He/She had to ask for snacks and staff don't bring snacks around room to room; -Does not normally get condiments; -He/She feels mistreated and disrespected; During an interview on 07/24/2025 at 07:30 A.M., the Resident said the lunch meal yesterday was supposed to be sweet and sour pork, but it didn't taste like pork; Staff will not bring snacks to the rooms and residents have to ask, but then the staff won't come back so he/she stopped asking for snacks. 2. Review of Resident #60's Quarterly MDS, dated [DATE], showed: -Cognitive skills intact; -Independent with eating; -Diagnoses included: Renal failure (condition where the kidneys lose the ability to adequately filter waste and excess fluids from the blood) requiring Hemodialysis (medical procedure that filters a person's blood to remove waste products and excess fluid when the kidneys are unable to do so), Diabetes, and High Blood Pressure. Review of the Comprehensive Care Plan, dated 04/28/25, showed: -Congestive heart failure diagnosis and nursing staff are required to encourage adequate nutrition and offer small frequent feedings; -Potential/actual nutritional problem related to renal failure/dialysis and nursing staff are required to provide and serve diet as ordered and monitor, record, report signs or symptoms of malnutrition to provider; -At risk for low blood pressure and nursing staff are required to encourage adequate fluid intake and a healthy diet. During an interview on 07/21/25 at 11:30 A.M., the Resident said: - Resident rooms near the nurses station get snacks provided but we don't get snacks down the hall, we have to ask; - He/She feels with the amount of money the residents pay to live at the facility, the facility staff should offer snacks; - The staff don't bring water by often and are supposed to bring ice water at least each shift; (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- The food tastes bad, smells bad, and is cold by the time it gets delivered to the room; - The hot food is not hot, or the food is cold and complaining to the staff doesn't do any good; - He/She feels going to resident council meetings does no good and the facility staff doesn't listen because we are old; - His/Her family brings in food for them both because the food here tastes terrible. During an interview on 07/24/2025 at 08:00 A.M., the Resident said: -His/Her room is always last to have room food trays delivered, it is always late, and cold. Dinner was served last night around 08:00 P.M.; -The food tastes terrible; -The portion sizes are too small; -The staff are to provide ice morning, noon, and night. The water cups have my name on it and he/she does not know when it was last washed. -The weekends are lousy with the food being terrible and cold and he/she hates to know the weekend is coming; -He/She is never offered a snack; -There is new staff all the time, and no consistency with the staff; -His/Her family brings food on the weekends; 3.Review of Resident #71's Annual MDS, dated [DATE], showed: -Cognitive skills intact; -Setup or clean up assistance required by staff for eating; -Dependent on staff for mobility and transfers; -Diagnoses included: Hemiplegia (condition characterized by the paralysis of one side of the body, affecting the arm, leg, and sometimes the face), diabetes, and high blood pressure. Review of the Comprehensive Care Plan, dated 06/09/25, showed: -Potential nutrition/hydration risk related to diagnoses and nursing staff are required to provide and serve diet as ordered and monitor, record, and report signs and symptoms of malnutrition to provider; -Resident had diabetes and staff are required to monitor, document, and report signs and symptoms of low and high blood sugar; (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Potential/actual impairment to skin integrity related to decreased mobility and staff are required to encourage good nutrition and hydration to promote healthier skin. During an interview on 07/21/25 at 02:40 P.M., the Resident said: -Food needs to be improved dramatically, there is a food council in addition to the resident council, but administration doesn't do anything. The same complaints about the food are every month; -The staff leave snacks at the nurse's station. Nursing staff used to take them around room to room but now the snacks are just left at the nurse's station and the nurses take the snacks or some residents take a lot for them selves; -Food had no taste, no seasonings, and is very bland; -The hot food is cold and the cold food is warm; -He/She feels that food is one of the only treasures he/she had anymore. During an interview on 07/24/2025 at 07:45 A.M., the Resident said: - Breakfast had no taste and was cold. - Food temperatures are a problem with the hot food cold and cold food warm, everything is tough (meat), and is never served on time; - The facility changed the meal times without telling us to 08:00 A.M., 12:00 P.M., and 05:00 P.M., which makes him/her feel terrible and disrespected; - The Administrator took everything away, like soda- pop and snacks and the staff does not pass snacks around to the residents; - The facility will have snacks at the nurse's station but once he/she is in bed, he/she is confined to bed and depends on staff to offer snacks; - He/She feels angry that he/she can't get a snack if wanted one. 4.Review of Resident #76's Quarterly MDS, dated [DATE], showed: -Cognitive skills intact; - Setup or clean up assistance required by staff for eating; - Substantial assistance required by staff for transfers and mobility; - Diagnoses included: High blood pressure, osteoarthritis, and depression. Review of the Comprehensive Care Plan, dated 04/30/25, showed: -Potential nutrition/hydration risk related to diagnoses and nursing staff are required to provide and (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	serve diet as ordered and monitor, record, and report signs and symptoms of malnutrition to provider; - Potential impairment to skin integrity related to impaired mobility and incontinence and staff are required to encourage good nutrition and hydration to promote healthier skin; -Staff are required to monitor, record, and report to nurse loss of appetite, refusal to eat, and weight loss. During an interview on 07/21/25 at 10:15 A.M., the Resident said: - He/She doesn't like the food because it was usually too cold and had no taste; . He/She wished the staff would pass snacks around because it's not easy to go get them; During an interview on 07/24/2025 at 08:00 A.M., the Resident said: -The food is terrible and the servings are too small. There's no salt or seasonings, it comes late, and is usually cold, which depresses and makes him/her unhappy. The dessert is just a tiny piece in a cup; -The staff don't pass fresh ice and water. They just refill the cups and don't wash them which makes me not want to be here; - His/Her family brings in food two to three times a week. During the resident group interview on 07/22/2025 at 11:01 A.M., the residents said: - Food temperatures are a problem as well as the portion size. The residents feel they are adults getting kiddie sized portions, the hot food is cold, and most are hungry after eating; - They aren't getting snacks passed to them, even after speaking with the Director of Nursing, who told them are to be passed three times a day; - Snacks used to get passed but they don't now. Staff had a bucket at the nurses station and wheelchair people can't see the snacks in the bucket. Unless the residents can go to nurses station the resident's don't get snacks; - The counsel does not like Kool aid, it is too sweet, that is for children, and also there are too many diabetics; - The meat is tough, meals are usually served late, and always served cold; - There are few choices offered, but always sandwiches and the staff don't ask the residents about choices. The resident's have to send a note to the kitchen; - 13 of the 24 residents said they have requested a snack, and the staff don't bring one; - 17 of the 24 residents wanted snacks brought around; (continued on next page)

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Northland Rehabilitation & Health Care Center	4301 NE Parvin Road Kansas City, MO 64117

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- The residents do not like the use of Styrofoam cups and coffee cups with no handles. During an interview on 07/24/2025 at 08:55 A.M., Certified Nursing Assistant (CNA) A said: - He/She had been at this facility for two and a half years and residents do not get snacks passed to them on a consistent basis and had no idea why; - He/She had heard residents complain about the food portion sizes, that there is no seasoning, and the residents say it looks like slop. He/She feels it doesn't look very appealing; - Condiments are not passed on trays. It just doesn't happen, no salt, no pepper, no sugar; During an interview on 07/24/2025 at 09:00 A.M., ADON B said: -Residents should get snacks twice a day delivered by CNA's, nurses, CMT's and sometimes the residents come up and ask for a snack; - Dietary brings a tray of snacks two to three times a day so staff have them to offer; - He/She had heard the residents complain about the food. Sometimes they complain about too small of portions or don't like what's on the menu; - Condiments should be passed on the trays and the carts have cubbies on them with the extra condiments; -There is an always available menu and substitutions are offered; - He/She believes residents get seconds upon request, but staff will try to serve everyone first then accommodate those who want more food. During an interview on 07/24/2025 at 10:02 A.M., CNA B said: -The staff will put the snacks at the nurses station and the ones who can, get to take for themselves; - He/She had heard residents complain that no one brings them snacks; - He/She had residents complain about the food all the time being cold, not enough food or little servings. Also resident's don't get what was ordered; - He/She said condiments are not passed with room trays; - Substitutions choices are not always provided to the resident's; During an interview on 07/24/25 at 02:30 P.M., the Administrator said: - The residents should get snacks passed to them in the morning, noon and night; - He/She had heard the residents complain about the food and it is an ongoing issue; (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Residents are encouraged to eat in the dining room, so they don't have to wait for hall trays; - Condiments are at the nurse's station and in the food carts; - CNA's are responsible for passing the condiments and should get residents what they need when they are passing room trays; - Residents can get food substitutions when they ask; - If a resident wants seconds, they should tell the CNA who will go to the kitchen to get the meal as soon as it is available. 5. Review of Resident #33's Quarterly Minimum Data Set (MDS), dated [DATE], showed:- Resident had moderately impaired cognition;- Resident was independent in eating;- Diagnosis: coronary artery disease Observation of Resident's room on 7/22/25, showed:- 9:32 A.M. breakfast delivered to Resident's room;- 9:33 A.M. Resident turned on call light, CNA (G) answered call light and told resident he/she would leave the call light on until someone brought him/her some coffee for breakfast. He/she was currently passing out meal hall trays and would tell another staff member to get the coffee for the resident; During an interview on 7/22/25 at 9:41 A.M., the resident said:- He/she did not get coffee with his/her breakfast meal though he/she has told staff he/she would like coffee each day with breakfast and lunch;- Staff do not check with him/her in the evening to see what he/she wants for breakfast the next day;- Staff have told him/her in the past there is no coffee available for breakfast;- Coffee is very important to the resident and when he/she constantly does not get it with their meal, it frustrates him/her; Observation of Resident's breakfast meal ticket on 7/22/25 at 9:45 A.M, showed:- No annotation of what the resident wanted to drink for breakfast, or any choices indicated by the resident. Breakfast slip was a print out of all the food menu choices for breakfast on 7/22/25; During an interview on 7/22/25 at 9:50 A.M., CNA (E) said:- Dietary staff normally take resident room orders the night before breakfast and turn them into dietary department;- Resident normally requests coffee for breakfast and lunch each day; During an interview on 7/23/25 at 10:22 A.M., the resident said:- Dietary staff came by last night and asked him/her what they wanted for breakfast and he/she asked for coffee with meals; Observation on 7/23/25 at 10:24 A.M., showed:- Meal ticket for resident did not have coffee written down as a menu choice; 6. Review of Resident #55's Annual MDS, dated [DATE], showed:- Resident is moderately cognitively impaired;- Resident is independent for eating;- Diagnosis: coronary artery disease, peripheral vascular disease, kidney disease, respiratory failure, and diabetes; During an interview on 7/22/25 at 9:15 A.M., the resident's family member said:- Resident ordered cereal and milk for breakfast but did not receive it this morning. This is a normal daily request from (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the resident since he/she has strict cultural dietary restrictions. Is it very frustrating for the resident when he/she does not get simple menu requests that the facility can fill; Observation on 7/22/25 at 9:18 A.M., showed:- Resident's meal ticket did not have cereal with milk on it as a menu choice; During an interview on 7/22/25 at 9:30 A.M., ADON (B) said:- Dietary staff will get resident orders the day before breakfast, so morning dietary staff can prepare the meal according as to what the resident has requested; During an interview on 7/22/25 at 9:35 A.M., CNA (G) said:- Cereal with milk is a standard menu choice for the Resident and he/she was not sure why it was not on their tray this morning; 7. Review of Resident 8's Quarterly MDS, dated [DATE], showed:- Resident is moderately cognitively impaired;- Resident requires supervision from staff for eating;- Diagnosis: cancer, kidney disease, and malnutrition; An observation on 7/24/25 at 10:30 A.M., showed the resident received a breakfast hall tray from staff; During an interview on 7/24/25 at 10:52 A.M., the resident said:- He/she ate breakfast that morning at about 10:30 A.M. but would prefer to eat at 8:00 A.M. and still have the choice to eat in his/her room;- It is not enjoyable to eat breakfast this late and so close to lunch time; 8. Review of Resident #11's Quarterly MDS, dated [DATE], showed:- Resident is cognitively intact;- Resident is independent for eating;- Diagnosis: anemia, peripheral vascular disease, kidney disease, respiratory failure, and diabetes; During an interview on 7/24/25 at 12:22 P.M., the resident said:- He/she likes soup, but it's not listed on the menu ticket and you have to ask staff what the soup is or you don't know what they are serving that day since it changes all the time; Observation of Dietary Aide (C) on 7/24/25 at 12:25, showed:- Staff member taking orders from residents but not telling the residents what soup was available today; During an interview on 7/24/25 at 12:28, Dietary Aide (C) said:- Today's soup is broccoli cheese and it is written on the posted menu;- He/she does not tell each resident what today's soup is from the kitchen, they would have to ask him/her or they can put down on the meal ticket they want the soup of the day. Chicken noodle is always available; Observation on 7/24/25 at 12:30, showed:- No menus posted in the facility that showed what today's soup was for the residents;- Meal tickets did not list any soup or that broccoli cheese was an available choice for residents;- No meal times are posted anywhere in the facility; During an observation of the dining room on 7/22/25 at 7:31 A.M., showed:- The facility has two dining rooms with a partition wall separating the middle of each dining room from each other;- Both dining rooms look identical except the main dining room tables have condiments holders with various choices for the residents to choose from during their meal. The alternate dining room has no condiment holders and only a few tables with some salt and pepper shakers on them for the residents; (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 7/22/25 at 8:13 A.M., Dietary [NAME] (A) said:- Breakfast starts at 8:30 A.M. for the residents then hall trays are worked on and sent to the residents; During an interview on 7/22/25 at 8:40 A.M., LPN (A) said:- Both dining rooms are the same and are set up identical, but staff tries to put the assisted diners in the alternate dining room for efficiency of service to the residents that need dining help. Anyone can chose to eat in the alternate dining room; Observation on 7/24/25 at 10:19 A.M., showed:- Breakfast hall trays passed to resident rooms on the 160 Hallway; Record Review of Dining Service Mealtimes, undated, showed:- Breakfast 8:00 A.M., Lunch 12:00 P.M., Dinner 5:00 P.M.;- Dining service times are planned in accordance with resident preferences and staffing available at mealtimes; During an interview on 7/24/25 at 1:30 P.M., the Administrator said:- Breakfast is at 8:00 A.M, Lunch 12:00 P.M., and Dinner 5:00 P.M.;- She would expect soup to be listed if it's a main course and staff should inform residents of what the soup of the day is for the meal;- She would expect mealtimes to be posted and the menu updated daily;- She would expect dietary staff to take breakfast orders the day befor for the breakfast meal;- She would expect both dining rooms to be set up exactly the same for residents;

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F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide personal funds and a final accounting within thirty days upon discharge for two residents (#111, #112). This affected two of 19 residents sampled. Facility census was 95. Request for a policy covering resident funds upon discharge was not provided by the facility;1. Review of the facility's interim aging report, dated [DATE], showed the following residents had money in the facility's operating account:-Resident #111 discharged on [DATE], with a credit balance of $2,641.41 in the Resident Liability account;-Resident #112 discharged on [DATE], with a credit balance of $1,360.00 in the Private Pay account;During an interview on [DATE] at 10:30 A.M., the Business Office Manager (BOM) said:- Resident #111's account is being held up for refund due to money owed to Medicare;- At this time the BOM was not able to provide any documentation or correspondence with Medicare that this issue with Resident #111 had been addressed;- Resident #112 was due a refund but it had not processed yet and due to switching vendors the refund had been delayed;- The normal expected process time for providing refunds to discharged or deceased resident accounts was 30 days;During an interview on [DATE] at 1:30 P.M., the Administrator said:- Refunds should be provided within 30 days for deceased and discharged residents when required;

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F 0606 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Not hire anyone with a finding of abuse, neglect, exploitation, or theft. Based on interview and record review, the facility failed to check the Nurse Assistant (NA) registry prior to employment to ensure all newly hired employees did not have a Federal Indicator (marker given to individuals who have committed abuse/neglect for four out of the 10 sampled employees and failed to check the Family Care Safety Registry (FCSR) prior to employment to ensure all newly hired employees did not have negative records/backgrounds for two out of 10 sampled employees hired since October 2024. The facility census was 95.Review of the facility's abuse policy, revised on 1/2024 showed- Each resident has the right to be free from abuse. Residents must not be subjected to abuse by anyone, including staff, volunteers, and other residents. All employees will have a criminal and state/federal required criminal background checks completed prior to start of employment. 1. Review of personnel records for the following staff hired since October 2024, showed:- Certified Nursing Assistant (CNA) C hired 03/17/25, NA registry check 04/03/25;- CNA D hired 02/17/25, NA registry check not dated;- CNA E hired 03/10/25, NA registry check 04/23/25;- Dietary Server A hired 06/30/25, NA registry check 07/03/25;- CNA F hired 12/09/24, NA registry check 04/14/25. 2. Review of personnel records for the following staff hired since October 2024, showed:- Dietary Aide A hired 10/04/24, no FCSR letter;- Dietary Aide B hired 10/01/24, no FCSR letter. 3. Review of Performance Improvement Plan (PIP): Employee Background Checks, dated 03/31/25, showed:- Identified Performance Issues: *Employees not having printed letter from FCSR in their employee file; *Date not on all employees' CNA registry printout in their employee file; *Employees do not have reference checks completed;- Identification of the resident(s) found to have been affected by the deficient practice includes: *All residents have the potential to be affected;- Systems/Action taken to resolve Identified Performance Issue: *All current employees' files were audited for FCSR letter, dated CNA registry printout, and reference checks; *Administrator will audit four new hires weekly for 4 weeks to ensure that the FCSR letter, a dated CNA registry printout, and reference checks are in their file. During an interview on 07/24/2025 at 12:13 P.M., Payroll/HR said:- He/She began working at the facility three to four months ago and wasn't sure what had gone wrong with this process;- He/She now gets the employee paperwork and starts the background checks immediately;- The Administrator audits the employee paperwork after the employee had completed orientation and is onboarded and then he/she reviews and signs the packet. During an interview on 07/24/25 at 02:00 P.M., the Administrator said he/she had no as to explain why the paperwork couldn't be produced to show the background reports were completed and that all new employees should have completed background checks done prior to employment.

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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** Based on observation, interview and record review, the facility failed to provide respiratory care and services in accordance with professional standards of practice, by not following physician orders regarding oxygen maintenance of tubing and/or oxygen flow rate on four of the 21 sampled residents, #30, #82, #107 and #108. The facility census was 95.Review of the facility's policy Oxygen Administration dated 3/20/25 showed:-to verify that there is a physician's order for oxygen administration;-to check the tubing connected to the oxygen cylinder or concentrator to assure that it is free of kinks;-to turn on the oxygen and start the flow of oxygen at the rate ordered.Review of the facility's policy Use of Oxygen During Transports dated 3/2025 showed:-If a continuous order, oxygen will be provided to the resident at all times including transports between locations within the facility and also outside of the facility.-Adjust the cylinder flow meter to the ordered amount of oxygen supply by liters.1. Review of Resident #30's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 4/29/25 showed:-Cognition Intact;-History of a stroke affecting the left side of her body;-Kidney Disease;-Heart rhythm problems;-Cardiac pacemaker-Unsteadiness Observation on 7/21/25 at 10:05 A.M., showed oxygen tubing was out of date, it was dated 7/6/25, eight days overdue. Observation on 7/22/25 at 10:05 A.M., showed oxygen tubing was out of date, it was dated 7/6/25, nine days overdue. Observation on 7/23/25 at 10:05 A.M., showed oxygen tubing was out of date, it was dated 7/6/25, ten days overdue. Review of the current orders showed no order for oxygen.Review of the Care Plan dated 8/19/24 showed no order for oxygen.During an interview on 7/21/25 at 10:05 A.M., the resident said he/she was not aware that tubing was to be changed.2. Review of Resident #82's Quarterly Minimum Data Set (MDS), dated [DATE] showed:-Cognition moderately intact;-Acute respiratory failure;-Had sleep apnea.Review of the Care Plan dated 7/3/25 showed:-Resident had altered respiratory status and difficulty breathing at night related to sleep apnea;-Monitor document changes in orientation, increased restlessness, anxiety, and air hunger;-Monitor for signs and symptoms of respiratory distress and report to the medical doctor as needed;-No care plan interventions related to oxygen therapy.Review of the Physician Orders dated 7/2/25 showed:-Oxygen with nebulizer at 4 Liters continuous or PRN (as needed); -Change nebulizer and tubing weekly on Wednesdays;-Clean oxygen concentrator filter and allow to air dry weekly;-Change oxygen tubing weekly every night shift on Wednesdays.Observation on 7/21/25 at 10:00 A.M., showed oxygen on at 4L per Nasal cannula, tubing undated.Observation on 7/22/25 at 11:00 A.M., showed oxygen on at 4L per Nasal cannula, tubing undated.Observation on 7/22/25 at 2:00 P.M., showed oxygen on at 4L per Nasal cannula, tubing undated.Review of the medication administration record showed no documentation of oxygen tubing dated or changed. Review of the treatment administration record showed no documentation of oxygen tubing dated or changed.3. Review of Resident #107's Face Sheet, dated 7/16/25 showed:-Acute respiratory failure;-History of chronic obstructive pulmonary disease (air exchange disorder) and pulmonary edema (extra fluid in the lung tissue);-Heart failure.Review of the Care Plan dated 07/21/25 showed:-Give respiratory medications as ordered and monitor for any side effects and their effectiveness;-Give oxygen therapy as ordered by the physician;-Elevate the head of the bed during episode of difficulty breathing;-Monitor for difficulty breathing on exertion, remind the resident not to push beyond endurance level;-Monitor for signs and symptoms of acute respiratory insufficiency: anxiety, confusion, restlessness, shortness of breath, cyanosis (blue tint to nails, skin), and somnolence;-Monitor for signs of a respiratory infection.Review of physician orders dated 7/16/25 showed:-Clean the oxygen concentrator filter with water and allow it to air dry weekly;-Oxygen at 3 L at rest and 4 L with activity every day and night shift;-Oxygen tubing to be changed weekly in the evening every Wednesday.Observation on 7/21/25 at 11:00 A.M., showed:-Oxygen tubing on concentrator labeled under the name of a different resident.-Oxygen tubing on concentrator dated (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7/9/25 (before resident was admitted).Observation on 7/22/25 at 9:00 A.M., showed:-Oxygen tubing on concentrator labeled under the name of a different resident.-Oxygen tubing on concentrator dated 7/9/25 (before resident was admitted).Observation on 7/23/25 at 9:30 A.M., showed:-Oxygen tubing on concentrator labeled under the name of a different resident.-Oxygen tubing on concentrator dated 7/9/25 (before resident was admitted).During an interview on 7/21/25 at 11:00 A.M., Resident #107 said he/she needed to wear oxygen at all times.4. Review of Resident #108's Face Sheet, dated 7/16/25 showed:-Respiratory failure;-Chronic obstructive pulmonary disease;Review of Resident #108's Care Plan, dated 7/17/25 showed oxygen via nasal prongs at 4 L continuously humidified.Review of the Physician Orders dated 7/16/25 showed:-Change oxygen tubing weekly in the evening every Wednesday;-Clean oxygen concentrator filter with water and allow to air dry weekly in the evening every Wednesday;-Oxygen at 4L per nasal cannula every day and night shift.Review of the medication administration record showed no documentation of oxygen tubing changed. Review of the treatment administration record showed no documentation of oxygen tubing changed.Observation on 7/21/25 at 3:00 P.M., showed no date on oxygen tubing.Observation on 7/22/25 at 9:00 A.M., showed no date on oxygen tubing.Observation on 7/23/25 at 1:30 P.M., showed no date on oxygen tubing.During an interview on 07/21/25 at 3:00 P.M., Resident #108 said he/she just arrived here so doesn't know if they change the oxygen tubing.During an interview on 7/23/25 at 4:30 P.M., CNA B said:-nurses regulate the oxygen;-if the nasal cannula is not on right it is adjusted.During an interview on 7/24/25 at 09:00 A.M., LPN C said:-nurses adjust the oxygen;-if the resident shows symptoms that oxygen needs increased, the provider is contacted.During an Interview on 7/24/25 at 08:45 A.M., the DON, said:-nursing adjust the flow rate as needed and per doctor order;-oxygen requires a physician's order;-tubing should be changed and dated as per the orders;-tubing should be changed and dated per policy and procedure.During an Interview on 7/24/25 at 11:00 A.M., the Administrator said:-nursing adjust the flow rate as needed and per doctor order;-oxygen requires a physician's order;-tubing should be changed and dated as per the orders;-tubing should be changed and dated per policy and procedure.

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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. Based on observations, interviews, and record review, the facility failed to ensure staff discarded expired medications and biologicals stored in the rehabilitation nurse's medication room. The sample size was 19 residents. The facility census was 95. Review of the facility's undated policy, Medication Administration, showed:Adherence to this medication administration policy is essential to ensure the well-being and safety of the residents. All staff members are expected to follow these guidelines strictly and to report any issues or deviations from the policy. Continuous improvement and open communication are encouraged to uphold best practices in medication administration. Residents who self-administer must have a profile only medication administration record (MAR) which lists their medications and indicates that they self-administer.Medications should be stored in a secure, locked area with restricted access to authorized personnel only.Expired or discontinued medications should not be stored and should be disposed of according to proper procedures. Observation and interview on 7/23/25 at 12:12 P.M., in the rehabilitation nurse's medication room showed:- One unopened bottle of mucus relief, expired 5/25.- One opened bottle of mucus relief, expired 9/24.- Three unopened bottles of Aspirin 325 mg., expired 9/24.- One unopened bottle of saline nasal spray, expired 1/25.- One opened bottle of mucus relief, expired 4/25.- Two unopened bottles of mucus relief, expired 5/25.- Two unopened bottles of mucus relief, expired 4/25.- Two unopened bottles of glucose tablets expired 11/24.- Licensed Practical Nurse (LPN) A said staff should not use the expired meds, the expired medications should be disposed. He/she was not for sure who was responsible to check the medication room for expired medications.During an interview on 7/24/25 at 11:19 A.M., the Director of Nursing (DON) said:- There should not be any expired medication in the medication room.- The nurse managers should be checking the medication rooms for expired medications at least monthly.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northland Rehabilitation & Health Care Center	4301 NE Parvin Road Kansas City, MO 64117

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to establish and maintain an infection and control program designed to provide a safe, sanitary, and comfortable environment to prevent the development and transmission of communicable disease and infections when the facility failed to ensure that staff used proper Enhanced Barrier Precautions (EBP) while providing cares for two of the 19 sampled residents (Resident #2 and # 10) and failed to ensure that new staff had completed a Tuberculin (TB) skin test prior to working. The facility census was 95.Review of the facility policy Infection and Prevention and Control Program (IPCP), dated 2019, showed: - It is the policy that this facility's IPCP is based upon information from the Facility Assessment and follows national standards and guidelines to prevent, recognize, and control the onset and spread of infection whenever possible. The IPCP includes: A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services; Standard and transmission-based precautions to be followed to prevent the spread of infections with selection and use of personal protective equipment (PPE); TB screening of staff; and establishes facility-wide systems for the prevention, identification, investigation, and control of infections of residents, staff, and visitors. It must include an ongoing system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility and procedures for reporting possible incidents of communicable disease or infections. Review of the facility's undated policy for Enhanced Barrier Precautions showed:- Enhanced Barrier Precaution (EBP) are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. EBP involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk for MDRO acquisition (such as residents that have wounds or indwelling medical devices). This is because devices and wounds are risk factors that place these residents at higher risk for carrying or acquiring a MDRO and residents colonized with a MDRO are asymptomatic or not presently known to be colonized.- EBP expand the use of gown and gloves beyond anticipated blood and body fluid exposures. They focus on use of gown and gloves during high contact resident care activities that have been demonstrated to result in transfer of MDROs to hands and clothing of healthcare personnel, even if blood and body fluid exposure is not anticipated. EBP are recommended for residents known to be colonized or infected with a MDRO, as well as those at increased risk of MDRO acquisition. Standard Precautions still apply while using EBP. - Enhanced Barrier Precautions are recommended for residents with any of the following: infection or colonization with an MDRO or a wound or indwelling medical device, even if the resident is not known to be infected or colonized with a MDRO. Indwelling medical devices include central venous catheters, urinary catheters, feeding tubes, tracheostomies/ventilators. - High-contact resident care activities where a gown and gloves should be used include changing briefs or assisting with toileting, providing hygiene, or transferring residents form one position to another. 1. Review of Resident #10's undated care plan, showed:- The resident had a pressure ulcer to his/her coccyx and was a Stage 3 (a full thickness of skin is lost, exposing the subcutaneous tissues; presents as a deep crater with or without undermining adjacent tissue). Administer treatments as ordered and monitor for effectiveness. Encourage good nutrition and hydration to promote healthier skin. Monitor pressure areas for changes in color, sensation, temperature and report any change to the nurse. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's Quarterly MDS, dated [DATE] showed:- Cognitive skills severely impaired.- Lower extremities impaired on both sides.- Dependent on the assistance of staff for toilet use, dressing, and transfers.- Always incontinent of urine.- Occasionally incontinent of bowel.- Had one Stage 3 pressure ulcer.- Diagnoses included dementia, weakness and pressure ulcer. Observation on 7/23/25 at 7:31 A.M., showed:- CNA E entered the resident's room, sanitized his/her hands and applied gloves;- CNA E provided incontinent care to the resident;- The resident had an opened wound on his/her coccyx and did not have a dressing covering it;- CNA E dressed the resident for the day;- CNA E did not wear a gown or mask when he/she provided incontinent care. During an interview on 7/24/25 at 10:12 A.M., CNA E said:- He/She should have worn a gown and a mask when he/she provided incontinent care to the resident. During an interview on 7/24/25 at 11:19 A.M., the DON said:- The staff should wear a gown and gloves when a resident has a wound and is on EBP. 2. Review of Resident #8's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 07/01/2025, showed:-Cognition intact;-Diagnoses: Stroke, Amputation, Hip and knee replacement, Renal Failure. Review of the Care Plan dated 7/18/25 showed: -Requires hemodialysis using left upper extremity fistula graft (an access port for dialysis);-Do not draw blood or take blood pressure in the arm with the graft;-Monitor document and report to the doctor any bleeding, hemorrhaging, bacteremia, or septic shock;-Monitor a bruit (sound heard over the fistula graft) and a thrill (a rhythmic feeling over the fistula graft);-Notify nephrologist immediately if there is no thrill, no pulse or vibration in the graft, pus draining from the catheter, fistula or graft, redness or swelling in the accessed arm, coldness, numbness, aching or weakness of the access arm. Observation of Resident #8 on 7/21/25 at 1:00 P.M., showed:-Left upper arm without redness or drainage;-No barrier precautions or equipment at entrance to room or inside the room. During an interview on 7/22/25 at 0900 A.M., Resident #108 said;-there are no problems with my arm where they do dialysis;-Staff have not worn a gown when in my room. 3. Review of Resident #108's Face Sheet showed:-Acute renal failure and lung disease;-Repeated falls;-Dependent upon renal dialysis. Review of the Care Plan dated 7/16/2025, showed:-The resident is on enhanced barrier precautions due to a right chest catheter for dialysis;-The resident needs hemodialysis using the right chest catheter;-Do not draw blood or take blood pressure in his/her arm with the graft;-The resident receives dialysis on Monday, Wednesday, and Friday;-Monitor for redness or swelling in the accessed arm;-Monitor pulse, vibration or a thrill in the fistula or graft for arteriovenous grafts only. Observation of resident #108 on 7/21/2025 at 2:00 P.M., showed;-No barrier precautions inside or outside of room;-Dressing clean, dry, and intact to right chest catheter. During an interview with Resident #108 on 7/21/25 at 2:00 P.M., she/he said:-He/she is new to dialysis but it went okay;-He/she does not believe staff wear gowns when in room. 4. Review of Resident #28's Face Sheet showed:-Right sided paralysis of body;-Parkinson's disease;-Suprapubic catheter to assist with urination. Review of the Care plan dated 5/29/25 showed:-Catheter care every shift and as needed;-Position catheter bag and tubing below the level of the bladder and ensure privacy bag is in place;-check tubing for kinks every shift and when repositioned;-report any signs and symptoms of infection to (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	physician. Observation of Resident #28 on 7/21/25 at 2:00 P.M., showed:-No barrier precautions or equipment at entrance to room or inside the room. During an interview on 7/23/25 at 11:00 A.M., CNA C said:-An isolation gown, gloves and mask are indicated used if the resident is on enhanced barrier precautions; During an interview on 7/23/25 at 1:30 P.M., the DON said residents should have a gown, gloves, and mask on when caring for residents on enhanced barrier precautions. 5. Review of Resident #2's Quarterly MDS, dated , 5/30/25, showed:- Resident is cognitively impaired;- Resident requires moderate assistance from staff for oral hygiene, personal hygiene, and upper body dressing;- Resident requires maximum assistance from staff for lower body dressing;- Resident was dependent on staff assistance for toileting hygiene and showering;- Diagnoses: non-traumatic brain injury, coronary artery disease, obstructive uropathy (urine flow is blocked in the urinary tract), viral hepatitis, and Alzheimer's Disease; Review of Resident's Care Plan, revised 5/27/25, showed:- Resident had a suprapubic catheter related to obstructive uropathy and is at risk for complications;- Resident was on enhanced barrier precautions due to supra pubic catheter. Staff are to wear gown and gloves when performing high-contact resident care activities; Observation on 7/23/25 at 8:02 A.M., showed:- Resident's room was marked as requiring enhanced barrier protection and required staff to wash hands before entering the room and when performing cares for the resident, staff are to wear a gown and gloves;- CNA (G) wiping and cleaning resident's face with a washcloth, inserting dentures into the resident's mouth, and adjusting resident's clothes so they fit properly. CNA (G) was wearing gloves only with no isolation gown on; During an interview on 7/23/25 at 8:08 A.M., CNA (G) said:- He/she only needed to wear a gown when cleaning the resident's catheter area; During an interview on 7/24/25 at 1:30 P.M., the DON said:- Staff performing cleaning and wiping of a resident's head and face are required to wear a gown and gloves if the resident is under enhanced barrier precautions. This also includes when adjusting their clothes and putting dentures into their mouth; 6.Review of the facility policy Infection Prevention and Control, Tuberculosis Screening - Employees, dated 2019, showed: Residents of long-term care facilities have been identified as a high-risk group for re-activation of latent TB infection and potential spread of TB within the facility. This facility has a comprehensive TB screening program; It is the policy of this facility to assess risks for tuberculosis based on regional/community data and screen staff according to state law; All healthcare workers will be tested for tuberculosis upon hire and yearly thereafter. Initial testing will be a two-step procedure with the first dose given before beginning work and the second booster dose to be given 7-21 days after the first dose; New employees will not be allowed to work until the Tuberculin Skin Test (TST), or chest x-ray results are known; Employees who will be receiving the two-step TST may begin work after the first step results are negative. During an employee record review of hired employees, since October 2024, a random sampling of 10 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	employees was selected and reviewed on 07/23/25 and showed: seven employees did not have documentation in their employee record to show that a TB skin test had ever been completed. During an interview on 07/24/2025 at 12:13 P.M., the Payroll/HR manager said: He/She started 3-4 months ago and was not sure why the TB skin test hadn't been done prior but when new staff starts pre-employment screening, the first TB test is given and paperwork is completed and asks the employee to return in 72 hours for the skin test to be read. The Director of Nursing (DON) then gets the paperwork after first TB test and handles it from there ensuring the second TB is completed. Finally, the Administrator audits the paperwork after the employee has completed orientation and is on-boarded and signs the packet as completed. During an interview on 07/24/25 at 02:30 P.M., the Administrator said the facility was not in compliance and all new employees should be screened with a TB skin test.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain an effective pest control program when numerous flying insects were observed by three residents (Resident #60, #71, and #76) throughout the facility. This affected three of 19 residents sampled. Facility census was 95. Request for facility Pest Policy not provided; Record review of facility pest service, showed:- 7/11/25 Vendor observed fly activity around dumpsters and applied fly treatment. Food residue on equipment and food filth on walls and drains under dish machine, interior door left open;- 6/10/25 Vendor observed fly activity around dumpsters and applied fly treatment. Food residue on equipment and food filth on walls and drains under dish machine, interior door left open; 1. Review of Resident #71's Annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 06/24/25, showed:-Cognitive skills intact;- Diagnoses included: Hemiplegia (condition characterized by the paralysis of one side of the body, affecting the arm, leg, and sometimes the face), diabetes, and high blood pressure; During an interview on 7/24/25 at 11:10 A.M., the Resident said:- The gnats are terrible in the dining room and they are everywhere in the facility. They try to get into the food and they disgust me. Resident had only one hand and it's for holding silverware while eating so it's impossible to bat them away from his/her food.- The situation doesn't feel sanitary, and they are annoying to hear in your ears. Resident had heard visitors complain about them as well. The gnats are his/her room and had told staff but the staff say nothing can be done about it; Observation on the 100 Hall on 7/21/25 at 10:05 A.M., showed:- Frequent flying gnats in the hallway area; Observation in dining room on 7/22/25 at 7:33 A.M., showed:- Open trash can at drink station attracting flying pests;- Many gnats and flying insects in the area of the drink station; Observation in kitchen on 7/22/25 at 9:50 A.M., showed:- Trash can overflowing at handwashing station;- Multiple drains dirty with food debris and trash; Observation of the outside trash disposal area on 7/22/25 at 10:40 A.M., showed:- Trash dumpster lids not closed and heavy concentration of flies and gnats in the area; During an interview on 7/24/25 at 9:10 A.M., the Maintenance Supervisor said:- The facility has been using an outside vendor to handle pest control which consisted of guidance provided to the facility for prevention along with spraying conducted by the vendor;- Main causes are dirty drains that contain food in the kitchen and dining room area;- It's normally a seasonal outbreak with gnats during the summer months, by fall and winter they go away; Observation on the 160 Hall on 7/24/25 at 10:36 A.M., showed:- Gnats observed in the hall; 2.Review of Resident #60's Quarterly MDS, dated [DATE], showed:-Cognitive skills intact.- Independent with eating.- Moderate assistance required by facility staff with transfers and showers.- Diagnoses included: Renal failure (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	waste and excess fluids from the blood) requiring Hemodialysis (medical procedure that filters a person's blood to remove waste products and excess fluid when the kidneys are unable to do so), Diabetes, and High Blood Pressure. Review of the Comprehensive Care Plan, dated 04/28/25, showed:-Congestive heart failure diagnosis and nursing staff are required to encourage adequate nutrition and offer small frequent feedings.- Potential/actual nutritional problem related to renal failure/dialysis and nursing staff are required to provide and serve diet as ordered and monitor, record, report signs or symptoms of malnutrition to provider.- At risk for low blood pressure and nursing staff are required to encourage adequate fluid intake and a healthy diet. During an interview on 07/24/2025 at 08:00 A.M., the Resident said he/she sees gnats and spiders sometimes and we can't have that, we're too old and don't want to get bit. 3.Review of Resident #76's Quarterly MDS, dated [DATE], showed:-Cognitive skills intact.- Setup or clean up assistance required by staff for eating.- Substantial assistance required by staff for transfers and mobility.- Diagnoses included: High blood pressure, osteoarthritis, and depression. Review of the Comprehensive Care Plan, dated 04/30/25, showed:-Potential nutrition/hydration risk related to diagnoses and nursing staff are required to provide and serve diet as ordered and monitor, record, and report signs and symptoms of malnutrition to provider.- Potential impairment to skin integrity related to impaired mobility and incontinence and staff are required to encourage good nutrition and hydration to promote healthier skin.- Had pain related to osteoarthritis and staff are required to monitor, record, and report to nurse loss of appetite, refusal to eat, and weight loss. During an interview on 07/24/2025 at 08:00 A.M., the Resident said:-He/She saw gnats flying in the hallway and a spider in the bathroom.-It makes him/her feel scared and doesn't want to get bit. During an interview on 07/24/2025 at 08:55 A.M., Certified Nursing Assistant (CNA) A said the gnats are bad in the facility. During an interview on 7/24/25 at 1:30 P.M., the Administrator said the Maintenance Supervisor is working with an outside vendor for pest control. She didn't notice any gnats or fruit flies last week and she believed if there was an increase in gnats it's due to the weather;

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, record review, and interview, the facility failed to develop and implement a comprehensive person-centered care plan for one of 19 sampled residents (Residents #69) by not addressing incontinence care with person-specific goals, measurable objectives, and time frames in order to evaluate the resident's progress towards obtaining his/her goals. The facility census was 95. Review of the facility's Care Planning policy, dated 12/2024, showed:- Every resident will be assessed using the Minimum Data Set (MDS) according to the guidelines set forth in the Resident Assessment Instrument (RAI) manual;- Upon completion of comprehensive assessments, CAAs will be triggered to flag areas of concern that may need to be addressed in the care plan for the resident;1. Review of the Resident #69's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff, dated 7/22/25., showed:- Cognition is impaired;- Limited range of motion on one side of his/her upper and lower extremity;- Resident required staff supervision for eating;- Resident required moderate staff assistance for oral hygiene, personal hygiene and dressing;- Resident was dependent on staff assistance for toileting hygiene and showering;- Resident used a wheelchair for mobility;- Resident was always incontinent of bowel and bladder;- Diagnosis: stroke and kidney disease;Review of Resident's Care Plan, revised 5/5/25, showed:- Resident had activities of daily living (ADLs) performance deficit and required two-person assistance by staff for toileting;- No staff interventions in the Care Plan related to resident incontinence or catheter usage;Review of the Resident's Progress notes for May-July 2025, showed:- 5/26/25 Daily Skilled Nurse's Note: Resident was incontinent of bladder, was not on a toileting program for bladder incontinence, does have a urinary catheter, and used no items to assist with bladder control;- 5/25/25 Daily Skilled Nurse's Note: Resident used pads/briefs to assist with bladder control;- 5/19/25 Daily Skilled Nurse's Note: Resident was incontinent of bowel and was not on a toileting program for bowel incontinence;-5/18/25 Daily Skilled Nurses Note: Resident was incontinent of bladder, was not on a toileting program for bladder incontinence, does have a urinary catheter and used bladder control briefs;5/15/25 Daily Skilled Nurses Note: Resident was incontinent of bladder, was not on a toileting program for bladder incontinence and does not have a urinary catheter. Resident used briefs/toilet to assist with bladder control;- Review of Daily Skilled Nurses Notes contained inconsistencies with regards to catheter usage and interventions that resident was using for bladder control;During an interview on 7/21/25 at 3:05 P.M., the resident said:- He/she had been incontinent since arriving to the facility. Resident would like the facility to work on a solution so they he/she would not keep soiling themselves. The resident said he/she feels very dirty each time it happens and it doesn't feel good at all;During an interview on 7/23/25 at 10:05 A.M., the DON said:- If a resident is considered incontinent per the MDS screening then that information and planning goes directly into the Care Plan for the resident. A specific plan would be developed and entered into the Care Plan for the staff to execute;- Any interventions for the resident regarding incontinence would be seen in the progress notes as they are implemented;During an interview on 7/24/25 at 8:15 A.M., CNA (G) said:- The resident is a two person assist with mobility transfers and the resident had good and bad days with incontinence. He/she was not familiar with any specific interventions for the resident. - There had been no improvement in the resident's incontinence; During an interview on 7/24/25 at 8:32 A.M., RN (A) said:- The resident isn't on a toileting program;- The main intervention with this resident is to toilet him/her before meals which helps in planning for when he/she might have to go;- He/she would expect incontinence to be care planned for a resident;- If the resident had more mobility then incontinence would not be an issue, physical therapy could be of assistance in this case;During an interview on 7/24/25 at 9:20 A.M., MDS Coordinator (A) said:- After the MDS is completed for a resident multiple departments get together to work out a care plan based on information gathered. At this point, the team would enter incontinence interventions and goals for a resident;- The reason to (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	care plan incontinence is to prevent skin breakdown, improve bladder function and avoid adverse effects to the resident. There should be goals documented and measures stated for each resident's plan;During an interview on 7/24/25 at 1:30 P.M., the DON said:- She would expect incontinence to be identified in the MDS and to be care planned for each resident;- Care planning incontinence, provides for skin integrity care and care for the resident;