STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325128	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Artesia Healthcare & Rehabilitation Center LLC	1402 West Gilchrist Ave Artesia, NM 88210

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51616 Based on record review and interview, the facility failed to ensure the resident's current advance directive (a document which provides an individual's wishes for emergency and life saving care) was available in the resident's Electronic Health Record (EHR) and/or available in physical form for the facility staff for 1 (R #45) of 2 (R #3 and R #45) residents reviewed for advance directives. This deficient practice is likely to cause confusion and delay potentially life saving procedures. The findings are: A. Record review of R #45's face sheet revealed R #45 was admitted into the facility on [DATE]. B. Record review of R #45's physician orders dated [DATE], revealed R #45 was a Do Not Resuscitate (DNR- a person has decided not to have cardiopulmonary resuscitation (CPR) attempted on them if their heart or breathing stops) for her advanced directive code status. C. Record review of R #45's EHR revealed the record did not contain a valid advanced directive form. The New Mexico medical orders for scope of treatment (MOST) indicated the form must be signed by an authorized healthcare provider and the patient/decision maker to be valid and the form was not singed. D. On [DATE] at 12:00 pm, during an interview with the Director of Nursing (DON), she confirmed R #45's advanced directive code status was not signed by the physician and uploaded into R #45's EHR. The DON also confirmed there was not a valid written form available for nursing staff to complete and confirmed this should have been a available.

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	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. 49827 Based on observation and interviews, the facility failed to provide a comfortable and homelike environment for 4 (R #9, R #28, R #34, and R #152) of 4 (R #9, R #28, R #34, and R #152) residents sampled for environment by not repairing or cleaning the following: 1. Peeling and chipped paint 2. Wall repairs not repainted to match rest of wall 3. Hand rails in 300 hall appeared worn and needed repair/refinishing. 4. The carpet in the 200 hall and 300 hall were stained, worn and faded. 5. The wall near the main entrance by fire alarm had been repaired with plaster but has no paint. 6. The ceiling tiles near nurses station have brown stains covering most of the tile. These deficient practices could likely cause residents to feel like they are not living in a comfortable home-like environment and like they are not valued. The findings are: A. On 03/03/25 10:37 am a random observation of the facility environment revealed the following: 1. Peeling and chipped paint 2. Wall repairs not repainted to match rest of wall 3. Hand rails in 300 hall appeared worn and needed repair/refinishing. 4. The carpet in the 200 hall and 300 hall were stained, worn and faded. 5. The wall near the main entrance by fire alarm had been repaired with plaster but has no paint. 6. The ceiling tiles near nurses station have brown stains covering most of the tile. R #9 B. On 03/05/25 12:15 PM during an observation of R #9's room, the back of door had paint chipping off. R #28 C. On 03/05/25 10:32 AM during an observation of R #28's room, wall in room repaired but not repainted to match remainder of wall. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R #34 D. On 03/05/25 02:27 PM during an observation of R #34's room paint was chipped around closet door. R #152 E. On 03/05/25 10:33 AM during an observation of R# 152's room, paint was chipped around closet door and sheetrock exposed and crumbling at the bottom of closet door frame. F. On 03/05/25 at 3:14 pm, during an interview with the Director of Maintenance (DOM), he confirmed the handrails wear and tear, damage to walls and trim in resident rooms, paint chipping, stained and soiled carpet, and incomplete repairs does not constitute a homelike environment in it's current state. G. On 03/05/25 at 3:33 pm, during an interview with the Director of Nursing (DON), she confirmed the environment in it's current condition does not meet her expectations because it is not homelike. H. On 03/05/25 at 3:43 pm, during an interview with Corporate Representative (CP) #1, she stated they are aware of these environmental issues because they noticed these things a week ago. She stated her expectations are for the smaller repairs such as painting to be completed in house and the larger repairs to be completed after a request is submitted and will be done through outside vendor. She stated that she expects all facilities they run to be homelike and agreed this facility is not.

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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 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** 50207 Based on observation, record review, and interview, the facility failed to complete an accurate Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) assessment for 2 (R #9 and R #30) of 5 (R #2, R #4, R #9, R #30, and R #44) residents reviewed for assessments. This deficient practice could likely result in the residents' preferences and care needs not being met. The findings are: R #9 A. Record review of R #9's Admission Record revealed R #9 was admitted to the facility on [DATE], with the following diagnoses: 1. Anxiety (feeling of worry, nervousness, or unease), 2. Down Syndrome (a genetic condition caused by the presence of an extra copy of chromosome, affects development, leading to intellectual disability and delays, and certain physical traits), unspecified, 3. Neuromuscular (dysfunction of bladder), unspecified, 4. Repeated falls, 5. Need for assistance with personal care. B. Record review of R #9's electronic health record (EHR) revealed a change of condition assessment was completed for R #9 falls on 11/04/24, 11/05/24, 01/01/25, 01/05/25, 01/06/25, and 01/28/25. C. Record review of R #9's care plan dated 10/31/24, revealed R #9 was at risk for falls and had the following interventions in place: 1. Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. 2. Ensure adequate lighting and visual aids are in place on admission assess for communication needs as indicated. 3. Ensure [Name of R #9] is wearing appropriate footwear when ambulating (walk, move about) or mobilizing (make moveable or capable of movement) in w/c (wheelchair). 4. Resident needs a safe environment with high-low bed in low position while resident is in bed. D. Record review of R #9's quarterly MDS assessment dated [DATE], section J1700, revealed R #9 had not had any falls since admission. (continued on next page)

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	E. On 03/07/25 at 10:35 am, during an interview with the Director of Nursing (DON), she confirmed R #9 has had several falls since he was admitted to the facility. She stated she would expect R #9's MDS assessment to be accurate and reflect the falls that he has had. R #30 F. Record review of R #30's Admission Record revealed R #30 was admitted to the facility on [DATE] with the following diagnoses: 1. Hemiplegia (weakness on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke; blood vessel blockage in the brain) affecting the right dominant (most important, powerful) side, 2. Cerebral Palsy (a group of neurological disorders that appear in infancy or early childhood that permanently affect body movement and muscle coordination), unspecified, 3. Personal history of other mental and behavioral disorders, 4. History of falling. G. On 03/04/25 at 9:30 am, during an observation of R #30's room, R #30's bed had rails on both sides of the bed. H. Record review of R #30's care plan dated 03/18/21, revealed Resident may use bed rails bilateral (two sides, affecting both sides) upper sides of bed to enhance mobility/positioning. I. Record review of R #30 MDS assessment dated [DATE], section P revealed the bed rails are not in use. J. On 03/07/25 at 10:35 am, during an interview with the DON, she confirmed R #30's MDS assessment is not accurate because R #30 does utilize bed rails. The DON stated she expects all MDS assessments to reflect accurate person-centered information.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207 Based on record review and interview, the facility failed to ensure the Pre-Admission Screening and Resident Review (PASRR; a screening to help ensure that individuals are not inappropriately placed in nursing homes for long term care) assessment was accurate for 3 (R #9, R #30, and R #45) of 4 (R #9, R #14, R #30, and R #45) residents reviewed for PASRR accuracy. This deficient practice is likely to result in the residents not receiving the services they need. The findings are: Should S/S be D, 3 residents and each had on PASRR assessment R #9 A. Record review of R #9's Admission Record revealed R #9 was admitted to the facility on [DATE] with the following diagnoses: 1. Anxiety (feeling of worry, nervousness, or unease), 2. Down Syndrome (a genetic condition caused by the presence of an extra copy of chromosome, affects development, leading to intellectual disability and delays, and certain physical traits), unspecified, 3. Neuromuscular dysfunction of bladder, unspecified, 4. Repeated falls, 5. Need for assistance with personal care. B. Record review of R #9's PASRR dated 10/31/24, revealed staff documented the following: 1. R #9 does not have a diagnosis or evidence of intellectual disability or developmental disability prior to the age of 18. 2. R #9 does not have a diagnosis or suspected mental illness. C. On 03/07/25 at 12:00 pm, during an interview with the Director of Nursing (DON), she stated R #9 does have a diagnosis of Down Syndrome and anxiety which is a mental illness and confirmed that R #9's PASRR is incorrect. R #30 D. Record review of R #30's Admission Record revealed R #30 was admitted to the facility on [DATE], with the following diagnoses: 1. Hemiplegia (weakness on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke; blood vessel blockage in the brain) affecting the right dominant (most important, powerful) side, (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Cerebral Palsy (a group of neurological disorders that appear in infancy or early childhood that permanently affect body movement and muscle coordination), unspecified, 3. Personal history of other mental and behavioral disorders. E. Record review of R #30's PASRR dated 01/27/25, revealed R #30 does not have a diagnosis or evidence of intellectual disability or developmental disability prior to the age of 18. F. On 03/07/25 at 12:00 pm, during an interview with the DON, she stated R #30 does have a diagnosis of Cerebral Palsy which is specifically listed on section E, Identification of Related Condition Evaluation Criteria, of the PASRR and the question is marked no so the PASRR is not correct. R #45 G. Record review of R #45's face sheet revealed R #45 was admitted into the facility on [DATE] with the following diagnoses: 1. Bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), 2. Anxiety disorder (feelings of fear or apprehension), 3. Depression (persistent low mood, loss of interest or pleasure in activities, and other symptoms that interfere with daily life), 4. Suicidal ideations (Intrusive thoughts and a preoccupation with death and dying), 5. Stimulant abuse with stimulant-induced mood disorder (related conditions that can occur when someone uses stimulants[stimulant, a class of drugs that speed up messages traveling between the brain and body]). H. Record review of R #45's PASRR, dated 01/27/25, revealed staff documented R #45 did not have a diagnosis or suspected mental illness. I. On 03/07/25 at 12:00 pm, during an interview with the Director of Nursing (DON), she stated the facility should have made sure R #45's, PASRR level 1 was correct prior to admission, but they did not. 51616

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51616 Based on observation, record review, and interview, the facility failed to develop and implement an accurate, person-centered comprehensive care plan for 2 (R #3 and R #45) of 3 (R #3, R #14 and R #45) residents reviewed for care plans. This deficient practice could likely result in staff being unaware of the current and actual needs of the residents. The findings are: R #3 A. Record review of R #3's face sheet revealed R #3 was admitted to the facility on [DATE], with the following diagnoses: 1. Pain in right hip, 2. History of falling, 3. Pain in right knee, 4. Muscle weakness (generalized), 5. Difficulty in walking, 6. Lack of coordination. B. On 03/04/25 at 10:06 am, during an observation of R #3's bed, revealed grab bars on each side of the bed C. Record review of R #3's care plan dated 12/18/24, revealed R #3 did not have a care plan for the use of grab bars. D. On 03/04/25 at 10:06 am, during an interview, R #3 stated she was aware she had grab bars on each side of the bed and used the garb bars to help with repositioning herself and with bed mobility. E. On 03/04/25 at 12:00 pm, during an interview with the Director of Nursing (DON), she stated R #3 did not have a care plan for the grab bars and should have. R #45 F. Record review of R #45's face sheet revealed R #45 was admitted to the facility on [DATE], with the following diagnoses: 1. Legal Blindness, 2. Difficulty walking, (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Lack of coordination, 4. Abnormalities of gait and mobility (a change in walking patterns and the ability to move around) 5. Angioneurotic edema (condition characterized by sudden, localized swelling of the skin and mucous membranes). G. On 03/04/25 at 8:41 am, during an observation of R #45's bed, revealed a grab bar on upper left side of his bed. H. Record review of R #45's care plan, dated 01/28/25, revealed R #45 did not have a care plan for the use of grab bars I. On 03/04/25 at 8:41 am, during an interview, R #45 stated he was aware he had grab bar on the left side of his bed and used the garb bar to help with getting up from his bed. J. On 03/07/25 at 12:00 pm, during an interview with the Director of Nursing (DON), she stated R #45 did not have a care plan for use of grab bar and should have.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51616 Based on record review and interview, the facility failed to ensure staff revised the care plan for 2 (R #3 and R #4) of 5 (R #3, R #4, R #21, R #23, and R #36) residents reviewed for care plans. This deficient practice is likely to result in residents' care and needs not being addressed if care plans are not updated. The findings are: R #3 A. Record review of R #3's admission Record revealed R #3 was admitted to the facility on [DATE]. B. Record review of R #3's care plan dated 12/18/24, revealed R #3 is at risk for abnormal bleeding or hemorrhage (the loss of blood from the circulatory system) due to anticoagulant (medication used to prevent and treat blood clots in blood vessels and the heart) use related to daily use of Plavix (a medicine used to prevent problems caused by blood clots). C. Record review of R #3's electronic health record (EHR), revealed a physician order for Plavix dated 12/18/24 and was discontinued 01/11/25. D. Record review of R #3's Medication Administration Record (MAR) for the month of March 2025, revealed R #3 was not administered Plavix nor any other anticoagulant medication. E. On 03/07/25 at 12:00 pm, during an interview with the Director of Nursing (DON), she confirmed R #3 was not currently taking any anticoagulant medications and the medication Plavix was discontinued in January 2025. The DON confirmed the revision of the care plan for R #3 was not revised should have been. R #4 F. Record review of R#4's facility Nursing progress note dated 02/08/25, revealed the following: 1. R #4 sustained a fall without injuries. 2. A change in condition completed R #4 for falls. G. Record review of the Care Plan initiated on 09/06/24 revealed the following: 1. Addresses risk for falls due to Metabolic Encephalopathy (condition in which brain function is disturbed either temporarily or permanently), Malignant Neoplasm of sigmoid colon, (colon cancer) psychotropic medication use, difficulty in walking, with classified falls that occurred on 09/10/24 fall in her room with no injuries and on 09/15/24 fall in her room with no injuries. 2. There were no additional updates on interventions in R #4's care plan for fall on 02/08/25. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	H. On 03/07/25 at 9:40 am during an interview, with the Director of Nursing (DON), she confirmed the care plan R #4 was not revised to include interventions for the 02/08/25 fall and should have been. 52102

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207 Based on record review and interview, the facility failed to prevent an accident for 1 (R #9) of 3 (R #6, R #9, and R #30) residents reviewed for falls when staff failed to complete a post-fall neurological evaluations (neurocheck; a brief neurological assessment performed by staff repeatedly to monitor a resident's neurological status). This deficient practice is likely to put residents at risk of unsafe situations. The findings are: A. Record review of R #9's Admission Record revealed R #9 was admitted to the facility on [DATE], with the following diagnoses: 1. Anxiety (feeling of worry, nervousness, or unease), 2. Down Syndrome (a genetic condition caused by the presence of an extra copy of chromosome, affects development, leading to intellectual disability and delays, and certain physical traits), unspecified, 3. Neuromuscular dysfunction of bladder, unspecified, 4. Repeated falls, 5. Need for assistance with personal care. B. Record review of R #9's quarterly Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) dated 02/06/25, revealed a Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) score of 3, severe impairment. C. Record review of R #9's electronic health record (EHR), revealed a change of condition assessment was completed for R #9 for falls on 11/04/24, 11/05/24, 01/01/25, 01/05/25, 01/06/25, and 01/28/25. D. Record review of the facility's Neurological Evaluation (neurological assessment completed by facility staff)Flow Sheet, revealed the following: 1. Residents are to be evaluated every 15 minutes for the first two hours after the completion of the initial evaluation following a fall. 2. After the first two hours, residents are to be evaluated every thirty minutes for two hours. 3. After the first four hours, residents are to be evaluated every hour for four hours. 4. After the first eight hours, residents are to be evaluated every eight hours for an additional 64 hours. 5. The full neurological evaluation should take no less than 72 hours. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	E. Record review of R #9's Neurological Evaluation Flow Sheets, revealed the following: 1. The facility failed to complete a neurological evaluation after the fall on 11/04/24. 2. The facility failed to complete a full neurological evaluation after the fall on 11/05/24. 3. The facility failed to complete a neurological evaluation for R #9 following his fall on 01/01/25. 4. The facility failed to complete a neurological evaluation for R #9 following his fall on 01/05/25. 5. The facility failed to complete a full neurological evaluation for R #9 following his fall on 01/06/25. F. On 03/07/25 at 10:45 am, during an interview with the Director of Nursing (DON), she confirmed the facility failed to complete neurological evaluations as required. She stated that neurological examinations are to be completed for every unwitnessed fall for at least 72 hours.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207 Based on observation, record review and interview, the facility failed to ensure a resident with a foley catheter (a thin, sterile tube inserted into the bladder to drain urine) had an order that demonstrated that a catheter was necessary, what type of catheter was needed, and how to care for the catheter for 1 (R #9) of 2 (R #9 and R #30) residents reviewed for catheter use. This deficient practice could likely result in an increased and unnecessary risk of infections for residents. The findings are: A. Record review of R #9's Admission Record revealed R #9 was admitted to the facility on [DATE], with the following diagnoses: 1. Anxiety (feeling of worry, nervousness, or unease), 2. Down Syndrome (a genetic condition caused by the presence of an extra copy of chromosome, affects development, leading to intellectual disability and delays, and certain physical traits), unspecified, 3. Neuromuscular dysfunction of bladder, unspecified, 4. Repeated falls, 5. Need for assistance with personal care. B. Record review of R #9's quarterly Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) dated 02/06/25, revealed a Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) score of 3, severe impairment. C. On 03/04/25 at 8:52 am, during an observation of R #9, revealed a catheter tube and urine bag attached to his wheelchair. D. Record review of R #9's current medical orders revealed, no order for the use of a catheter, the type of catheter that is needed, or the care that the catheter requires. E. Record review of R #9's care plan dated 10/31/24, revealed R #9 has an indwelling foley catheter. F. On 03/07/25 at 10:45 am, during an interview with the Director of Nursing (DON), she confirmed R #9 does have an indwelling catheter. The DON stated that the facility should have orders for the catheter and confirmed they do not.

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	325128	A. Building B. Wing	03/07/2025

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. 49827 Based on observation, interview and record review, the facility failed to ensure the medication error rate did not exceed 5 percent (%) when staff performed three medication errors out of 29 opportunities for 1 (R #28) of 9 (R #2, R #4, R #12, R #17, R #20, R #22, R #25, R #28, R #152) residents reviewed during medication administration. This resulted in a medication error rate of 10.34%. This deficient practice could likely result in the residents receiving the incorrect medication, not receiving the desired therapeutic effect, and exposing the resident to a higher risk of side effects. The findings are: A. On 03/05/25 at 9:40 am, during an observation of Licensed Practical Nurse (LPN) #1, obtained vital signs (measurements, specifically pulse rate, temperature, respiration rate, and blood pressure, that indicate the state of a patient's essential body functions) for R #28, blood pressure was 121/75 (121; systolic number: maximum pressure during contraction of heart, 75; diastolic number: minimum pressure at the end of hearth contraction) and a pulse (rhythmic throbbing of blood vessels) of 78 beats per minute. B. On 03/05/25 at 9:42 am during a medications administration observation, LPN #1 poured and administered the following medications to R #28: - Amlodipine (medication to manage blood pressure) 10 milligrams (mg), - Metoprolol Succinate (medication to manage blood pressure) 50 mg, - Valsartan (medication to manage blood pressure) 320 mg. C. Record review of R #28's physician orders revealed the following: - Dated 12/10/24, Amlodipine 10 mg by mouth one time a day, for hypertension (pressure in the blood vessels is too high). Hold if pulse is below 60 and notify provider, hold if bp (blood pressure) is less than 140/90. - Dated 12/12/24, Metoprolol 50 mg by mouth one time a day, for hypertension. Hold if pulse is below 60 and notify provider, hold if bp is less than 140/90. - Dated 12/12/24, Valsartan 320 mg by mouth one time a day, for hypertension. Hold if pulse is below 60 and notify provider, hold if bp is less than 140/90. D. On 03/07/2025 at 1:03 pm, during an interview with the Director of Nursing (DON), she stated orders for blood pressure medication should be held for the blood pressure under 140/90, she confirmed that LPN #1 had made a medication error after giving blood pressure medications outside the prescribed parameters.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. 49827 Based on record review and interview, the facility failed to ensure residents were free of any significant medication errors for 1 (R #28) of 1 (R #28) residents reviewed for medication administration when they failed to administer medication per physician's orders. This deficient practice could likely lead to the residents having adverse (unwanted, harmful, or abnormal result) side effects, or not receiving the desired therapeutic effect of the medication. The findings are: A. Record review of R #28's Physician's orders revealed the following: - Metoprolol (beta-blocker used to treat chest pain (angina), heart failure, and high blood pressure) ER (extended release) Start date 12/10/24. Metoprolol succinate (beta-blocker used to treat chest pain (angina), heart failure, and high blood pressure) ER (extended release), oral tablet, extended release 24-hour, 50 mg (milligram; dose of medication); Give 50 mg by mouth one time a day for hypertension (high blood pressure). Hold if pulse is below 60 and notify provider, hold if BP (blood pressure) is less than 140/90. -Amlodipine Besylate (calcium channel blocker used for high blood pressure and chest pain)- Start date 12/10/24. Amlodipine Besylate oral tablet, Give 10 mg by mouth one time a day for hypertension. Hold if pulse is below 60 and notify provider, hold if BP is less than 140/90. - Valsartan (angiotensin(hormone) II receptor blocker to treat high blood pressure)- Start date 12/10/24. Valsartan 320 mg; Give 320 mg by mouth one time a day for hypertension. Hold if pulse is below 60 and notify provider, hold if BP is less than 140/90. B. Record review of R #28's Medication Administration Record (MAR) for February 2025, revealed staff administered the following medications: -Metoprolol succinate ER, 50 mg, on 02/01/25, 02/02/25, 02/05/25, 02/06/25, 02/10/25, 02/11/25, 02/14/25, 02/15/25, 02/16/25, 02/19/25, 02/20/25, 02/24/25, 03/05/25, 03/06/25 for blood pressure under 140/90. -Amlodipine Besylate, 10 mg, on 02/01/25, 02/02/25, 02/05/25, 02/06/25, 02/10/25, 02/11/25, 02/14/25, 02/15/25, 02/16/25, 02/19/25, 02/20/25, 02/24/25, 03/05/25, 03/06/25 for blood pressure under 140/90. -Valsartan, 320 mg, on 02/01/25, 02/02/25, 02/05/25, 02/06/25, 02/10/25, 02/11/25, 02/14/25, 02/15/25, 02/16/25, 02/19/25, 02/20/25, 02/24/25. C. Record review of R #28's blood pressures were documented as follows: 1. 02/01/25 - 102/60 at 10:19 am, 2. 02/02/25 - 102/68 at 10:22 am, 3. 02/05/25 - 109/69 at 11:22 am, (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. 02/06/25 - 128/70 at 8:37 am, 5. 02/10/25 - 108/58 at 7:33 am, 6. 02/11/25 - 118/66 at 7:14 am, 7. 02/14/25 - 118/86 at 8:13 am, 8. 02/15/25 - 118/62 at 8:24 am, 9. 02/16/25 - 120/68 at 10:19 am, 10. 02/19/25 -118/68 at 10:01 am, 11. 02/20/25 - 124/64 at 9:21 am, 12. 02/24/25 - 118/62 at 10:18 am, 13. 03/05/25 - 121/75 at 9:54 am, 14. 03/06/25 - 138/68 at 7:08 am. D. Record review of R #28's MAR for February and March of 2025 revealed staff administered Metoprolol ER, Amlodipine Besylate, and Valsartan for blood pressure under 140/90 on fourteen different occasions. E. On 03/07/25 at 1:03 pm, during an interview with the Director of Nursing (DON), she stated the following: 1. R #28 received her three blood pressure medications outside the prescribed parameters. 2 Medication were administered outside the prescribed parameters causing a significant medication error. 3. She stated her expectations are for the nurses to follow the orders as written, hold the medication and call the doctor to verify parameters.

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. 50207 Based on record review and interview, the facility failed to ensure their binding arbitration agreement (contract where parties agree to resolve disputes through a neutral third party instead of court) explicitly (in a clear and detailed manner, leaving no room for confusion or doubt) grants the resident and/or representative the right to rescind (to cancel) the agreement within 30 calendar days of signing the agreement for the 20 (R #3, R #5, R #7, R #8, R #10, R #11, R #13, R #15, R #17, R #18, R #19, R #20, R #23, R #24, R #25, R #28, R #30, R #32, R #35, and R #37) of 49 (R #1-R #49) This is not clear only 20 residents of the 49 residents binging arbitration agreement did not include a provision for the resident's and/or resident's representative ability to rescind the agreement within 30 calendar days and was not signed? Please provide evidence The census was 49, it's 49 total residents. Only 20 of those 49 residents agreed to sign the arbitration agreement. That's why I had it like this to start- Based on record review and interview, the facility failed to ensure their binding arbitration agreement explicitly grants the resident and/or representative the right to rescind the agreement within 30 calendar days of signing the agreement. This deficient practice has the potential to affect all 20 residents that have signed the agreement as identified by the list the Administrator (ADM) provided on 03/05/25. The findings are: agreement as identified by the list the Administrator (ADM) provided on 03/5/25. The findings are: A. Record review of the facility's binging arbitration agreement, undated, revealed it does not include a provision for the resident's and/or resident's representative ability to rescind the agreement within 30 calendar days. B. On 03/07/25 at 11:22 am, during an interview with the ADM, he confirmed the facility's binding arbitration agreement does not address residents being able to rescind the agreement within 30 calendar days.

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F 0848 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide a neutral and fair arbitration process and agree to arbitrator and venue. 50207 Based on interview and record review, the facility failed to ensure their binding arbitration agreement (a clause within a contract where parties agree to resolve disputes through arbitration (arbitration; formal out -of-court method of resolving disputes) and waive their right to a trial and agree to accept the arbitrator's decision as final) included a provision for convenient venue (a location in which to carry out arbitration proceedings which should be agreed upon and suitable for both parties) selection. Failure to include this provision in the agreement could likely result in residents who choose to seek arbitration experiencing frustration and difficulty deterring (discourage or prevent from acting on) them from exercising their rights for the 20 (R #3, R #5, R #7, R #8, R #10, R #11, R #13, R #15, R #17, R #18, R #19, R #20, R #23, R #24, R #25, R #28, R #30, R #32, R #35, and R #37) of 49 (R #1- R #49) residents that have signed the agreement as identified by the list the Administrator (ADM) provided on 03/5/25. The findings are: A. Record review of the facility's binging arbitration agreement, undated, revealed it does not include a provision for the selection of a convenient venue should arbitration become necessary. B. On 03/07/25 at 11:22 am, during an interview with the ADM, he confirmed that the facility's binding arbitration agreement does not contain a provision for a convenient venue selection.

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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. 49827 Based on observation and interviews, the facility failed to maintain proper infection prevention practices when staff did not clean the blood pressure cuff and vital sign equipment prior to and after taking vital signs for 3 (R #22, R #28, and R #152) of 3 (R #22, R #28, and R #152) residents. This deficient practice could likely result in the spread of infectious agents (viruses and bacteria) between the residents. The findings are: A. On 03/05/25 at 9:42 am, during an observation of Nurse #1 revealed the following: 1. Nurse #1 did not clean the blood pressure cuff and vital sign equipment prior to taking vital signs for R #22. 2. Nurse #1 then took vital signs on R #28 without cleaning the blood pressure cuff and vital sign equipment. 3. Nurse #1 then took vital signs on R #152 without cleaning the blood pressure cuff and vital sign equipment. B. On 03/05/25 at 10:18 am, during an interview with Nurse #1, he stated he should have cleaned off all vital sign equipment before taking R #22's vitals and in between each resident afterwards. C. On 03/05/25 at 10:45 am, during an interview with the (Director of Nursing) DON, she stated she would expect all nurses to clean the vital machines before and after use with each resident.