

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Old Mill Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1131 Papillion Parkway Omaha, NE 68154	

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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>52351</p> <p>Licensure Reference Number 175NAC 12-006.04(F)(i)(5)</p> <p>Based on interviews and record reviews, the facility failed to notify the physician and resident representative of medication given outside of physician ordered parameters. This had the potential to affect 1 (Resident 52) out of 24 sampled residents. The facility census was 39.</p> <p>Findings are:</p> <p>Record review of Resident 52's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 4/07/2025 revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 14. The MDS manual identifies a score of 13-15 as cognitively intact.</p> <p>Record review of the Admission Orders for Resident 52 dated 4/03/2025 revealed an order for Hydralazine (Medication to control blood pressure),100 milligram (mg) to be administered three times a day. The order for the Hydralazine directed staff to hold the medication if Resident 52's systolic blood pressure (SBP, systolic blood pressure is the top number in a blood pressure reading, representing the highest pressure in your arteries when your heart beats) was less than 150 related to diagnosis of Essential (Primary) hypertension (HTN).</p> <p>Record review of Resident 52's Medication Administration Record (MAR, a medication administration record documents every medication a patient receives, including the name, dose, route, and time) dated April 2025 revealed Resident 52 had received Hydralazine on:</p> <p>-4/04/2025 with no blood pressure (BP) entered on (MAR);</p> <p>-4/05/2025 at 8:00 PM with a BP of 102/61.</p> <p>-4/06/2025 at 8:00 AM with a BP of 102/61,</p> <p>-4/06/2025 at 8:00 PM with a BP of 122/60.</p> <p>-4/07/2025 at 8:00 PM with a BP of 134/84;</p> <p>(continued on next page)</p>

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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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-4/09/2025 at noon with a BP of 123/76, and at 8:00 PM with a BP 136/78.</p> <p>An interview was conducted with Resident 52's Family Member (FM) on 4/08/2025 at 9:00 AM regarding the resident's blood pressure (BP) medications. The FM was concerned the nurses were not following orders and gave the resident Hydralazine when it should not have been given or held the medication when it should have been given. The FM reported the nurse on 4/05/2025 administered the medication Hydralazine when Resident 52 had a BP of 149/59.</p> <p>An interview was conducted with the Director of Nursing (DON) on 4/08/2025 at 2:00 PM. During the interview the DON confirmed that Hydralazine given outside of parameters was a concern. The DON reported the expectation would be for the nurse to call the primary physician to report the Hydralazine was not given or given outside of BP parameters, and to chart a progress note. The DON confirmed this was not done.</p> <p>A record review of the facility's undated Medication Administration Policy revealed the following:</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>8. Obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters.</p> <p>20. Sign MAR after administration. For those medications requiring vital signs, record vital signs onto the MAR.</p> <p>A record review of the facility's undated Medication Errors Policy revealed the following:</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>1. Facility shall ensure medications will be administered as follows:</p> <p>a. According to physician's orders.</p> <p>8. If a medication error occurs, the following procedure will be initiated:</p> <p>a. The nurse assesses and examines the resident's condition and notifies the physician or health care practitioner as soon as possible</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>17285</p> <p>Licensure Reference Number 175 NAC 12-006.19</p> <p>Based on observation and interview, the facility failed to maintain the cleanliness of the interior and exterior of ventilation covers in 8 (Rooms 130, 131, 134, 144, 146, 147, 148, 150) of 21 occupied resident rooms on the south hallway of the facility. The facility census was 39.</p> <p>Findings are:</p> <p>Observation on 04/10/25 between 8:45 AM and 9:26 AM with the facility Administrator (ADM) and Maintenance Director (MD) revealed interior and exterior ventilation covers in resident bathrooms in rooms 130, 131, 134, 144, 146, 147, 148, and 150, on the south hallway of the facility, were coated with a white and gray fuzzy substance that resembled dust.</p> <p>Interview on 04/10/25 at 9:28 AM with the facility ADM confirmed the presence of the build up of a gray and white substance on the interior and the exterior of the ventilation covers. The ADM confirmed that the ventilation covers were cleaned monthly or if a resident had been discharged from the facility. The ADM confirmed the facility staff should have been cleaning them more frequently to make sure that no dust built up.</p> <p>Record review of a undated document entitled Cleaning Assignments revealed a list of daily and weekly cleaning tasks. Under the Other Notes portion of the cleaning assignments, a note read: Check and wipe all vents in both bathrooms and patient rooms.</p> <p>Record review of hand written cleaning documentation (some dated and some not dated) for the south side of the facility revealed that cleaning had been marked as complete in various rooms on the south side of the facility. The cleaning documentation was not consistent to include dates when the cleaning had been completed.</p> <p>Record review of an undated facility policy entitled Routine Cleaning and Disinfection revealed the following information:</p> <p>Policy: It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible.</p> <p>Cleaning refers to the removal of visible soil from objects and surfaces and is normally accomplished manually or mechanically using water and detergents or enzymatic products.</p> <p>Interview on 04/10/25 at 9:50 AM with the facility Administrator confirmed that the Cleaning Assignments needed to be more specific in relation to how often the ventilation systems should be cleaned or how these assignments were to be documented as completed. The ADM confirmed the facility policy Routine Cleaning and Disinfection explanation and compliance guidelines did not address the cleaning of ventilation covers in resident bathrooms.</p>		

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<p>F 0606</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>17285</p> <p>Licensure Reference Number 175 NAC 12-006.04(A)(iii)(1)</p> <p>Licensure Reference Number 175 NAC 12-006.04(A)(iii)(2)</p> <p>Based on record review and interview, the facility failed to complete a criminal background check (CBG), an Adult Protective Services [APS] check and a Child Protective Services [CPS] check at the time of rehire for 1 [Nurse Aide - A] of 5 sampled new hired employees. The facility had a total census of 39 residents.</p> <p>Findings are:</p> <p>Record review of a facility policy entitled Abuse, Neglect, and Exploitation dated 2018 revealed the following information:</p> <p>The components of the facility abuse prohibition plan are discussed herein:</p> <p>1. Employee screening:</p> <ul style="list-style-type: none"> - Background, reference and credentials checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, consultants for history of abuse, neglect, exploitation or misappropriation of residence property, by facility administration in accordance with applicable state and federal regulations. - Screenings can be conducted by the facility itself third party agency or academic institution. - The facility will maintain documentation of proof that the screening has occurred. <p>Record review of NA (Nurse Aide) - E's new employee file, with a re-hire date of 11/29/24 as a full time night shift nurse aide, revealed no CBG, APS or CPS checks had been completed at the time NA-E was re-hired.</p> <p>Record review of a Staff Detail Report dated 04/7/25 revealed NA-E had previously worked at the facility between 05/25/22 and 09/19/24 and the required background checks were completed on 5/24/22. The Staff Detail Report showed no documentation that background checks had been repeated at the time of NA-E's re-hire on 11/29/24.</p> <p>Interview on 04/09/25 at 2:07 PM with the facility Administrator (ADM) confirmed that NA-E had been initially hired in May 2022, stopped employment with the facility in September of 2024 and was rehired in November of 2024. The ADM confirmed that no CBG, APS or CPS checks had been completed at the time NA-E was rehired. The ADM confirmed the facility staff should have done the required checks at the time NA-E was rehired.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17285</p> <p>Licensure Reference Number 175 NAC 12-006.09(E)</p> <p>Based on interview and record review, the facility failed to develop a Comprehensive Care Plan (CCP, a document that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) that accurately reflected the care needs of the resident related to respiratory care and oxygen use for 2 (Resident 28 and Resident 10) of 2 sampled residents for respiratory services. The facility census was 39.</p> <p>Findings are:</p> <p>A. Record review of an undated facility policy entitled Oxygen Administration revealed the following information:</p> <p>Policy: Oxygen is administered to residents that need it, consistent with professional standards of practice, the comprehensive person-centered care plans and the residents goals and preferences.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>4. The residents care plan shall identify the interventions for oxygen therapy, based upon the residents assessment and orders, such as, but not limited to:</p> <ol style="list-style-type: none"> a. The type of oxygen delivery system. b. When to administer, such as continuous or intermittent and /or when to discontinue. c. Equipment setting for prescribed flow rates. d. Monitoring of SpO2 (oxygen saturation) levels or vital signs, as ordered. e. Monitoring for complications associated with the use of oxygen. <p>B. Observation on 07/07/25 at 12:51 PM revealed Resident 28 seated in a recliner in the resident's room with an oxygen cannula in place in the resident's nose. The cannula and tubing were connected to an oxygen concentrator and the flow rate was set at 3 L [liters] per minute.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 28's admission 5 day Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 3/18/25 revealed an admitted [DATE]. Resident 28's MDS identified diagnoses of chronic respiratory failure with hypoxia [Low oxygen levels in body tissues] and acute pulmonary edema [The abnormal build up of fluid in the lungs that can cause shortness of breath and difficulty breathing]. The MDS identified that Resident 28 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 15. The MDS manual identified a score of 13 -15 meant that cognition was intact. The MDS identified Resident 28 used a walker and wheelchair, had lower extremity range of motion limitations, required substantial assistance with toileting, showering, lower body dressing, placement of footwear and required partial to moderate assistance with transfers. Section O of the MDS identified Resident 28 used continuous oxygen while a resident at the facility.</p> <p>Record review of Resident 28's Physician Order Summary dated 04/08/25 revealed that Resident 28 was to have oxygen at 3 L per home baseline two times per day and apply oxygen PRN [as needed] to keep saturation levels above 90% as needed. These orders were started on 03/12/25 upon admission to the facility.</p> <p>Record review of Resident 28's Medication Administration Record [MAR] dated March and April 2025 revealed documentation was present that indicated Resident 28 received oxygen as ordered by the physician.</p> <p>Record review of Resident 28's CCP dated 03/13/25 revealed no information related to Resident 28's respiratory care needs or oxygen use.</p> <p>Interview on 04/09/25 at 9:08 AM with the MDS coordinator [MDSC] confirmed Resident 28's CCP did not address oxygen use or specific respiratory care needs. The MDSC confirmed a CCP should have been developed related to Resident 28's oxygen use and respiratory care needs.</p> <p>Interview on 04/10/25 at 7:08 AM with the Director of Nursing [DON] confirmed Resident 28's CCP did not contain any specific information related to the use of oxygen or respiratory care needs and should have. The DON confirmed that the facility policy for Oxygen Administration had not been followed in regards to the CCP for Resident 28.</p> <p>47733</p> <p>C. Record review of Resident 10's admission orders dated 3/21/2025 revealed an order for Ipratropium-albuterol 0.5-2.5 (3) mg/3 mL (a medication often used to relax the airway muscles, and to open the airway to make breathing easier) nebulizer (A nebulizer changes medication from a liquid to a mist so it can be inhaled into the lungs) to be given three times a day for seven days related to Acute Respiratory Failure with Hypoxia (a medical condition where the lungs are unable to adequately provide oxygen to the blood, leading to a deficiency of oxygen in the blood), and Pulmonary Fibrosis (a lung disease that includes scarring and thickening of lung tissue, making it hard to breath).</p> <p>Record review of Resident 10's Comprehensive Care Plan (CCP) on 4/08/2025 revealed no indications of Resident 10's respiratory care needs.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 10's MDS dated [DATE] revealed continuous oxygen use was identified in Section O.</p> <p>Record review of Resident 10's Physician orders on 4/08/2025 revealed an order to apply oxygen PRN to keep saturation levels above 90% as needed.</p> <p>An observation on 4/07/2025 8:49 AM of Resident 10's oxygen concentrator (a device that produces more pure oxygen) revealed the setting was 2 Liters per minute.</p> <p>An Observation on 4/09/2025 7:57 AM revealed Resident 10 was not in the room. There was a nebulizer machine on the bedside stand and the oxygen concentrator was off.</p> <p>Interview with Licensed Practical Nurse (LPN)-C on 4/09/2025 7:56 AM revealed the nurse was unaware of any current nebulizer orders for Resident 10 and further reported being unsure why there was a nebulizer machine in Resident 10's room.</p> <p>Interview with the MDS Coordinator on 4/09/2025 9:11 AM confirmed Resident 10's CCP did not address oxygen use or specify respiratory care needs. The MDS coordinator further confirmed a CCP should have been developed related to Resident 10's oxygen use, and respiratory care needs.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>47733</p> <p>Licensure Reference Number 175 NAC 12-006.09(I)(i)</p> <p>Based on record review, observation, and interview the facility staff failed to implement assessed interventions to prevent falls for 1 (Resident 46) of 3 sampled residents. The facility identified a census 39.</p> <p>Findings are:</p> <p>Record review of Resident 46's Transfer/Discharge Report dated 4/08/2025 revealed the admitted was 4/04/2025 and admitted with Primary Osteoarthritis, Urinary Tract Infection (UTI), and Repeated Falls.</p> <p>Record review of Resident 46's Care Plan revealed on 4/6/25 and entry was made that Resident 46 required the assistance of 2 (Ax2) staff for transfers and wheelchair for all in room and hallway mobility.</p> <p>Record review of a provider note written by Advanced Practice Registered Nurse (APRN) J dated 4/07/2025 revealed the provider was notified of an incident, where Resident 46 was transferred with 1 staff assisting versus the recommended 2 staff that were required.</p> <p>An interview with Resident 46 on 4/07/2025 at 8:32 AM revealed Resident 46 reported having a fall in the bathroom a couple of days ago. Resident 46 further reported their right arm and shoulder hurt.</p> <p>An observation on 4/08/2025 at 9:31 AM revealed Resident 46 sitting at the side of the bed. Occupational Therapist (OT) G and Nursing Assistant (NA) I were in the room to assist with the transfer. Resident 46 had a gait belt on and was being instructed by OT-G on the transfer process.</p> <p>OT-G positioned the walker in front of Resident 46 and OT-G instructed Resident 46 to transfer to the chair. Resident 46 followed the directions provided completed the transfer without a 2 person assisting Resident 2 with the transfer.</p> <p>An interview with OT-K on 4/10/25 at 10:58 AM revealed Ax2 indicted the resident was to be transferred with 2 staff members. OT-K revealed that Resident 46 was transferred from the toilet to chair with out 2 staff assisting the resident. OT-K further reported there should have been 2 staff members assisting Resident 46 with the transfer.</p>		

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<p>F 0923</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have enough outside ventilation via a window or mechanical ventilation, or both.</p> <p>17285</p> <p>Licensure Reference Number 175 12-007.04D</p> <p>Based on observation and interview, the facility failed to ensure that ventilation systems were operational in resident bathrooms in 11 (Rooms 127, 130, 139, 143, 144, 146, 147, 148, 149, 150, 152) of 21 occupied resident bathrooms on the south hallway of the facility. The facility census was 39.</p> <p>Findings are:</p> <p>Observation on 04/10/25 between 8:45 AM and 9:26 AM with the facility Administrator (ADM) and the facility Maintenance Director (MD) revealed that the ventilation system was not functional and would not draw a 1 ply square of toilet paper to the surface of the ventilation cover in resident bathrooms in resident rooms 127, 130, 139, 143, 144, 146, 147, 148, 149, 150, 152 on the south hallway of the facility.</p> <p>Interview on 04/10/25 at 09:25 AM with the MD confirmed that the ventilation system did not draw a 1 square ply of toilet paper in resident bathrooms in resident rooms 127, 130, 139, 143, 144, 146, 147, 148, 149, 150, 152 on the south hallway of the facility. The MD confirmed that the ventilation system had not been routinely checked for draw in the resident bathrooms in the facility. The MD confirmed that the ventilation system had been checked once since the MD started in October 2024.</p> <p>Interview on 04/10/25 at 9:28 AM with the facility ADM confirmed that staff should have checked the ventilation system for draw every month at a minimum and confirmed that it should have been done more frequently, weekly, to ensure the operation of the ventilation system.</p> <p>Record review of a undated document entitled Bathroom Ventilation Clean /Blow out revealed documentation that the ventilation systems were last checked for operation on 11/24/25 facility wide.</p> <p>Interview on 04/10/25 at 9:50 AM with the facility ADM confirmed that the last time the ventilation systems were checked for operation was on 11/24/25. The ADM confirmed no other documentation had been completed related to check of the ventilation systems in the facility.</p> <p>Record review of an undated facility policy entitled HVAC (heating, ventilation, air conditioning) system revealed the following information:</p> <ol style="list-style-type: none"> 1. Documentation regarding the facility HVAC system is maintained by the Maintenance Director. 6. Documentation of all inspections, tests, and maintenance shall be maintained by the Maintenance Director.