Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 04/30/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skyline Heights Nursing and Rehabilitation	1807 24th St W Billings, MT 59102

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. 50245 Based on observation, interview, and record review, the facility failed to address medications appropriately for a resident who self administered medications, and ensure medications and narcotics were properly supervised during medication administration, for 1 (#15) of 40 sampled residents. Findings include: During an interview and observation on 1/28/25 at 9:35 a.m., resident #15 stated the facility staff would typically leave her medications in her room. Upon observation, there were eight pills in a medication cup at resident #15's bedside. Additionally, there was Advair, Fluticasone Propinate, and Ventolin (inhalers) at resident #15's bedside. Resident #15 stated staff would drop the medications off in her room at 6:30 a.m. or 7:00 a.m., depending on who the nurse was that shift. Review of resident #15's MAR showed the following medications: Bupropion, Buspirone, Cholecalciferol, Concerta (methylphenidate), Duloxetine, Loratadine, and Montelukast, were administered to resident #15 the morning of 1/28/25. During an interview on 1/28/25 at 9:52 a.m., staff member K stated resident #15 was able to self-administer all of her medications. Staff member K stated they were aware there was a narcotic in resident #15's medication cup. Review of resident #15's EHR showed a Self Administration of Medication Evaluation, dated 2/22/24, that showed resident #15 was able to self-administer inhalers only. Review of resident #15's MAR showed a physician's order: Ventolin . for asthma unsupervised self-administration may keep at bedtime. During an interview on 1/30/25 at 8:03 a.m., staff member B stated leaving medications at the bedside, especially a narcotic, was unacceptable. Staff member B stated medications could be left at the bedside if a self-administration evaluation was completed. During an interview on 1/30/25 at 9:32 a.m., staff member L stated Concerta (methylphenidate) was a controlled substance given to resident #15. Staff member L stated leaving any medication at the bedside, especially a narcotic, was absolutely not acceptable. A request was made on 1/30/25 at 11:58 a.m. for staff education on resident self-administration of medications. (continued on next page)

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

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

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/30/25 at 12:35 p.m., staff member A stated they did not have staff education for resident self-administration of medications. Review of a facility policy, titled Controlled Substances, revised November 2022, showed: 1. Only authorized licensed nursing and/or pharmacy personnel have access to Schedule II controlled substances maintained on premises. Review of a facility policy, titled Self-Administration of Medications, revised February 2021, showed: . 8. Self-administered medications are stored in a safe and secure place, which is not accessible by other residents. According to the DEA, a Schedule II drug has a high potential for abuse (DEA, 2018). Some examples of Schedule II medications are Dilaudid, oxycodone, and methylphenidate. References: DEA. 10 July, 2018. Drug Scheduling. Retrieved from https://www.dea.gov/drug-information/drug-scheduling

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted 48262 Based on interview and record review, the facility failed to ensure a baseline care plan was developed and implemented to reflect the resident's care needs after admission, for 1 (#339) of 40 sampled residents. Findings include: During an interview on 1/28/25 at 9:17 a.m., resident #339 was sitting on his bed. Resident #339 stated he had recently been in the hospital with pneumonia and was transferred to the long-term care facility on 1/23/25, to regain his strength, so he could continue to live independently at home. Resident #339 stated he started working with physical therapy on 1/24/25 and participates in therapy five days a week. During an interview on 1/30/25 at 11:45 a.m., staff member C stated baseline care plans were developed by the admitting nurse, and would then be updated by the interdisciplinary team, if any changes occurred prior to the comprehensive care plan being developed. Review of resident #339's electronic medical record, showed on 1/22/25, the resident was to transfer to a subacute rehab facility due to his deconditioned status to maximize resident #339's functional independence before returning to home. Review of Resident #339's baseline care plan, dated 1/24/25, failed to address respiratory support and rehabilitation therapy services. Review of a facility document titled, Care Plans-Baseline, showed the following information: Policy Interpretation and Implementations 1. The baseline care plan includes instructions needed to provide effective, person-centered care of the resident that meets professional standards of quality care and must include the minimum healthcare information necessary to properly care for the resident including, but not limited to the following: - . b. Physician orders; d. Therapy services; .

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 14005 Based on observation, interview, and record review, the facility and staff failed to follow a resident's care plan by not placing a gel cushion on a resident's recliner for pressure ulcer prevention, and the resident had a pressure ulcer, for 1 (#13); and failed to update the care plan for a resident requiring enhanced barrier precautions for 1 (#14) of 40 sampled residents. Findings include: Review of resident #13's current care plan showed a gel cushion was to be placed on the recliner on 3/29/23. On 1/18/25, the care plan showed bed linens should be wrinkle free, and a specialty air mattress was to be used. During an observation on 1/27/25 at 1:46 p.m., resident #13 was sitting in her recliner chair, and she was asleep. There was no gel cushion in resident #13's recliner. During an interview on 1/27/25 at 3:29 p.m., NF1 said resident #13 had slept in a recliner for fifteen or twenty years. NF1 said resident #13 recently developed a sore on her buttocks. Due to this, the care plan interventions of the bed linens and speciality air mattress would not be applicable as the resident slept in a recliner. During an observation on 1/28/25 at 8:40 a.m., resident #13 was sitting in her recliner chair, and there was no gel cushion observed in the recliner. During an interview on 1/29/25 at 9:14 a.m., staff member B stated resident #13 definitely needed a gel cushion on her chair. Staff member B went to resident #13's room and returned to the interview. Staff member B said the gel cushion was not on her chair. 48262 2. During an observation and interview on 1/28/25 at 8:20 a.m., resident #14 was sitting in his wheelchair in his room. Resident #14 stated he went to dialysis on Mondays, Wednesdays, and Fridays. Resident #14 then pointed to a catheter on his right upper chest and stated, It's for dialysis. During an interview on 1/30/25 at 11:45 a.m., staff member C stated enhanced barrier precautions apply to all residents with wounds or indwelling catheters. Staff member C stated resident #14's care plan should include enhanced barrier precautions. Staff member C stated he was conducting an audit of all residents to make sure enhanced barrier precautions were listed on all resident care plans to whom it would apply. Review of resident #14's care plan, dated 11/22/24, failed to show an intervention for enhanced barrier precautions related to the resident's right jugular catheter. Review of a facility document titled, Enhanced Barrier Precautions, showed the following information: Policy Interpretation and Implementation (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- . 5. EBP's are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization .

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 49554 Based on observation, interview, and record review, the facility staff failed to provide showers for 2 (#s 346 and 347); residents who felt personal cleanliness was important due to skin concerns and comfort, and repositioning for a dependent resident, for 1 (#346) of 40 sampled residents. Findings include: During an observation and interview on 1/28/25 at 7:46 a.m., resident #346 was lying on his back in bed; his hair looked oily and matted. Resident #346 stated, I have only had one bath since I was admitted on [DATE]th. You would think with my wounds I would get a shower more often. I generally run hot, and I have the window open, or I sweat. I am dependent on staff to assist with most of my cares, including bathing and repositioning. During an observation and interview on 1/28/25 at 1:43 p.m., resident #346 was still lying on his back in bed. NF4 stated, He (resident #346) has only had one shower since he arrived at the facility. He has wounds from surgery and had skin breakdown on his backside. They (the staff) aren't turning and repositioning him. He can't do it on his own. We have voiced that he should be getting showers regularly, but it seems the facility ignores our requests. During an interview on 1/28/25 at 3:00 p.m., NF5 stated, After he (resident #346) was admitted , he was left in his wheelchair for over eleven hours. Now he makes sure to have staff put him in bed after his therapy because he is scared they will get busy and leave him again. During an interview on 1/29/25 at 10:06 a.m., resident #346 stated, I have never received a bed bath. The staff came in and swabbed down my privates, but they have never done an actual bed bath. They could have spent five more minutes and gotten me all cleaned up. I wouldn't mind a bed bath; at least I would feel clean then. I prefer showers, but at this point I'd take anything. I don't like feeling dirty. During an interview on 1/29/25 at 10:08 a.m., staff member I stated, We (staff) must do baths and all other tasks. We run out of time and can't get all our work done. During an interview on 1/29/25 at 7:19 p.m., staff member E stated, We (staff) don't have enough time to complete everything that is expected of us. The residents don't understand that, and they shouldn't have to. We try to explain that we are too busy, and we try to get to everything, but it seems impossible most days. Review of resident #346's medical record showed a document titled, Bath Preference Questionnaire, dated 1/13/25. The document showed, We offer routine bathing two to three times per week - does this meet or exceed your expectations? An x was next to yes. Review of resident #346's tasks showed a shower was completed on 1/22/25; this was nine days after resident #346 was admitted to the facility. Review of resident #346's care plan dated 1/13/25 failed to show bathing preferences. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #346's care plan failed to show bathing preferences or frequency. Review of resident #346's Admission MDS, dated [DATE], showed, Section GG 0130. Self-Care: .E. Shower/Bathe Self: Dependent Section GG 0170. Mobility: 1. Roll left and right: =Substantial/maximal assistance. [sic] Review of resident #346's care plan, dated 1/13/25, showed: .Focus: Skin integrity impaired to Sacral Region, Buttocks .Interventions: .Turn and reposition frequently and as resident allows for prevention of further breakdown. [sic] 2. During observation and interview on 1/28/25 at 9:11 a.m., resident #347 was observed sitting on the edge of her bed; her hair was oily and unkempt. Resident #347 stated, I am supposed to get showers every two days. I have only had one shower since I got here on January 21st. During an interview on 1/29/25 at 9:54 a.m., resident #347 stated, I haven't received a bed bath. I try to clean myself in my bathroom, but the staff don't want me going in there by myself. I do try to clean up my lady parts. I don't like feeling dirty, and I prefer showers. Review of resident #347's medical record showed a document titled, Bath Preference Questionnaire, dated 1/21/25. This document showed, We offer routine bathing two to three times per week - does this meet or exceed your expectations? An x was next to yes.

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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. 49554 Based on observation, interview, and record review, the facility nursing staff failed to ensure treatment was provided, utilizing the physician orders, for changing a dressing for a PICC line for 1 (#346) of 40 sampled residents. Findings include: During an observation on 1/28/25 at 7:46 a.m., resident #346 had a PICC line in his right arm. The bandage was rolled down and closer to his elbow. During an observation and interview on 1/28/25 at 1:43 p.m., resident #346's PICC line bandage was rolled up near his elbow on his right arm. The PICC line port moved around when the resident moved his arm. NF4 stated, The bandage on his right arm for the PICC line has not been changed. It looked like it was going to come out the other day, so I used some gauze that he had on his dresser and wrapped it around his arm so it would be more stable. I don't think the staff have changed it since I wrapped it. During an interview on 1/29/25 at 7:19 p.m., staff member E stated, We (staff) don't have enough time to complete everything that is expected of us. The residents don't understand that, and they shouldn't have to. We try to explain that we are too busy, and we try to get to everything, but it seems impossible most days. During an observation and interview on 1/30/25 at 8:14 a.m., resident #346's PICC line was no longer in his right arm. Resident #346 stated, .It (PICC Line) got pulled out about four inches last night, so I went to the Emergency Department, and they removed it (PICC Line). They (Emergency Department) put in an IV port for my antibiotics, but it was stuck to my pajamas this morning when I woke up. I think they (facility staff) are going to have to schedule me to get another PICC line put in. Review of resident #346's physician orders, dated 1/20/25, showed, Change PICC line dressing every day shift every Mon. Review of resident #346's MAR/TAR failed to show any documentation of a PICC line dressing change being done on 1/20/25 or 1/27/25. Review of a facility document titled, Peripheral and Midline IV Dressing Changes, with a revision date of March 2022 showed, Purpose: This purpose of this procedure is to prevent complications associated with intravenous therapy, including catheter-related infections associated with contaminated, loosened or soiled catheter-site dressings. General Guidelines: 1. Perform site care and dressing change at established intervals or immediately if the integrity of the dressing is compromised (e.g., damp, loosened or visibly soiled) 2. Maintain sterile dressing . (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Change the dressing if it becomes damp, loosened or visibly soiled and: 4. at least every 7 days . [sic]

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 50245 Based on observation, interview, and record review, the facility failed to ensure wound dressings were changed as ordered by the physician, and failed to ensure sufficient wound documentation was completed, for 2 (#11 and #13) of 40 sampled residents. Findings include: 1. During an interview with resident #11 and her roommate, on 1/28/25 at 8:53 a.m., resident #11's roommate stated her (#11's) foot dressing had not been changed in a long time. Resident #11 nodded in agreement to her roommate's statement. Resident #11's left foot dressing had coban and kerlix wrapped tightly around her foot. The coban wrap was located about 1/4 of an inch in from the kerlix on the knee side. The coban wrap stopped about three inches from the tip of the great toe. Resident #11's heel was sitting on a pillow and not located in a Prevalon Boot. During an interview and observation on 1/29/25 at 8:01 p.m., resident #11 stated she felt that her foot condition had gotten worse since being at the facility. Resident #11 stated, I know it hurts a lot worse. Resident #11 also stated she had pain in her buttock area. Resident #11's left foot dressing had coban and kerlix wrapped tightly around her foot. The coban wrap was located about 1/4 of an inch in from the kerlix on the knee side. The coban wrap stopped about three inches from the tip of the great toe. Resident #11's heel was sitting on a pillow and not located in a Prevalon Boot. Review of resident #11's EHR showed three physician orders concerning wounds. Two orders showed a dressing change three times a week on: Directions: every day shift every Tue, Thur . Resident #11's physician wound orders showed: Offload using . Prevalon Boot . During an interview on 1/30/25 at 9:32 a.m., staff member L stated resident #11's foot wound started as a left toe amputation incision. Staff member L stated they were unsure about the exact timeline of resident #11's wounds, but stated they thought resident #11's foot condition was worsening. Staff member L stated resident #11 received care on the skilled (care) hall, then was transferred to the 200 hall. Staff member L stated resident #11 was then transferred to the 100 hall at the beginning of the year, and an infection had started. Review of resident #11's EHR showed a Weekly Head to Toe Skin Check, dated 11/28/24: Surgical incision where they amputated toe. Review of resident #11's EHR showed a Nutritional Assessment, dated 12/10/24: surgical incision - amputation left toe . Review of resident #11's EHR showed a Weekly Head to Toe Skin Check, dated 1/2/25: metatarsal area, left lateral foot, pressure ulcer left heel. Review of resident #11's EHR showed a Weekly Head to Toe Skin Check, dated 1/11/25: Left toe: surgical incision . comments: pressure ulcer left heel Review of resident #11's EHR showed a Skin and Wound Evaluation, dated 1/15/25: Location: Left Dorsum: 3rd Digit (Toe), Distal, Tip. The wound was described as having 100% eschar, wound measurements were provided, and it was documented that there was no evidence of an infection, Debridement: None. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Review of resident #11's EHR showed a Skin and Wound Evaluation, dated 1/15/25: Type: Pressure; Stage: Deep Tissue Injury ., Location: Left Heel, Distal, Acquired: .Present on Admission, Progress: New . The resident developed a new deep tissue pressure injury. During an interview on 1/30/25 at 10:09 a.m., staff member L stated the dressing on resident #11's foot looked a bit tight and stated it did not appear the dressing had been changed on Tuesday as the physician had ordered. Staff member L stated it was rare to wrap any dressing in the exact same configuration. Staff member L stated they did not understand what was meant by the dorsum of the foot which was mentioned in the Skin and Wound Evaluations. Staff member L stated they would have assumed dorsum meant the top of the foot like dorsal. 14005 2. Review of resident #13's hospice note, dated 12/31/24, showed resident #13 had a Stage III pressure ulcer on her right medial buttock, which was acquired on 12/30/24. Resident #13's pressure ulcer measured 2 cm length by 2 cm width by 0.2 cm deep. The pressure ulcer had a moderate amount of drainage noted, but no tunneling, slough, or eschar. The wound was described as beefy red with white macerated skin to peri wound. Review of resident #13's hospice order, dated 12/31/24, showed a right medial buttock pressure ulcer. The orders showed nursing staff were to cleanse the right buttock wound with cleanser of choice, pat dry, and Apply barrier cream or skin prep of choice to macerated peri wound. Apply collagen sheet to wound bed, fold to fit if necessary, cover with bordered dressing. Change the dressing every day. Caregivers to change the dressing on days hospice nurse does not visit. The order was noted by facility staff on 1/3/25, with a note that showed, per hospice RN, facility nurse to change dressing prn or when hospice nurse is unable. The hospice nurse visits the resident twice a week. Review of resident #13's Weekly Head to Toe Skin Check, dated 12/31/24, showed a small open area on her buttock. The area was not measured or described in the assessment. Review of resident #13's Weekly Head to Toe Skin Check, dated 1/7/25, showed no skin issues. Review of resident #13's Weekly Head to Toe Skin Check, dated 1/14/25, showed resident #13 was being monitored and treated for Stage III pressure ulcer to coccyx. The resident was currently under Hospice Care with dressing changes, and PRN changes to be done by staff when not visited by Hospice, and the skin check showed, Dressing this day is clean, dry and intact. [sic] Review of resident #13's Weekly Head to Toe Skin Check, dated 1/22/25, showed only redness to bony prominences. The Stage III pressure ulcer was not addressed on this assessment. Review of resident #13's current care plan showed staff were to coordinate care with hospice. The physician ordered for resident #13 to have daily dressing changes to the Stage III pressure ulcer. The hospice nurse was scheduled two times a week to perform wound care. The facility nurse would be responsible for changing the dressing the other five days. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Review of a Weekly Head to Toe Skin Check, completed by a staff nurse on /17/25, showed the wound was a Stage II, however the wound bed was unable to be visualized. The wound measured 1 cm in circumference. The progress note showed hospice performed the treatment and applied the dressing to resident #13's coccyx. Review of resident #13's January 2025 treatment record sheets showed there were no nurse signatures from 1/1/25 through 1/25/25. There was no documentation to show the wound treatments and dressing changes had been done during this 25-day period. During an observation on 1/27/25 at 1:46 p.m., resident #13 was sitting in her recliner chair, asleep. There was no gel cushion in resident #13's recliner for pressure relief. During an interview on 1/27/25 at 3:29 p.m., NF1 said resident #13 had slept in a recliner for fifteen or twenty years. NF1 said resident #13 recently developed a sore on her buttock. During an observation on 1/28/25 at 8:40 a.m., resident #13 was sitting in her recliner chair. There was no gel cushion in the recliner for pressure relief on her buttock. During an interview on 1/29/25 at 8:59 a.m., staff member D said the facility only changes resident #13's buttock wound dressing, as needed, if the dressing comes off. Staff member D said Hospice changes the dressings and measures the wound. Staff member D said the dressing was not scheduled to be changed every day. Staff member D was not sure when Hospice was coming next. During an interview on 1/29/25 at 9:14 a.m., staff member B stated resident #13 definitely needed a gel cushion on her chair. Staff member B went to resident #13's room and returned to the interview. Staff member B said the gel cushion was not on her chair. Review of resident #13's current care plan, showed the resident was to have a gel cushion placed in the recliner on 3/29/23. On 1/18/25, the care plan showed bed linens should be wrinkle free and a specialty air mattress was to be used. Resident #13 did not sleep in a bed, she slept in a recliner, so the interventions would not be beneficial for pressure relief for her wound.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 49554 Based on observation, interview, and record review, the facility failed to follow a physician's order and provide nebulizer treatment supplies for 1 (#347) of 1 sampled resident for respiratory concerns. Findings include: During an observation and interview on 1/28/25 at 9:11 a.m., resident #347 stated, I was doing nebulizer treatments at home, and I wonder if I should have my daughter-in-law bring my machine to me. I feel like my breathing is getting worse, and I have had more breathing attacks lately. No nebulizer machine was observed in resident #347's room. During an observation and interview on 1/29/25 at 9:54 a.m., resident #347 stated, I still haven't received any nebulizer treatments. I was taking them every four hours at home. There was still no nebulizer machine observed in her room. During an interview on 1/29/25 at 7:46 p.m., staff member J stated, . I have never administered a nebulizer treatment to her (resident #347). She does have an order for them in her MAR. Review of resident #347's physician orders, dated 1/22/25, showed, (Nebulizer) Resident has a diagnosis of: acute respiratory failure and exhibits intermittent acute airway obstruction requiring treatment with respiratory medications via inhalation. Administer respiratory medications via inhalation as needed for evidence of acute airway obstruction. Document medication administered on mar every 2 hours as needed for SOB/Wheezing related to ACUTE RESIPRATORY FAILURE WITH HYPOXIA for 30 days. [sic] Review of resident #347's EHR failed to show documentation of a nebulizer treatment being administered, documentation of the nebulizer being offered, or documentation of the resident refusing nebulizer treatments.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50245 Based on observation, interview, and record review, the facility failed to ensure call lights were answered in a timely manner for 11 (#s 7, 10, 11, 15, 27, 31, 41, 56, 58, 66, and 69), and failed to provide regular bathing and personal cares for 3 (#s 346, 347, and 348) of 40 sampled residents. This left some residents feeling afraid they would not receive care, felt unsafe due to the provision of improper care, felt dirty due to lack of hygiene/bathing assistance, were angry for lack of care and services, and had a feeling of being forgotten when services were not provided as necessary. Findings include: 1. a. During an interview on 1/27/25 at 3:36 p.m., resident #7 stated lunch was served late in her room sometimes (at 1:30 p.m.), and she would not have enough time to eat without missing bingo. Resident #7 stated she felt low staffing was a contributing factor to why her food was served late. b. During an interview on 1/27/25 at 3:55 p.m., resident #56 stated she waited 15 minutes most of the time for her call light to be answered. Resident #56 stated the longest she had waited was one hour and forty five minutes for her call light to be answered. She stated when she waited this long, she would not make it to the bathroom in time and she stated it made her feel dirty. Resident #56 stated sometimes she would not wait for staff, and would try to make it to the bathroom without a staff member present. Resident #56 stated there had been an issue in the past where it took so long for her call light to be answered that she would fall asleep. Resident #56 stated staff would turn off her call light, and she had to turn it back on again. c. During an interview on 1/27/25 at 4:13 p.m., resident #15 stated once a week she would wait 20 to 30 minutes for her call light to be answered. She stated she felt there was not enough staff for the facility and expressed concern for the outside [Company Name] staff. Resident #15 also stated she was concerned about the staffing ratios of one CNA for 22 residents on her wing. d. During an interview on 1/28/25 at 8:35 a.m., resident #58 stated, Forget it, when he referred to the time it took for his call light to be answered. Resident #58 stated he would skip pushing the call button and find a staff member in the hallway for assistance. Resident #58 stated he had once waited 10 to 15 minutes when his roommate had fallen on the floor. He stated he got tired of waiting for help for his roommate so he went out to go find a staff member. e. During an interview on 1/28/25 at 8:53 a.m., resident #11 stated she would push the button again as it magically turns off at times. She stated she sometimes would wait 15 minutes for her call light to be answered. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	f. During an interview on 1/29/25 at 8:08 a.m., resident #66 stated she and her roommate (#11) had waited hours for their call light to be answered the night of 1/28/25. She stated she pushed her call button at 6:30 p. m., but the call light and her needs were not addressed until 11:00 p.m. Resident #66 stated, I was so fricken mad! She stated she had been in pain, and her feet were numb from sitting in her chair so long. She stated, I don't know what they're (staff) doing, but it's not their job. Resident #66 stated she requested a Hoyer mechanical lift transfer that night due to her feet being numb, but staff insisted on using the sit to stand mechanical lift. She stated, I couldn't feel my feet, and it scares me [to transfer when her feet were numb]. She stated she had asked two staff in the dining room to put her back in bed, but they had been leaving for the end of their shift. Resident #66 stated the staff told her the next shift would be able to help her. Resident #66 stated she refused to get into her chair today, 1/29/25, due to fear of getting stuck in her chair again for too long. g. During an interview on 1/29/25 at 1:16 p.m., resident #11 stated the night of 1/28/25, she had waited hours for her call light to be answered. She stated she was waiting forever. Resident #11 stated she had put the call light on at 6:00 p.m., but her needs were not addressed until 9:00 p.m. Resident #11 stated the staff asked her to do a pivot transfer instead of using a sit to stand lift. Resident #11 stated she never liked to transfer this way because it does not make you (her) feel safe. h. During an interview on 1/29/25 at 2:03 p.m., resident #41 stated he needed cleaned up from a bowel movement. He stated once or twice a week he had to wait 20 to 30 minutes for his call light to be answered. i. During an interview on 1/29/25 at 2:08 p.m., resident #10 stated she had been left in the bathroom for one hour and forty five minutes once, waiting for her call light to be answered. Resident #10 stated this made her feel uncomfortable, and I just thought they forgot about me. She stated she was going to try to get up herself, but decided against it. Resident #10 stated the night shifts staff seemed unsafe and rushed at times. Resident #10 stated during transfers to the bathroom, she had hit the door jamb of the bathroom door multiple times. She stated one staff declined filling her CPAP with water as they had told her I have to go, I've got lights going on. During an interview on 1/29/25 at 4:25 p.m., staff member K stated call light times will impact resident satisfaction. Staff member K stated there was currently one CNA working on her assigned hallway. Staff member K stated they felt call lights were answered significantly quicker when there were two CNAs, due to the large number of residents who had mechanical lift transfers, who lived on that hall. Staff member K stated there were 13 residents who required lift transfers, six of those required a Hoyer (full body mechanical) lift. Staff member K stated two staff were needed to operate a Hoyer lift. When referring to the night of 1/28/25, staff member K stated they would not recommend pivoting resident #11 due to safety, and stated she needed a mechanical lift. Staff member K stated, We were doing that [pivot transferring resident #11] and it's not very safe that way. j. During an observation on 1/29/25 at 7:32 p.m., resident #31's call light was on. During an observation and interview on 1/29/25 at 7:33 p.m., resident #31's call light was still on. Resident #31 stated she had been waiting about five minutes since turning on her call light. She needed help transferring off of the toilet, to her wheelchair. Resident #31 stated, They definitely need more help. Resident #31 stated the staff had told her they did not have time to go to the bathroom themselves. She stated this was unfair to the staff and to the residents. During an observation on 1/29/25 at 7:42 p.m., resident #31's call light was still on and her needs were still not addressed at this time. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an observation on 1/29/25 at 7:43 p.m., resident #31's call light was now turned off. Staff member Q stated they would be right back to help resident #31 transfer off of the toilet. k. During an observation on 1/29/25 at 7:24 p.m., resident #69's call light was on. During an observation on 1/29/25 at 7:32 p.m., resident #69's call light was still on. During an observation and interview on 1/29/25 at 7:42 p.m., resident #69's call light had been on for 18 minutes. Resident #69 stated she was wet and needed (brief) to be changed. She stated she felt the facility was understaffed and gave an example. She stated there were 30 residents residing on the same hallway, with one nurse and one CNA, to care for all of the residents. She stated it was not uncommon for a staff member to turn off the call light before her needs were fully addressed. During an observation on 1/29/25 at 7:53 p.m., resident #69's call light was answered. Resident #69's call light was on for a total of 29 minutes. l. During an observation and interview on 1/29/25 at 7:47 p.m., resident #27's call light was still on. He stated he had been waiting for 10 minutes and stated waiting ten to fifteen minutes was not an uncommon wait time. Resident #27 stated staff would forget sometimes if the call light was turned off before his needs were addressed, and he would have to call for assistance again. During an observation on 1/29/25 at 7:53 p.m., resident #27's call light was turned off. Staff member Q stated they would be right back after helping one other resident. During an observation and interview on 1/29/25 at 7:58 p.m., resident #27 stated, I turned on my light again. Resident #27's call light had been on for 19 minutes. During an interview on 1/30/25 at 9:11 a.m., staff member P stated they tried to answer a call light in at least five minutes, and staff tried to answer the call lights right away. Staff member P stated, Some days, yes, when referring to if they felt rushed in performing cares. Staff member P stated with the high (resident) acuity of showers, (resident) lay-downs, and (resident mechanical) lifts, it was unfair to the CNAs and residents. During an interview on 1/30/25 at 10:51 a.m., staff member A stated a 30 minute call light answer time was unacceptable. 49554 2. During an observation and interview on 1/28/25 at 7:46 a.m., resident #346 was lying in bed, and his hair looked oily and matted. Resident #346 stated, I have only had one bath since I got here on 1/13/25. I learned quickly that I need to ask to be put in bed before dinner. I had been in my chair all day, and the staff refused to put me in my bed. They (the staff) said they had to pass trays first, and there were only two of them. I ended up being in my chair for 11 hours straight and have a sore on my backside . During an observation and interview on 1/28/25 at 8:50 a.m., resident #348 was trying to dress herself while sitting in her chair, and she was struggling to get her pants up. NF6 stated, .there are delays in care at times. I do think they are understaffed . (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 1/28/25 at 9:11 a.m., resident #347 stated, I have only had one bath since I was admitted on [DATE]. I don't think there is enough staff to give baths. I don't like feeling dirty, so I try to clean myself up in my bathroom. During an interview on 1/28/25 at 1:43 p.m., NF4 stated, They (facility) never has enough staff on. Baths aren't getting done, and wound care and dressing changes aren't getting done. One day he (resident #346) spent over 11 hours in his wheelchair. The staff said they couldn't help him because they had other things that needed to be done. During an interview on 1/28/25 at 3:00 p.m., NF5 stated, They (the staff) haven't been changing his (resident #346) dressings as frequently as they should. He has only had one shower, and with all his wounds, you would think they would make his shower a priority . During an interview on 1/29/25 at 8:15 a.m., staff member A stated the facility did not have some of the requested staffing related documents, as the former director of nursing had them, and did not provide them to the facility when her employment ended. Staff member A stated, We use Clipboard staff to fill in for nursing needs, it's a necessary evil. We are trying to get away from using them, because it makes a difference for our residents receiving care and our staff working with them. Staff member A stated there was frequent turnover in nursing management positions, which affected the ability to keep up with regular staffing needs and training. Staff member A stated, We are working on getting our sixth DON hired in this one year I have been here, so we haven't had consistent management of nurse staffing issues. During an interview on 1/29/25 at 10:08 a.m., staff member I stated, There are only two CNAs scheduled for this hall, and there are 23 residents. We are stretched so thin. These residents are here for therapy, and they have a high acuity. We never have enough time to do all our tasks. We are even expected to do baths. It just doesn't get done (resident care) . During an interview on 1/29/25 at 7:19 p.m., staff member E stated, . Cares aren't getting done. There is not enough help. We don't even get our breaks. The residents get frustrated because they don't understand why things aren't getting done or why we don't have enough help. They shouldn't have to worry about that. The residents are the ones suffering . During an interview on 1/29/25 at 7:46 p.m., staff member J stated, We don't get to everything when it comes to our tasks. We could use another CNA. For days they schedule two CNAs and nights only one CNA . 14005 During an interview on 1/30/25 at 9:00 a.m., staff member R said there were not enough CNAs to get everything done some days. Staff member R said the residents don't always get baths because there aren't enough staff. Staff member R said the lack of shower rooms also makes it difficult to get the residents showers done. Staff member R said staff from other halls bring their residents to the Rimview unit because there were two functioning shower rooms on Rimview. Staff member R said the staff must work on the priorities, like answering call lights, making sure the residents have meals, and getting them to the bathroom. Staff member R said baths were often not a priority when there was not enough staff. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 1/30/25 at 9:36 a.m., staff member C said the schedule starts out looking pretty good for the month. The cause of the staffing shortages was due to the number of staff calling off for their shifts. Replacing the absent staff was difficult, and it led to staffing shortages. 51111 During an interview on 1/30/25 at 9:32 a.m., staff member A stated he had filled in as the facility infection prevention staff member, when there was not coverage, due to turnover of ADONs and DONs. Staff member A stated infection control issues were not up to date due to the new ADON just starting in her position. Staff member A stated the facility had worked on a skin action plan as part of a recent POC related to showers. He stated they started it, then some of it fell apart, and they had to restart it due to staff turnover.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 14005 Based on interview, and record review, the facility failed to ensure that a licensed pharmacist adequately addressed and documented the monthly medication regimen review for 1 (#63) of 40 residents who received four psychotropic medications. Findings include: Review of resident #63's medication administration record for January 2025 showed the following: - Olanzapine 20 mg by mouth every day which was ordered on 6/12/24 - Clonazepam 0.5 mg by mouth every day ordered 6/12/24 - Trazodone 150 mg by mouth at bedtime every day ordered 6/12/24 - Paroxetine 20 mg by mouth every day ordered 7/11/24 Review of the facility's Monthly Medication Reviews, for resident #63, dated June 2024 through January 2025, showed: - 7/22/24, a request was made to get an appropriate diagnosis for Olanzapine - 10/24/24, a request was made to get an appropriate diagnosis for Olanzapine, and a note which showed, GDR on 4 medications. The pharmacy review failed to identify or make appropriate recommendations as to what medication dosage should be changed or reduced. Resident #63's medication administration record showed no dose reductions were attempted for those medications since the initiation of the medications. The medication administration record showed the Olanzapine diagnosis was not changed, and an appropriate diagnosis was not identified. During an interview on 1/30/25 at 11:15 a.m., staff members A and Q said the facility was aware of the problems with the pharmacy. Staff members A and Q said the current pharmacy had not been tracking psychotropic medications, and there was no follow up on recommendations. Staff members A and Q said the pharmacy does not take a deep dive into the medical record to make appropriate suggestions for the monthly drug regimen review.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51111 Based on interview and record review, the facility failed to ensure a gradual dose reduction (GDR) was implemented or documented by a provider as clinically contraindicated for residents receiving psychotropic medications, for 3 (#s 5, 18, and 63) of 40 sampled residents. Findings include: 1. A request was made to the facility on [DATE] at 5:29 p.m., for documentation of the GDRs for resident #5 and resident #18. During an interview on 1/30/25 at 10:59 a.m., staff member A stated there were no GDRs for resident #5 or resident #18. Staff member A stated the pharmacist provided monthly medication reviews, but no GDRs were documented. Review of resident #5's care plan, dated July 2024, showed an identified focus related to medications causing potential adverse effects. The intervention for antipsychotics showed: .educate about the following areas: increased mortality in elderly patients with dementia-related psychosis . Antipsychotic are to be used for the shortest duration at the lowest dose possible in older adults with dementia. The need for a gradual dose reduction should be re-assessed periodically. [sic] Review of resident #5's MDS, dated [DATE], showed under the section, Antipsychotic Medication Review, a response of No for the question of Has a gradual dose reduction been attempted? There was no date of any last attempted GDR, and a response of No to Physician documented GDR as clinically contraindicated. Review of resident #5's social service note, dated 12/30/24, showed: SS (Social Services) facilitated telehealth with [psychiatric provider]. SS informed [psychiatric provider] of situation that occurred over the weekend--trip to [hospital] for Psych Eval. Psychotropics reviewed. [Psychiatric provider] is going to take off night dose of Wellbutrin .would like to try this for 6 weeks. New appointment set for 2/3/2025 @ 2:30pm. [sic] Review of resident #5's MAR, dated January 2025, showed resident #5 received: - Abilify 2 mg tablet, ordered 3/8/24, - Duloxetine capsule delayed release 90 mg total dose, ordered 3/8/24, - Trazodone tablet 100 mg (200 mg total dose), ordered 10/7/24, - Buspirone tablet 15 mg, ordered 3/7/24, - Wellbutrin SR 150 mg, ordered 1/1/25, and, (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Lorazepam 0.5 mg, ordered 3/7/24. Review of resident #5's pharmacist progress note, dated 1/20/25, showed: MRR Complete - no irregularities. The note did not address medication orders changed by resident #5's psychiatric provider on 12/30/24. 2. Review of resident #18's MAR, dated January 2025, showed resident #18 received: - Caplyta capsule 42 mg, ordered 8/30/24, - Citalopram tablet 40 mg, ordered 11/18/23, and, - Ativan 1 mg tablet, ordered 8/28/23. Review of resident #18's primary care progress note, dated 1/14/25, showed: - .olanzapine was replaced with lumateperone 42 mg nightly at bedtime, psychotropic medication consent 9/11/2024 in PCC . - continue Citalopram 40 mg daily and Ativan 1 mg currently 3 times daily as directed by [psychiatric provider] . - Pertinently has failed prior GDRs with difficult to control symptoms; directions for GDR to come from psychiatry . 14005 3. Review of resident #63's medication administration record showed resident #63 was admitted on [DATE]. The medication administration record for January 2025, showed resident #63 was ordered to have: - Olanzapine 20 mg once a day for anxiety disorder. This dose was started on 6/12/24. - Paroxetine 20 mg daily for unspecified anxiety disorder. This medication was initiated on 7/11/24 - Trazodone 150 mg daily at bedtime. This medication was started upon admission on 6/12/24 - Clonazepam 0.5 mg by mouth twice a day. This medication was started on 6/12/24. Review of the facility Monthly Medication Reviews, dated June 2024 through January 2025, showed: - 7/22/24 a request was made to get an appropriate diagnosis for Olanzapine - 10/24/24 a request was made to get an appropriate diagnosis for Olanzapine and a note whichshowed, GDR on four medications. The pharmacy review failed to identify or make appropriate recommendations as to what medication dosages should be changed or reduced. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #63's medication administration record showed no dose reductions were attempted for those medications since the initiation of the medications. The medication administration record showed the Olanzapine diagnosis was not changed and an appropriate diagnosis was not identified. The resident had lived at the facility for over seven months, and there was no evidence that a dose reduction was attempted. During an interview on 1/30/25 at 11:15 a.m., staff members A and Q said the facility was aware of the problems with the pharmacy. Staff member A said there had been numerous changes in nurse leaders in the last year. Staff members A and Q said the current pharmacy had not been tracking psychotropic medications, and there was no follow up on recommendations. Staff members A and Q said the pharmacy did not take a deep dive into the medical record to make appropriate suggestions for the monthly drug regimen review. Review of a facility policy titled, Tapering Medications and Gradual Drug Dose Reduction, dated July 2022, showed: . Within the first year after a resident is admitted on a psychotropic medication or after the resident has been started on a psychotropic medication, the staff and practitioner shall attempt a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated .

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Skyline Heights Nursing and Rehabilitation	1807 24th St W Billings, MT 59102

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. 48262 Based on observation and interview, the facility failed to ensure medications were properly labeled and failed to properly dispose of expired medications and medical supplies, allowing them to remain available for use. These failures could negatively affect a resident receiving expired medications and or medical supplies. Findings include: During an observation and interview on 1/27/25 at 2:00 p.m., Staff member E stated the night nurse had been responsible for monitoring medical supplies and discarding any expired products. Staff member E stated the facility had experienced a high turnover of nurse management over the last year and was not sure if the night nurse was currently responsible. One medication refrigerator was identified, and it was located on Copper Crest unit, in the medication storage room. Three vials of Tubersol intradermal injection solution 5/0. 1 ml, were observed to be previously opened. The opened, multi-dose vials, were not dated with the date the vials were originally opened. Staff member E stated Tubersol intradermal solution should be dated when it is initially opened by the nurse and was usable for 28 days. The following opened and undated medications and expired medical supplies were found during this observation located in the Copper Crest unit medication supply room: - Three vials Tubersol intradermal injection solution 5/0.1 ml expiration date 11/25/25. No opened date on vials, - Six 25-gauge 5/8 inch needles expiration date 9/6/24, - 45 Vacuette blood collection tubes expiration date 9/30/24, - Seven QuantiFERON-TB Gold Plus collection kits expiration date 11/2024, - Seven boxes COVID antigen Home Test 2 tests per box expiration date 12/6/24, - Seven Viral test tube UTM-RT 3 ml expiration date 11/6/24, - Seven BP max plus clear needleless connector expiration date 9/27/24, - One BP max plus clear needleless connector expiration date 6/19/24, - One BP max plus clear needleless connector expiration date 6/22/24, and - Six 25-gauge 5/8 inch needle expiration date 7/31/23. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an observation and interview on 1/27/25 at 2:37 p.m., Staff member F stated she was responsible for monitoring the Mountain View unit medication room. Staff member F stated any supplies reaching their expiration date were removed from the medication room and discarded. One medication refrigerator was identified located in the Mountain View unit medication storage room. One vial of Tubersol intradermal injection solution 5/0.1 ml, was observed to be previously opened. The opened, multi-dose vial was not dated with the date the vial was originally opened. Staff member F stated Tubersol intradermal solution was dated by the nurse who initially opens the vial and can be used for 28 days. The following opened and undated medication and expired medical supplies were found during this observation located in the Mountain View medication supply room: - One open bottle naproxen with sodium 200 milligrams expiration date 4/2024. No open date found on the bottle, - One sterile tray opened, - One vial opened Tubersol intradermal injection solution 5/0.1ml expiration date 8/20/27. No open date found on the vial, - Seven NIPRO syringe 5 milliliters without needle expiration date 10/31/24, - Seven Assure ID Trip Percula insulin safety syringe 25-gauge 5/8 inch needle expiration date 9/6/24, - Two BD Insyte Autoguard 24-gauge x 0.75-inch syringe expiration date 11/30/24, - Two Cardinal Health Monoject 3 milliliter syringe with hypodermic safety needle 25-gauge 5/8 inch needle expiration date 2/28/27 packages are open with the hypodermic needles only, and - One box containing 10 Sensura Mio flex ostomy pouches expiration date 9/21/24. 14005 During an observation on 1/27/25 at 1:13 p.m., Rimview 1 medication cart showed insulin aspart was not dated when opened, and one Humalog quickpen was opened, used, and was not dated. During an interview on 1/27/25 at 1:13 p.m., staff member D said the non-dated pens were being used for the residents. During an observation on 1/27/25 at 1:18 p.m., the Copper Crest [NAME] medication cart showed a Binex now covid test kit expired on 8/14/23. During an observation made on 1/27/25 at 1:23 p.m., the following insulin pens were opened, being used, and were not dated: - Insulin aspart - Semglee (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- Basaglar - Lantua - Asparta - Lispro - Lantus During an interview on 1/27/25 at 1:25 p.m., staff member H said the pens need to be dated when opened because they are only good to use for a certain amount of time after it is opened. Staff member H said when he worked he tried to make sure all the pens were dated when he opens them. Staff member H said all the nurses should date them when the pens were opened and used for the first time. During an observation on 1/27/25 at 1:45 p.m., the Rimview medication room showed seven red top vacutainers expired on 9/30/24, one green top vacutainer expired on 9/30/24, and seven green top vacutainers expired on 10/30/24.

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50245 Based on observation, interview, and record review, the facility failed to ensure 3 (#s 11, 36, and 66) of 40 residents received dental services, and resident #36 was embarrassed and had discomfort due to her dental needs, and #11 gave up wearing dentures because they did not fit correctly. Findings include: During an interview and observation on 1/27/25 at 3:16 p.m., resident #36 stated she had a missing upper right tooth that she felt was embarrassing. She stated she also had a left lower tooth that needed a crown because it would hurt sometimes. Observation of resident #36's left lower molar showed a deep space in the middle of the tooth with some cracks, and a yellowish color throughout the top surface of the tooth. Resident #36 stated, I would like to get that taken care of because that bugs me. Resident #36 was admitted to the facility on [DATE]. Review of resident #36's MDS, dated [DATE], showed: No for the following categories: Broken or loosely fitting full or partial denture . and Mouth or facial pain, discomfort . During an interview on 1/28/25 at 8:53 a.m., resident #11 stated her dentures did not fit correctly, were uncomfortable to eat with, and she stated, I gave up on wearing them. Resident #11 stated she had asked the facility about getting dentures properly fitted, but nothing had changed. Review of resident #11's EHR showed a weight loss of 3.82% in three months (An admission weight on 11/11/24 was 183.2 pounds. A current weight on 1/26/25 was 176.2 pounds). During an interview on 1/28/25 at 9:12 a.m., resident #66 stated her dentures did not properly fit. Resident #66 stated she would prefer to eat with dentures as it would make chewing easier. Resident #66 was admitted to the facility on [DATE]. A request was made on 1/28/25 at 1:48 p.m. , for dental appointments, notes, or referrals for residents: #11, 36, and 66. During an interview on 1/28/25 at 3:50 p.m., staff member A stated they did not have any appointments, notes, or referrals for residents: #11, 36, and 66.

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. 50245 Based on observation, interview, and record review, the facility failed to ensure physician ordered therapeutic diets were followed, for 7 (#s 7, 10, 11, 15, 36, 39, 66) of 40 sampled residents. Findings include: a. During an interview on 1/28/25 at 8:53 a.m., resident #11 stated the food she was served at the facility did not follow a renal diet. She stated she was not supposed to have tomatoes as they have too much potassium and phosphate. She stated the facility often served her tomatoes. She also stated she was served high sugar foods. b. During an interview on 1/27/25 at 4:13 p.m., resident #15 stated the diet served depended on which cook was scheduled for the day. c. During an interview and observation on 1/29/25 at 8:38 a.m., resident #7 was served oatmeal with brown sugar, eggs, orange juice, coffee, a bagel, and cream cheese. Resident #7 stated this was a large amount of carbohydrates for her and she did not even like bagels. Resident #7 stated she was a diabetic. Review of resident #7's breakfast meal ticket showed a CCHO diet. e. During an observation on 1/29/25 at 12:24 p.m., resident #39 was served a hot dog, french fries, buttered squash, a jello dessert, milk, and fruit punch. Resident #39's lunch meal ticket showed a CCHO diet. f. During an observation on 1/29/25 at 12:27 p.m., resident #36 was served a hot dog, french fries, buttered squash, a jello dessert, milk, and fruit punch served for lunch. Resident #36's lunch meal ticket showed a CCHO diet. g. During an interview on 1/29/25 at 1:16 p.m., resident #66 stated her food served for lunch was a hot dog, french fries, buttered squash, a jello dessert, and fruit punch. Resident #66 stated she was a diabetic. Resident #66's lunch meal ticket showed a CCHO diet. h. During an interview and observation on 1/29/25 at 2:08 p.m., resident #10 stated she was often served salty food depending on the cook. She stated she needed a low sodium diet because she would retain water in her lower extremities. Resident #10's lunch meal ticket showed: NAS diet also known as a No Added Salt diet. During an interview on 1/29/25 at 3:50 p.m., staff member M stated they were unsure what a CCHO or Carbohydrate Controlled Diet was. Staff member M was unsure what would consist of a renal diet. Staff member M stated the last time the employee received education on therapeutic diets was six to eight months ago. Staff member M stated voiced not hearing of a Liberal House renal diet, and stated, [I have] never heard of that one [diet]. Review of resident #11's physician order showed, Liberal House renal diet. (continued on next page)

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of resident #11's diagnosis showed, End Stage Renal Disease. During an interview on 1/29/25 at 4:30 p.m., staff member K voiced therapeutic diets were not being followed, and the employee gave an example, and stated diabetics were served regular syrup.

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a plan that describes the process for conducting QAPI and QAA activities. 51111 Based on interview and record review, the facility failed to utilize and maintain a QAPI system to identify performance improvement issues related to staffing concerns, resident showers, and infection control, and failed to show how the QAPI committee was involved in addressing these quality of care issues which could negatively affect many, or all, of the residents residing at the facility. Refer to F725 Sufficient Staffing, F677 ADL care for Dependent Residents, and F880 - Infection Control, for findings related to the concern areas identified. Findings include: A request was made for the facility's QAPI plan, as stated as item number 31 on the entrance conference worksheet, on 1/27/25 at 1:15 p.m. The QAPI Plan was to be provided by the facility within four hours of entrance, but the facility document for the QAPI plan only showed QAA committee members. A request was made for the facility's QAPI plan again, on 1/27/25, at 5:00 p.m. The facility provided two pages, both undated, on 1/29/25. One page showed one PowerPoint slide of a QAPI Plan - Quarterly with page number 45 on the bottom corner, and the other page showed a slide of a QAPI Plan - Yearly Goals with page number 46 on the bottom corner. The QAPI plans provided did not have a documented process of how the facility was maintaining identified concerns at acceptable levels of performance and time frames of tracking the concerns for continual improvement. The plans did not describe how the facility conducts required QAPI and or QAA committee functions for the identification and correction of quality of care and quality of life deficient practices or concerns identified. During an interview on 1/29/25 at 8:15 a.m., staff member A stated the facility did not have requested staffing related documents because the former director of nursing had them, and did not provide them to the facility when her employment ended. Staff member A stated there was frequent turnover in nursing management positions, which affected the ability of the facility to keep up with regular staffing needs and training. Staff member A stated, We are working on getting our sixth DON hired in the one year I've been here, so we haven't had consistent management of nurse staffing issues. During an interview on 1/30/25 at 9:32 a.m., staff member A stated he was working in his management role, along with filling in for three other administrative level positions, due to staff vacancies. Staff member A stated he had filled in as the facility infection prevention staff member, specifically when there was no coverage provided, due to turnover of ADONs and DONs. Staff member A stated infection control issues were not up to date due to the new ADON just getting started in her role. Staff member A stated the facility QAPI committee worked on a skin action plan as part of a recent POC related to showers, and they started it, some of it fell apart, and they restarted it due to staff turnover. Review of a facility document titled, QAPI Plan - Quarterly, not dated, showed, .Employee retention - orientation to be fully implemented by the end of January, Retention team created and implemented by end of March . Reduce Re-hospitalization s - Admissions director to review all referrals to ensure level of care is appropriate for facility (on going). On going with pharmacy. (continued on next page)

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of a facility document titled, QAPI Plan - Yearly Goals, not dated, showed, Employee retention- Reduce employee turnover by 10%. Reduce agency usage by 35% . Ensure all residents receive/offered showers in a timely manner- Continue to work POC until reasonable compliance is reached. Then continue to monitor it weekly. Improve overall nursing documentation- Nursing charting will improve to 95% completion by the end of the year. Review of a facility policy titled, Quality Assurance and Performance Improvement (QAPI) Program, dated February 2020, showed: The QAPI Committee oversees implementation of our QAPI Plan, which is the written component describing the specifics of the QAPI program, how the facility will conduct its QAPI functions, and the activities of the QAPI Committee. The QAPI plan describes the process for identifying and correcting quality deficiencies. Key components of this process include: a. Tracking and measuring performance; b. Establishing goals and thresholds for performance measurement; c. Identifying and prioritizing quality deficiencies; d. Systematically analyzing underlying causes of systemic quality deficiencies; e. Developing and implementing corrective action or performance improvement activities; and f. Monitoring or evaluating the effectiveness of corrective action/performance improvement activities, and revising as needed.

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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. 14005 Based on observation, interview, and record review, the facility failed to ensure consistent enhanced barrier precautions were provided for 4 (#s 5, 6, 63, and 346) of 40 sampled residents; and the facility failed to provide staff education on proper donning and doffing of PPE, and the expectations of enhanced barrier precautions, which had an increased risk of a negative outcome to the facility population due to those staff working with or around other residents not on precautions. Findings include: 1. Review of resident #63's Weekly Head to Toe Skin Check form, dated 1/22/25, showed the resident had a below the knee amputation on the left leg. The assessment identified the incision area had three open areas to the mid incision, and one small open area, to the medial aspect of the incision line. During an interview on 1/27/25 at 4:45 p.m., resident #63 said when the nurses change the dressing on her leg, they only wear gloves. Resident #63 said the facility is not in Covid outbreak, so the nurses don't have to wear gowns. During an observation on 1/28/25 at 9:41 a.m., staff member H was observed doing wound care on resident #63's wound. The nurse donned gloves, removed the old dressing, and sprayed the wound with wound cleanser. Staff member H then packed the open areas with calcium alginate into the four open holes. Staff member H removed his gloves and without sanitizing his hands, and left the room to retrieve tape. Staff member H immediately came back into the room. Without donning gloves, staff member H placed an abdominal dressing pad on the wound and taped the dressing in place with his bare hands. During an interview on 1/28/25 at 9:52 a.m., staff member H said he should have worn a gown and gloves for the whole treatment for resident #63. 49554 2. During an observation and interview on 1/28/25 at 7:46 a.m., Resident #346 had dressings on both legs from a recent double amputation. Resident #346 pointed at PPE in a hanging storage rack on his bathroom door and stated, The staff just put that in here. It's never been in here before. They don't even use the gowns and stuff in there. I don't know why it is in here. During an interview on 1/28/25 at 1:43 p.m., NF4 stated, They (staff) have never used gowns or gloves when getting him (resident #346) up. I think that is something new, but they still aren't using them (gowns and gloves). During an interview on 1/28/25 at 3:00 p.m., NF5 stated, I have never seen them use PPE when getting him (resident #346) up. They do use gloves when doing personal care, but not a gown. During an interview on 1/29/25 at 10:08 a.m., staff member I stated, We would use gowns and gloves for direct care if the resident has an EBP sign on their door. Direct cares would be like toileting and catheter care. Transfers would not be considered direct care. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/29/25 at 7:46 p.m., staff member J stated, EBP signs are on the doors of those residents that require the use of PPE while performing cares. I can't say staff follow them (the signs) though. 50245 During an interview on 1/29/25 at 4:30 p.m., staff member K stated, Honestly, I'm not sure, when referring to when enhanced barrier precautions were needed. Staff member K stated the facility staff just had education on this topic today. Staff member K stated they were not required to physically don and doff any PPE. During an interview on 1/30/25 at 8:03 a.m., staff member B and staff member N stated education was needed for all of their staff concerning enhanced barrier precautions. 51111 3. During an interview on 1/28/25 at 8:28 a.m., resident #6 stated he has dressing changes on a wound done by staff, and he goes out for appointments for wound care. Resident #6 stated staff wear gloves and sanitize hands but don't wear a gown when doing catheter care. During an interview on 1/28/25 at 9:40 a.m., resident #5 stated staff sometimes wear gowns when they perform catheter care, they usually just wear gloves. Resident #5 stated, I've had the catheter for quite a while, they use supplies, they're hanging from the bathroom door. Review of the facility Enhanced Barrier Precaution Policy, written by Med-Pass and dated August 2022, showed activities requiring the use of gown and gloves included wound care for any skin opening requiring a dressing. Review of a facility policy titled, Enhanced Barrier Precautions, dated August 2022, showed: 1. Enhanced Barrier Precautions (EBPs) are used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms . to residents . 2. EBPs employ targeted gown and glove use during high contact resident care activities . 5. EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices . 6. EBPs remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk . 9. Staff are trained prior to caring for residents on EBPs .

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. 50245 Based on interview and record review, the facility failed to ensure resident immunizations were up to date with the CDC recommendations for 3 (#s 10, 32, and 336) of 40 sampled residents. Findings include: Review of resident #10's EHR showed two pneumococcal vaccines were given: a. Pneumococcal Polysaccharide Vaccine (PPSV23) on 1/2/2017, and Pneumococcal Conjugate Vaccine (PCV13) on 7/10/2016. According to the CDC recommendations for pneumococcal vaccines in adults, an additional vaccine (PCV20 or PCV21) was recommended to be administered for resident #10. b. Review of resident #336's EHR showed no pneumococcal vaccines were administered. Review of a facility document, titled Pneumococcal Vaccination Consent/Declination, dated 1/17/2025, showed a refusal by resident #336 with the comment: up to date explaining the reason for the refusal. c. Review of resident #32's EHR showed no pneumococcal vaccines were administered. Review of a facility document, titled Pneumococcal Vaccination Consent/Declination, dated 11/26/2024, showed a refusal by resident #32 with the comment: up to date explaining the reason for the refusal. During an interview on 1/30/25 at 8:03 a.m., staff member B and N stated immunizations were tracked as residents were admitted . Staff member N stated staff member C was responsible for inputting the vaccines into PCC. Staff member B stated, We could do better [with tracking immunizations in the facility]. During an interview on 1/30/25 at 10:05 a.m., staff member A stated staff member O was responsible for tracking and inputting the immunizations into PCC. During an interview on 1/30/25 at 10:47 a.m., staff member O stated they did not have any clinical background and did not track the residents immunizations. Staff member O stated they would take the residents word if a resident had enough of their vaccines or not, during the admission process. Staff member O stated they were unsure if a nurse had oversight of the immunizations. Staff member O stated they thought this process could be better and stated there was a potential for some immunizations to be missed with their current process. Review of a facility policy, titled Pneumococcal Vaccine, revised 3/2022, showed: 1. Prior to or upon admission, residents are assessed for eligibility to receive the pneumococcal vaccine series .