STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	275035	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Missoula Health & Rehabilitation Center	3018 Rattlesnake Dr Missoula, MT 59802

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 44769 Based on observation, interview, and record review, the facility failed to maintain a comfortable temperature for 5 (#s 1, 9, 20, 26, and 89) of 14 sampled residents throughout the facility; and failed to repair the sheet metal covering on a base board heater in a community area. This deficient practice had the potential to cause cold induced stress, and injure a resident ambulating in the affected area. Findings include: 1. During an observation on 2/12/25 at 3:50 p.m., the base board heater at the end of the North Hall, by the nurses' station, had sheet metal that was detached, and a sharp edge was protruding out on both ends of the heater. During an interview on 2/13/25 at 9:38 a.m., staff member C stated the protruding sheet metal on the base board heater was a tripping hazard for residents. A review of a facility policy titled, Preventative Maintenance, with a published date of July 2008, showed: Policy Statement: This manual defines and establishes procedures for the implementation of the Center's preventative maintenance program. The intent of this program is to establish a building where the environment is safe and comfortable, essential utilities are delivered without interruption and mechanical systems and equipment operate safely, accurately, and reliably. Procedure: . 2. All areas of the Center and equipment therein, are inspected and maintained in accordance with the scheduled maintenance system . 45447 (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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. During an observation and interview on 2/12/25 at 11:00 a.m., the nurses station temperature read 66 degrees Fahrenheit. Staff member C stated he had put plastic on the windows to help keep the building warm, but residents liked to poke holes in the plastic. Staff member C stated the facility provided blankets to the residents when they were cold, and stated the facility did not have a blanket warmer. Staff member C stated the building ran on a boiler for heat in the North Hall rooms, so those rooms were colder than the South Hall rooms. Staff member C stated he did not document the temperatures in the resident rooms or public areas because he did not have a sheet designated to document the temperatures. Staff member C stated the low temperatures in the building, .just happen when it gets this cold . There is nothing in the works to help improve the temperature issues . During an observation and interview on 2/12/25 at 12:28 p.m., resident #1 was lying in bed with blankets covering her. Resident #1 stated she was so cold that day, her hands turned blue, and she could not get warm. Resident #1's room was on the South Hall. During an observation on 2/12/25 at 12:30 p.m., the temperature on the South Hall read 68 degrees Fahrenheit. During an interview on 2/12/25 at 12:32 p.m., resident #20 stated she kept her door shut because otherwise her room would get cold. Resident #20's room was on the South Hall. During an observation on 2/12/25 at 12:48 p.m., the temperature on the North Hall read 65 degrees Fahrenheit. 49554 3. During an interview on 2/12/25 at 10:55 a.m., staff member J stated the facility was old and was often cold. During an interview on 2/12/25 at 3:05 p.m., resident #26 stated, The facility is cold every winter. The staff keeps the temperature low. It is warmest in the dining room near the baseboard heaters. During an observation and interview on 2/12/25 at 3:19 p.m., resident #9 was wrapped up in blankets in her bed. Resident #9 stated, I just got out of the shower. Resident #9 was shivering and had goose bumps on her arms; her lips were purple in color. Resident #9 stated, It is cold in here. I normally have lots of blankets on me. One hallway will be warm one week and cold the next. During an interview and observation on 2/12/25 at 3:25 p.m., staff member I stated, I don't think it's cold in here. Staff member I was wheeling resident #89 down the hall in her wheelchair. Resident #89 stated, I'm cold; could I get a blanket? Staff member I went and got a blanket for resident #89. At this time resident #89 already had a blanket around her and now had two blankets on.

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49554 Based on interview and record review, the facility failed to complete a comprehensive assessment of a resident's needs, strengths, goals, life history, and preferences within 14 days of admission, for 1 (#89) of 14 sampled residents. Findings include: Review of resident #89's medical record showed resident #89 was admitted to the facility on [DATE]. The ARD for the completion of the comprehensive Admission MDS assessment was 1/27/25. The comprehensive Admission MDS assessment was open and showed 'in progress.' This assessment should have been completed and submitted within 14 days of the resident's admission to the facility. The comprehensive Admission MDS was 15 days late as of the last day of the survey period. During an interview on 2/12/25 at 1:39 p.m., staff member H stated she completed Admission assessments within 14 days of a resident's admission.

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F 0675 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor each resident's preferences, choices, values and beliefs. 44769 Based on interview and record review, the facility failed to honor a resident's activity preference for going outside when the weather was comfortable, for 2 (#s 9 and 24) of 14 sampled residents. This deficient practice increased the risk of the resident's of a decline in mood or well-being. Findings include: During an interview on 2/11/25 at 8:22 a.m., NF1 stated she had asked facility staff shortly after resident #24 was admitted to the facility, when would she be able to go outside, and was told resident #24 could go out with the smokers. The smokers went outside five times a day. NF1 further stated the residents could go months and months without going outside. During an interview on 2/11/25 at 2:21 p.m., resident #9 stated she had not been outside the facility except to go to appointments. Resident #9 stated, I would like to go outside when it's not cold and they haven't taken us outside, they're busy. A review of resident #9's Annual MDS assessment, with an ARD of 3/15/24, showed section F: Preferences for Customary Routine & Activities, . How important is it to you to go outside to get fresh air when the weather is good? . Response: somewhat important. A review of resident #24's Admission MDS assessment, with an ARD of 10/16/24, showed for section F: Preferences for Customary Routine & Activities, . How important is it to you to go outside to get fresh air when the weather is good? . Response: very important. During an interview on 2/12/25 at 9:36 a.m., staff member E stated he did not conduct any outside activities for the residents since starting in his position in the middle of July 2024. Staff member E stated he had not utilized the facility's outside courtyard since he had been here. Staff member E further stated he had not felt comfortable taking any residents outside until sometime around September 2024. A review of the facility's monthly activities calendar, listing activities for each day of the month, for April, May, August, September, and October 2024, failed to show any outside activities scheduled. The activities calendars for June and July 2024 were requested, but not received prior to the end of the survey. A review of a facility policy titled, Activity Program, updated July 2015, showed: Policy Statement: The Center provides an ongoing program of activities designed to meet the interests as well as physical, mental, and psychosocial well-being of each resident. Procedure: 1. The activity program: a. Is multifaceted to reflect the entire resident population's needs and interests. (continued on next page)

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F 0675 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. Is varied to provide stimulation or solace. c. Promotes physical, cognitive, and/or emotional well-being. d. Enhances to the extent practical each resident's physical. mental. and psychosocial status. [sic]

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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. 49554 Based on observation, interview, and record review, the facility staff failed to provide regular showers for 4 (#s 9, 20, 26, and 89) of 14 sampled residents, which made the residents feel dirty and or upset. Findings include: 1. a. During an observation and interview on 2/10/25 at 12:05 p.m., resident #9 was lying in her bed eating her lunch. Resident #9 was in her nightgown, and her hair looked greasy and unkempt. Resident #9 stated she had not had a shower in quite a few days. During an observation on 2/12/25 at 11:03 a.m., resident #9's hair was greasy and matted to her head. During an observation and interview on 2/12/25 at 3:19 p.m., resident #9 was in her bed, and her hair was wet and pulled back in a ponytail. Resident #9 stated, I am supposed to get a shower every three days, but it doesn't always happen. Sometimes it's once a week or longer. I just went two weeks without a shower. It made me feel dirty, and my head was itchy. b. During an observation and interview, on 2/10/25 at 12:12 p.m., resident #20 was sitting on the side of her bed. Resident #20's hair looked greasy and unkempt. Resident #20 had a substantial amount of facial hair. Resident #20 stated, We don't get our showers often. It's usually one shower every three weeks. I feel dirty. c. During an observation on 2/10/25 at 3:37 p.m., resident #89 was sleeping in her wheelchair, at a table, in the dining room. Her hair looked unkempt. During an observation on 2/11/25 at 8:15 a.m., resident #89 was sitting at the dining room table waiting for breakfast. Her hair was unkempt. d. During an observation and interview on 2/10/25 at 3:27 p.m., resident #26 was lying in her bed; and her hair appeared greasy. Resident #26 stated, I get a shower once a week, usually. Sometimes it's longer than that. The staff tell me I don't stink, so I don't need a shower. It makes me upset; I would prefer a shower more often. During an interview on 2/12/25 at 10:46 a.m., staff member G stated, CNAs are responsible for doing baths. There are times they don't get them done if they are short-staffed or have call-offs. The baths are documented in PCC and on the Care Team Assignments sheets at the nurse's station. When the aides do the baths, they cross it off the list and initial it. If a bed bath was conducted, it would be documented as well . If I went two weeks without a shower, I would feel gross. It would affect your mental health. Review of the bathing task documentation in PCC and Care Team Assignment sheets showed: Resident #89 went 14 days without a shower (1/25/25 - 2/8/25). Resident #20 went 22 days without a shower (1/14/25 - 2/5/25). (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #9 went 12 days without a shower (1/31/25 - 2/11/25). Resident #26 went 12 days without a shower (1/31/25 - 2/11/25). A request was made for a bathing policy on 2/11/25 at 4:15 p.m. The facility failed to provide one by the end of the survey period.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. 49554 Based on observation, interview, and record review, the facility failed to provide residents with group and individual activities to meet their interests and support their physical, mental, and psychosocial well-being for 2 (#s 9 and 26) of 14 sampled residents. Resident #26 stayed in her room most of the time, and neither resident participated often in group activities. 1. During an observation and interview on 2/10/25 at 3:27 p.m., resident #26 was lying in her bed in the dark. Resident #26 stated, They don't have activities that interest me. They do bingo all the time, but I don't like bingo. I stay in my room most of the time. During an observation on 2/12/25 at 3:05 p.m., resident #26 was in her room lying in her bed in the dark. Review of resident #26's activities participation record showed participation in two activities in the 30-day look-back period. 2. During an observation and interview on 2/10/25 at 12:05 p.m., resident #9 was lying in her bed eating lunch. Resident #9 stated, I don't have much to do. I don't like most of the activities scheduled. During an observation and interview on 2/12/25 at 3:19 p.m., resident #9 was lying in her bed. Resident #9 stated, I have to be in the right mood to participate in group activities. The staff have never offered me things to do in my room. I wish they did. They have a lot of stuff for my roommate to do, but not me. I guess I should tell them that I like to color too. Review of resident #9's activities participation record showed participation in one activity in the 30-day look-back period. During an interview on 2/12/25 at 9:36 a.m., staff member E stated he met with the residents continually throughout their stay to get to know them. He was responsible for care planning the residents' preferences. Staff member E stated, I don't always record refusals when residents refuse to participate in group activities. The facility just hired an assistant, so I'm hoping documentation will be better. I haven't been documenting as much as I should be. I haven't been documenting one-on-one time spent with residents. During an interview on 2/13/25 at 10:00 a.m., staff member K stated activities documentation was identified as an issue about three weeks ago. The Activities Director was not documenting any of the activities. Review of a facility document titled, Activity Program, updated on 7/2015 showed: 1. The activity program: a. Is multifaceted to reflect the entire resident population's needs and interests . (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	d. Enhances to the extent practical each resident's physical, mental, and psychosocial status. 2. The Activity Director is responsible for overall supervision, direction, and management of the activity program, including: a. Reviewing activities and attendance monthly . 5. Activities include individual, small and large group, one-on-one, and independent activities to meet residents' needs, abilities, and interests.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. 50245 Based on observation, interview, and record review, the facility failed to ensure residents with limited range of motion were provided appropriate assistance and positioning to maintain or improve mobility for 2 (#s 15 and 27) of 14 sampled residents. Findings include: 1. During an interview on 2/10/25 at 1:08 p.m., resident #27 stated she had a recurring wound on her coccyx area that would open and then heal. Resident #27 stated she worked with physical therapy three times a week, but would like to work more on her mobility. During an interview on 2/11/25 at 6:19 p.m., NF3 stated they feel resident #27 was left in bed too long when they visited the facility, and had not seen a staff member rotate resident #27. NF3 stated if resident #27 was moved it was just to bed. NF3 stated she would talk to resident #27 on the phone every day, and talk her through her physical therapy exercises. NF3 stated feeling more physical therapy or restorative therapy would be beneficial for resident #27, and felt the facility was short staffed at times, which might have led to less mobility and potentially more pain for resident #27. Review of resident #27's EHR showed the task: Did you turn and reposition? Resident #27 was repositioned once during the day shift on 2/10/25 (at 9:31 a.m.) and once on 2/11/25 (at 10:58 a.m.). No other times were documented for turning or repositioning during the day shifts on 2/10/25 or 2/11/25. During the following observations on 2/12/25, resident #27 was sitting in her wheelchair in the main dining room area: - 8:31 a.m. - 9:24 a.m. - 11:10 a.m. - 1:23 p.m. - 2:48 p.m. - 4:38 p.m. During an interview on 2/12/25 at 4:38 p.m., resident #27 stated her legs felt tired and she had not moved from her wheelchair all day. Review of resident #27's EHR showed a physician's order: Have CNA check resident Q 2 hours Put on side to side . every night shift . [sic]. Review of resident #27's EHR showed the task: Did you turn and reposition? In the past 30 days, there were no times where resident #27 was repositioned consistently throughout the night shift. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. During an interview on 2/10/25 at 12:44 p.m., resident #15 stated he would get sores on his coccyx area from sitting long periods of time. Resident #15 stated his day would consist of sitting in the wheelchair for twelve hours, and at night he would then lay in bed for twelve hours. Review of resident #15's EHR showed a nursing rehab/restorative intervention: Assist resident, using gait belt, to stand and pivot into w/c to sit up for every meal. 3-5 times a week. [sic] The follow up question on this task was: Amount of minutes spent training and skill practice in transfer. Below, resident #15's activity in the past 30 days, is reflected: - 1/24/25; 10 minutes documented - 1/31/25; 10 minutes documented - 2/1/25; 15 minutes documented - 2/6/25; 25 minutes documented - 2/8/25; 15 minutes documented - 2/12/25; 15 minutes documented - All other days showed: Not Applicable During an interview on 2/12/25 at 9:34 a.m., staff member E stated they were trying to encourage other staff to keep residents out of bed more. During an interview on 2/12/25 at 1:16 p.m., staff member P stated they would complete restorative duties when CNA duties were done.

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 50245 Based on observation, interview, and record review, the facility failed to ensure sufficient pain medication was provided for a resident who stated she had pain consistently throughout the day, for 1 (#27) of 14 sampled residents. Findings include: During an interview on 2/10/25 at 1:08 p.m., resident #27 stated, My legs hurt so bad. Resident #27 stated her legs would hurt consistently throughout the day. She stated she would lose the call light and be unable to call a staff member to request a pain medication. She stated staff did not ask her what her pain rating was very frequently. Review of resident #27's EHR showed her pain was documented as a 0/10 for the day and evening shifts on 2/10/25. Review of resident #27's TAR showed: - Monitor Pain, every shift indicate pain level and location if applicable, - Document Non-Pharmacological pain interventions, 1. Rest, 2. Repositioning, 3. None . NA for 0 pain. - From 12/1/24 to 2/10/25, there were 14 out of 216 opportunities that resident #27 was documented to have pain and an intervention provided. All other days were documented as NA. During an interview on 2/11/25 at 6:19 p.m., NF3 stated when they were at the facility, pain was a constant problem. NF3 stated resident #27 would say comments like, I hurt so bad, and, My legs are bugging me. NF3 stated they called resident #27 daily, and resident #27 would often say her legs hurt. NF3 stated telling #27 to push her call button, but she often could not find it. NF3 voiced concerns related to the staff not assessing resident #27's pain often enough. NF3 stated they did not see staff reposition or do range of motion exercises with her, and it seemed like the staff kept her in bed too long, and felt this could have been a contributing factor to resident #27's pain. NF3 stated, the facility staff did not move or reposition the resident, but instead would put resident #27 to bed. During an interview on 2/12/25 at 11:18 a.m., staff member N stated no different pain interventions were needed for resident #27. During an interview on 2/12/25 at 4:38 p.m., resident #27 stated her legs were very tired, sore, and hurt from sitting in the same position all day.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 50245 Based on observation, interview, and record review, the facility failed to dispose of expired over the counter medications; and administer medications per physician order, for 2 (#s 10 and 11) of 14 sampled residents; and failed to appropriately document medication administration. Findings include: 1. During an observation on 2/11/25 at 1:20 p.m., staff member N administered Tylenol 1000 mg to resident #10. Resident #10's medications were not crushed during the observation or when given to the resident. Review of resident #10's MAR showed: Crush medication put in apple sauce per ST three times a day for CVA. 2. During an interview on 2/11/25 at 1:32 p.m., staff member L stated medications needed to be disposed of when the expiration date was reached. During an observation on 2/11/25 at 2:00 p.m., the South Hall medication cart had two expired medications: Vitamin B Complex (expired 1/8/25) and Colace (expired 10/24/24). During an interview on 2/11/25 at 2:20 p.m., staff member Q stated medications were kept until the expiration date. During an observation on 2/11/25 at 2:20 p.m., the North Hall medication cart had one expired medication: Vitamin C (expired 1/25). 3. Review of resident #11's MAR showed Carafate was scheduled and administered at 6:30 a.m. During an observation and interview, on 2/12/25 at 8:31 a.m., staff member L prepared the medication Carafate 1000 mg for resident #11. Resident #11 had previously been eating at the dining room table and walked up to the medication cart with staff member L. Staff member L administered the Carafate. Staff member L stated the Carafate had been checked off on the MAR earlier because the facility could be flexible and they stated taking the Carafate later was the resident's preference. Staff member L stated they had not thought about getting a physician's order clarifying the resident's preference or changing the scheduled time of the medication. Review of resident #11's physician orders showed: Carafate Tablet (Sucralfate) Give 1000 mg by mouth two times a day for gerd . give before meals. [sic] During an interview on 2/13/25 at 9:58 a.m., NF5 stated the medication Carafate had the best efficacy when administered an hour before meals, and the purpose of the Carafate was to coat the stomach before eating for residents with GERD. NF5 stated if a resident ate prior to the Carafate medication administration, the effectiveness would decrease, and if it was given late, then it should be given two hours after a resident had eaten. NF5 also stated over the counter medications should be thrown out after the expiration date. Review of the facility policy, titled Medication Administration, dated 1/2025, showed: (continued on next page)

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	275035	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Missoula Health & Rehabilitation Center	3018 Rattlesnake Dr Missoula, MT 59802

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- . 1. Medications are administered in accordance with written orders of the prescriber, - . 3. Medication administration timing parameters include the following: a. Medications to be given on an empty stomach or before meals are to be scheduled for administration 30 minutes to 2 hours prior to meals. [sic] - . Documentation: 1. The individual who administers the medication dose, records the administration on the resident's MAR immediately following the medication being given.

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. 49554 Based on observation, interview, and record review, the facility failed to provide dental services for 1 (#26) of 14 sampled residents. Findings include: During an observation and interview on 2/10/25 at 3:27 p.m., resident #26 was lying in her room, and she was observed to be missing all her teeth. Resident #26 stated, I used to have dentures, but they did not fit right. The staff haven't ever asked me if I wanted dentures; they just cut my meat up for me. During an interview on 2/12/25 at 10:55 a.m., staff member J stated she had asked resident #26 if she wanted to go to the dentist and would look for that documentation. During an interview on 2/12/25 at 4:04 p.m., staff member J stated resident #26 was alert and oriented. Staff member J stated she could not find any supporting documentation of offering dental services. During the QAPI meeting with facility staff held on 2/13/25 at 10:00 a.m., staff member J stated they had identified a documentation issue with resident #26 and her dental care. Review of resident #26's care plan showed: Problem: The resident has oral/dental health problems (no teeth) r/t Poor oral hygiene. Goal: The resident will be free of infection, pain or bleeding in the oral cavity by review date. The resident will comply with mouth care at least daily through review date. Interventions/Tasks: Coordinate arrangements for dental care, transportation as needed/as ordered. [sic] Review of a facility document titled, Dental Services - Dentures, with a published date of 10/2017 showed, Policy Statement: The Center assists the resident with dental services when loss or damage to dentures occurs. Procedure: 1. The Center assists residents as necessary or requested upon notification and confirmation of lost or damaged dentures: a. Arranging for transportation to and from dental services location. b. Within 3 days of notification and confirmation, refers residents with lost or damaged dentures for dental services and documents the referral in the medical record. [sic] (continued on next page)

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A request was made for dental notes pertaining to resident #26's dentures on 2/12/25 at 2:46 p.m. The facility did not provide any dental notes for resident #26 by the end of the survey period.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 45447 Based on observation, interview, and record review, the facility failed to ensure the staff used gloves when handling a resident's food, for 1 (#88) of 14 residents sampled. This deficient practice increased the risk of foodborne illness. Findings include: During an observation on 2/11/25 at 8:30 a.m., staff member D picked up slices of cooked bacon from resident #88's plate with bare hands, and placed the slices on a half piece of toast on the resident's plate. During an interview on 2/11/25 at 8:32 a.m., staff member D stated when staff served food plates, they were to use hand sanitizer first. Staff member D stated the kitchen staff used gloves when plating the food. Staff member D stated, I was not supposed to touch the food (on resident #88's plate), that was wrong. During an observation on 2/11/25 at 8:35 a.m., staff member D stood by the kitchen door to wait. Staff member D did not remove resident #88's plate with the contaminated food. Resident #88 proceeded to eat his toast. During an interview on 2/11/25 at 8:36 a.m., staff member D stated he was standing by the kitchen to get an egg for resident #88's breakfast sandwich, and was not getting the resident new food. Staff member D then stated he would get resident #88 new food. During an observation on 2/11/25 at 8:39 a.m., staff member D gave resident #88 a new plate of food, and placed the hashbrowns from the previously contaminated plate onto the new plate with the egg and bacon sandwich. During an interview on 2/11/25 at 12:32 p.m., staff member A stated she would have to check the hand washing policy for specifics on food handling. Staff member A stated staff member D usually worked on the night shift. Staff member A stated CNAs were not supposed to touch residents' food. Review of the facility's policy, Glove Use, revised December 2021, showed, Bare hand food contact is prohibited.

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. 50245 Based on observation, interview, and record review, the facility failed to ensure hospice orders were clarified for accuracy and appropriately followed for 1 (#10) of 14 sampled residents. Findings include: During an interview on 2/12/25 at 9:43 a.m., staff member O stated they did not provide any different care for hospice residents. Staff member O stated the main difference (between hospice and non-hospice residents) was hospice would come in and do baths more frequently if a resident was on hospice. During an interview on 2/12/25 at 11:18 a.m., staff member N stated resident #10 was on hospice due to the failure to thrive. Staff member N stated if a resident was on comfort care, the facility would mostly care for the resident, but if a resident was on hospice, then hospice would take over. Review of resident #10's physician orders showed current comfort care orders as of 11/24/24. Review of resident #10's physician orders showed the resident was placed on hospice on 12/16/24. Review of resident #10's EHR showed a nursing note, dated 2/5/25 which included: Lorazepam Oral Tablet 1MG; Give 1 mg by mouth every 6 hours as needed for anxiety, restlessness for 180 Days activated from comfort care order set . [sic] Review of resident #10's EHR showed a nursing note, dated 2/7/25, which included: Morphine Sulfate(Concentrate) Solution 20 MG/ML Give 0.5 ml by mouth every 2 hours as needed for pain and dyspnea activated from comfort care order set . [sic] Review of a facility document, titled Comfort Care Order Set, dated 11/8/24, showed resident #10 was still following some of the comfort care orders in the Resident Disaster and Recovery Binder. During an interview on 2/12/25 at 11:35 a.m., staff member L stated if there was a change to a medication for a resident on hospice, the hospice physician would sign the order change. During an interview on 2/12/25 at 3:23 p.m., staff member B stated resident #10's physician orders were different than the hospice orders because the resident was not actively passing. Staff member B stated the primary physician had wanted this resident to be on the facility's comfort care orders. During an interview and observation on 2/12/25 at 4:05 p.m., staff member M stated they felt it was odd that a resident was on hospice and not following the hospice orders specifically. Staff member M stated they did not know why the orders were different, but stated they would ask staff member B those types of questions. During the observation of resident #10's morphine medication package, that was locked in the medication cart, showed the hospice order (0.25 ml sublingual to be given as needed every 15 minutes). (continued on next page)

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of resident #10's hospice orders showed: morphine 100 mg/5 ml; give 0.25-1 ml SL every 15 minutes as needed. Review of resident #10's EHR current physician orders showed: morphine, give 0.125 ml every 2 hours as needed. During an interview on 2/13/25 at 10:30 a.m., NF4 stated they heard there was a discrepancy at the facility concerning resident #10's morphine. NF4 stated they were under the impression the facility was following the hospice orders. NF4 stated [entity name] had their own comfort care orders along with hospice orders.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 50245 Based on observation and interview, the facility failed to ensure staff were properly handling resident medications for 2 (#s 11 and 22) of 14 sampled residents, which increased the risk of negative outcomes for the residents if infection control prevention measures were not upheld. Findings include: During an observation on 2/11/25 at 1:32 p.m., staff member L was administering the medication gabapentin to resident #22. Staff member L touched this medication with bare hands and put the medication in the medication cup. Staff member L administered the gabapentin to resident #22. During an observation on 2/12/25 at 8:31 a.m., staff member L was administering the medication clonazepam to resident #11, and the medication fell on the medication cart. Staff member L touched the medication with bare hands and put the medication in the medication cup. Staff member L then administered clonazepam to resident #11. During an interview on 2/12/25 at 2:54 p.m., staff member M stated touching medications with bare hands was unacceptable, and this was a basic skill learned in nursing school, due to the transmission of germs to a resident, and the potential of the medication absorbing into the skin if improperly handled. Review of a facility document, titled Medication Administration, dated 1/25 showed: . hands are washed with soap and water and gloves applied prior to handling tablets .