STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366313	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Scioto Pointe	740 Canonby Place Columbus, OH 43223

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, review of infection control log, review of personnel files, review of tuberculosis (TB) risk assessment and review of facility policy the facility failed to ensure comprehensive surveillance of facility infections and failed to ensure staff had completed initial and annual TB screening. This affected 12 of 12 residents (#6, #18, #20, #24, #27, #37, #38, #44, #48, #54, #61, #96) reviewed on the infection control log for the months of February 2026 and March 2026. This had the potential to affect 95 residents of 95 residents residing in the facility.Findings include:1.Review of the infection control log for January 2026, February 2026, and March 2026 revealed it did not contain sufficient information. The log indicated the resident name, the room number, the date, the type of infection, the antibiotic, and whether or not the infection was facility acquired. The log did not indicate the type of bacteria, whether symptoms were present, or whether or not infections met McGeer's Criteria. Additionally, it was unclear if the date was the onset of the infection or the day the antibiotics were started. a. Resident #48 who admitted on [DATE], was given ciprofloxacin for a respiratory infection.b. Resident #24 who admitted on [DATE], was given Keflex for post-surgery.c. Resident #96 who admitted on [DATE], was given Macrobid for a UTId. Resident #27 who admitted on [DATE], was given azithromycin for respiratory infection.e. Resident #18 who admitted on [DATE], was given amoxicillin for a tooth infection.f. Resident #44 who admitted on [DATE] was given doxycycline for skin infection.g. Resident #61 who admitted on [DATE] was given ciprofloxacin for pneumonia.2.Review of the infection control log for March 2026 revealed the facility tracked the residents who received antibiotics during the month. It included the residents name, room number, date, type of infection, antibiotic, nosocomial, and community acquired. McGeer's criteria was not included, but was provided separately by the facility for some residents. However, review of the McGreer's form revealed it did not match current McGeer's Criteria. The following residents were identified on the log as receiving antibiotic treatment for infections but did not meet McGeer's criteria infections:a. Resident #48 who admitted on [DATE], was given augmentin for an unknown infection.b. Resident #20 who admitted on [DATE], was given ceftriaxone for pneumonia.c. Resident #37 who admitted on [DATE], was given Keflex for post-surgery.d. Resident #38 who admitted on [DATE], was given vancomycin for sepsis.e.Resident #6 who admitted on [DATE], was on Keflex for a wound infection.f. Resident #54 who admitted on [DATE], was on keflex for a UTI.Interview on 04/02/26 at 9:28 A.M. and 11:17 A.M. with Charge Nurse #39 revealed the Director of Nursing (DON) was the infection preventionist and he was unavailable at the time of the survey. However, she verified the infection control log did not track the bacteria, symptoms, or whether or not McGeer's criteria was met. Charge Nurse #39 was unsure what the date indicated on the log would mean.Review of the policy ?Infection Prevention and Control Program' revised December 2025 revealed surveillance data is used to measure the effectiveness of the infection prevention and control program. Outcome surveillance collects data that indicates the presence of infections, communicable diseases, and antibiotic usage among residents. Data that can be used includes monitoring residents with signs of infection, laboratory cultures or diagnostic test results, antibiotic orders, medication regimen review reports, documentation from the clinical record of residents with suspicion of an infection, and the (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	infection status on transfer and discharge summaries for new or readmitted residents. The data collection instruments were chosen or created by the infection preventionist and approved by the infection prevention and control committee and the medical director.3.Review of the personnel file for Certified Nurse Aide (CNA) #88 revealed a hire date of 06/23/25. There was no evidence an initial two-step Mantoux was completed.Review of the personnel file for Housekeeper #91 revealed a hire date of 02/26/25. There was no evidence of annual TB screening.Review of the personnel file for Housekeeper #98 revealed a hire date of 04/24/25. There was no evidence of annual TB screening.Review of the personnel file for CNA #38 revealed a hire date of 07/22/25. There was no evidence of annual TB screening.Review of the personnel file for Licensed Practical Nurse (LPN) #21 revealed a hire date of 09/26/17. There was no evidence of annual TB screening.Review of the personnel file for Housekeeper #112 revealed a hire date of 08/26/16. There was no evidence of annual TB screening.Interview on 04/02/26 at 3:15 P.M. with the Administrator revealed the Director of Nursing (DON) was responsible for maintaining evidence of staff initial and annual tuberculosis screening. The DON was unavailable and they were unable to find this evidence.Review of facility policy ?Tuberculosis Infection Control Program' dated August 2019, revealed the facility was to screen and surveil residents and employees for latent tuberculosis infection and active TB as appropriate for the current risk classification.Review of the ?TB risk assessment worksheet' revealed the facility screened healthcare workers including nurses, contract staff, and janitorial staff. They performed a baseline two-step test for healthcare workers and tested annually. These records were to be maintained by human resources.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interviews, and review of facility policy, the facility failed to ensure the common areas, resident rooms, and kitchen were free from pests. This had the potential to affect all 95 residents residing in the facility. Facility census was 95. 1.Observation on 03/30/26 at 10:10 A.M. of live cockroaches in Resident #24's room. Upon opening the bathroom door observation of live cockroaches on toilet seat. Interview on 03/30/26 at 10:10 A.M. with Resident #24 revealed she sees them all the time, she has seen them on her bed and crawling from under her bed. Observation on 03/30/26 at 10:45 A.M. of live cockroaches in Resident #12's room. Upon entering resident #12's room a live cockroach was observed crawling across the floor. Interview on 03/30/26 at 10:45 A.M. with Resident #12 revealed he sees them all the time. He stated they spray and try to get rid of them. Interview on 03/30/26 at 10:46 A.M. with LPN #102 verified the live cockroaches and stated the facility has had an ongoing issue but it is difficult to get rid of them. Interview on 03/30/26 at 11:00 A.M. with CNA #69 revealed several of the residents have cockroaches in the rooms, but due to the cleanliness and behaviors of the residents it is hard to get rid of them. Review of pest control invoices from August 2024 through March 2026 revealed on 05/06/25 activity was noticed of German cockroaches inside the kitchen area; on 08/20/25 minimal signs of cockroach activity inside the break room, sink areas, inside of water, cooler areas, and behind fridge inside of break room areas; on 01/22/26 Maintenance Supervisor # 89 mentioned the hallways and kitchen are seeing heavier activity of roaches; on 02/23/26 roaches still present, waiting on a quote for roaches treatment to be approved; and on 03/24/26 service technician was given a list of units to perform a gel baiting treatment for roaches. Interview on 04/01/26 at 9:13 A.M. with Maintenance Supervisor #89 verified there has been cockroach issues and they have monthly pest control completed. They had an estimate completed for around $15,000, but it is difficult to get all residents off one hall at a time out of their rooms due to the behaviors, but they are waiting for it to be approved. Review of facility policy titled Pest Control dated May 2008 revealed this facility maintains an ongoing pest control program to ensure that the building is kept free of insects and rodents. 2. Observation on 03/30/26 at 6:37 A.M. during the initial tour of the kitchen revealed a light brown, six-legged insect consistent in appearance with a cockroach crawling on the wall to the right of the walk-in fridge. The insect crawled out of sight before it could be verified by staff. No other observations of insects or other pests through the end of the tour around 7:10 A.M. Interview on 04/01/26 at 11:10 A.M. with Cooks #44, #71, and #109 confirmed they have occasionally seen roaches or other insects (flies, gnats, etc.) in the kitchen and attributed it to a hazard of working in a commercial kitchen. Cooks #44, #71, and #109 denied evidence of infestations in the kitchen. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation on 04/01/26 at 11:36 A.M. during lunch preparation in the kitchen revealed a light brown six-legged insect consistent with a cockroach on the shelf directly below the cutting surface of the steam table. Activities Director and Dietary Manager (AD/DM) #50 was alerted to the presence of the insect. AD/DM #50 put on a glove and used a disposable towel to dispose of the insect in the trash, then used sanitizer to clean the area. AD/DM #50 stated she believed it was a roach and has seen one or two in the kitchen from time to time. AD/DM #50 denied current infestation. 3. Observation on 03/31/26 at 10:02 A.M. revealed one six-legged insect outside Resident #66's room, with no staff nearby to verify the observation. The appearance of the insect was consistent with that of a cockroach. Further observation at this time revealed the insect went under the door into the resident's room while the resident was sleeping. Interview on 03/31/26 at 5:15 P.M. with the administrator revealed the facility has switched pest control companies several times during his time at the facility, and they are working towards improving the pest situation in the facility. Further interview with the administrator revealed he could not speak to specific interventions for addressing cockroaches in the facility. Observation on 04/01/26 at 7:56 A.M. revealed one dead insect was on the floor in Resident #70's bathroom directly in front of the toilet, the appearance of the insect was consistent with a cockroach and resembled a larger version of the same type of insect observed outside of Resident #66's room on the day prior. This observation was verified by Licensed Practical Nurse (LPN) #102 at the time of observation. Interview on 04/01/26 at 10:54 A.M. with LPN #102 revealed they have seen bugs similar to the one observed earlier in Resident #70's room for at least the last couple of months. Further interview revealed this issue had started to improve for some time after cleaning and extermination companies came out, but this has since worsened again. Further interview with LPN #102 revealed that residents in the facility are sometimes hiding foods in their rooms, often with open containers which they think may relate to the insect presence throughout the building. This deficiency represent noncompliance investigated under Complaint Number 2787253.

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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. Based on observation, interview and review of facility policy the facility failed to maintain a clean, sanitary and pest free living environment for the residents. This affected six residents (Resident #9, #12, #18, #22, #24, and #84) of 95 residents reviewed for environment. The facility census was 95. Findings include:Findings include:Observation 03/30/26 at 9:16 A.M. of Resident #22's room revealed several holes on the top of the mattress and one bigger hole on the side of the mattress facing the doorway. The bathroom vanity was observed with rotted wood at the bottom. Observation on 03/30/26 at 10:10 A.M. of Resident #18's room revealed the floor was very dirty, his bed frame was coated with dust and food particles and the shower doors in the bathroom were removed from the tracks and sitting inside the shower.Observation on 03/30/26 at 10:53 A.M. of Resident #84's room revealed dried feces on the floor and bed and the shower doors in the bathroom were removed from the tracks and sitting inside the shower.Observation on 03/30/26 at 12:06 P.M. of Resident #24's room revealed the bed frame was dirty with food stains.Coackroaches were observed coming from her toilet after the bathroom door was opened and observed crawling across the floor. They resident stated the cockroaches are everywhere and it had started to piss her off because the facility should be doing something about the cockroaches.Observation on 03/30/26 at 12:28 P.M. of Resident #12's room revealed the bed frame was dirty with food stains and dust and the window sill was damaged with wood exposed.Interview on 03/30/26 at 2:16 P.M. with Resident #9's representative revealed the facility was not clean and had issues with cockroach infestation.Interview on 04/01/26 at 9:15 A.M. with Maintenance Supervisor #89 and Housekeeping Supervisor #52 verified the environmental and housekeeping issues.Review of facility policy titled Homelike Environment dated February 2021, revealed residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include clean, sanitary, and orderly environment .This deficiency represents non-compliance investigated under Complaint Number 2787253.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews with nursing staff, and review of the facility provided glucometer policy, the facility failed to ensure glucometers (blood sugar measuring devices) were properly calibrated with control solutions that were not expired on two separate resident halls (200 and 400 halls) of the facility. This had the potential to affect 10 residents (#23, #60, #90, #2, #71, #41, #32, #24, #39, and #26) on the two affected halls out of a total of 18 facility identified residents that require blood sugar checks. The facility census was 95.Findings include: Based on observations, interviews with nursing staff, and review of the facility provided glucometer policy, the facility failed to ensure glucometers (blood sugar measuring devices) were properly calibrated with control solutions that were not expired on two separate resident halls of the facility. This had the potential to affect 10 residents (#23, #60, #90, #2, #71, #41, #32, #24, #39, and #26) on the two affected halls out of a total of 18 facility identified residents that require blood sugar checks. The facility census was 95.Observation on [DATE] at 12:04 P.M. of the medication cart for the 400 hall revealed a box of Assure Prism branded glucometer control solutions kept in the medication cart had an expiration date of [DATE]. This was the only box of glucometer control solutions observed in the same drawer of the medication cart that held the glucometer, lancets, and other blood glucose monitoring supplies. Interview on [DATE] at 12:05 P.M. with Registered Nurse (RN) #15 verified that the glucose control solutions were expired and should not be used for testing the glucometer. Further interview with RN #15 at this time revealed quality control (QC) measures of the glucometer with the control solutions happens every night shift and the control solutions should be checked to make sure they are not expired before use. Observation on [DATE] at 12:33 P.M. of the medication cart for the 200 hall revealed two bottles of Assure Prism branded glucometer control solutions that were expired. These solutions were kept in the medication cart directly next to the glucometer, lancets, and other glucose monitoring supplies, and they were the only quality control solutions in this drawer of the medication cart. The green bottle of control solution was labeled with an expiration date of [DATE], and the blue bottle of control solution was labeled with an expiration date of [DATE]. Interview on [DATE] at 12:35 P.M. with RN #115 confirmed that both bottles of control solutions for the glucometer held in the medication cart for the 200 hall were expired. Further interview with RN #115 revealed night shift nursing staff has the responsibility of using the control solutions to test the glucometers in the facility. Review of the facility provided policy for the glucometers used in the facility, titled Assure Prism Multi Blood Glucose Monitoring System revealed the expiration dates printed on the bottles of Assure Prism Glucose Control Solutions should be checked prior to using the control solution to test the glucometer. Further review of this policy revealed bottles of control solution that are past their printed expiration date should be discarded.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, review of facility infection control log, review of facility policy, and review of National Healthcare Safety Network (NHSN)'s report, the facility failed to ensure antibiotic stewardship was followed. This affected one resident (#84) of one resident reviewed for urinary tract infection (UTI) and 12 of 12 residents (#6, #18, #20, #24, #27, #37, #38, #44, #48, #54, #61, #96) reviewed on the infection control log for the months of February 2026 and March 2026. The facility census was 95.Findings include: 1.Review of the infection control log for February 2026 revealed the facility tracked the residents who received antibiotics during the month. It included the residents name, room number, date, type of infection, antibiotic, nosocomial, and community acquired. McGeer's criteria was not included, but was provided separately by the facility for some residents. However, review of the these forms revealed it did not match current McGeer's Criteria. The following residents were identified on the log as receiving antibiotic treatment for infections but did not meet McGeer's criteria for infections: a. Resident #48 who admitted on [DATE], was given ciprofloxacin for a respiratory infection. Review of Resident #48's 'minimum criteria for initiating antibiotics for skin and soft tissue infection' dated 02/05/26 revealed the resident had a productive cough and a respiratory rate above 25 breaths per minute. It was indicated this was sufficient and the resident met criteria for antibiotic use. The form indicated it referenced McGeer's definitions of infection. Review of National Healthcare Safety Network (NHSN)'s report 'Centers for Disease Control (CDC)/NHSN Surveillance Definitions for Types of Infection' dated January 2026, revealed this was not sufficient to begin an antibiotic for an upper respiratory infection. The facility form did not have the correct parameters for beginning an antibiotic. b. Resident #24 who admitted on [DATE], was given Keflex for post-surgery. The facility was unable to provide McGeer's criteria for Resident #24 for February 2026. c. Resident #96 who admitted on [DATE], was given Macrobid for a UTI Review of Resident #96's 'minimum criteria for initiating antibiotics for a UTI' revealed the resident had urgency and frequency. It was indicated this was sufficient and the resident met criteria for antibiotic use. The form indicated it referenced McGeer's definitions of infection. Review of National Healthcare Safety Network (NHSN)'s report 'Centers for Disease Control (CDC)/NHSN Surveillance Definitions for Types of Infection' dated January 2026, revealed this was not sufficient to begin an antibiotic for a urinary system infection. The facility form did not have the correct parameters for beginning an antibiotic. d. Resident #27 who admitted on [DATE], was given azithromycin for respiratory infection. Review of Resident #27's 'minimum criteria for initiating antibiotics for a lower respiratory tract infection' revealed the resident had a productive cough. Someone had marked that the resident met criteria for antibiotic use, however, the resident did not meet the criteria outlined on the form. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	e. Resident #18 who admitted on [DATE], was given amoxicillin for a tooth infection. The facility was unable to provide McGeer's criteria for Resident #18 for February 2026. f. Resident #44 who admitted on [DATE] was given doxycycline for skin infection. Review of Resident #44 'minimum criteria for initiating antibiotics for skin and soft tissue infection' dated 02/26/26 revealed the resident had redness and tenderness. It was indicated this was sufficient and the resident met criteria for antibiotic use. The form indicated it referenced McGeer's definitions of infection. Review of National Healthcare Safety Network (NHSN)'s report 'Centers for Disease Control (CDC)/NHSN Surveillance Definitions for Types of Infection' dated January 2026, revealed this was not sufficient to begin an antibiotic for a skin infection. The facility form did not have the correct parameters for beginning an antibiotic. g. Resident #61 who admitted on [DATE] was given ciprofloxacin for pneumonia. Review of Resident #61's 'minimum criteria for initiating antibiotics for a lower respiratory tract infection' revealed the resident had a productive cough and a new infiltrate on a chest x-ray thought to represent pneumonia. It was indicated this was sufficient and the resident met criteria for antibiotic use. The form indicated it referenced McGeer's definitions of infection. Review of National Healthcare Safety Network (NHSN)'s report 'Centers for Disease Control (CDC)/NHSN Surveillance Definitions for Types of Infection' dated January 2026, revealed this was not sufficient to begin an antibiotic for a respiratory infection. The facility form did not have the correct parameters for beginning an antibiotic. 2.Review of the infection control log for March 2026 revealed the facility tracked the residents who received antibiotics during the month. It included the residents name, room number, date, type of infection, antibiotic, nosocomial, and community acquired. McGeer's criteria was not included, but was provided separately by the facility for some residents. However, review of the McGreer's form revealed it did not match current McGeer's Criteria. The following residents were identified on the log as receiving antibiotic treatment for infections but did not meet McGeer's criteria infections: a. Resident #48 who admitted on [DATE], was given augmentin for an unknown infection. The facility was unable to provide McGeer's criteria for Resident #48 for March 2026. b. Resident #20 who admitted on [DATE], was given ceftriaxone for pneumonia. Review of Resident #20's 'minimum criteria for initiating antibiotics for a lower respiratory tract infection' revealed the resident had a productive cough and a new infiltrate on a chest x-ray thought to represent pneumonia. It was indicated this was sufficient and the resident met criteria for antibiotic use. The form indicated it referenced McGeer's definitions of infection. Review of National Healthcare Safety Network (NHSN)'s report 'Centers for Disease Control (CDC)/NHSN Surveillance Definitions for Types of Infection' dated January 2026, revealed this was not sufficient to begin an antibiotic for a respiratory infection. The facility form did not have the (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	correct parameters for beginning an antibiotic. c. Resident #37 who admitted on [DATE], was given Keflex for post-surgery. The facility was unable to provide McGeer's criteria for Resident #37 for March 2026. d. Resident #38 who admitted on [DATE], was given vancomycin for sepsis. The facility was unable to provide McGeer's criteria for Resident #37 for March 2026. e.Resident #6 who admitted on [DATE], was on Keflex for a wound infection. The facility was unable to provide McGeer's criteria for Resident #6 for March 2026. f. Resident #54 who admitted on [DATE], was on keflex for a UTI. Review of Resident #54's 'minimum criteria for initiating antibiotics for a UTI' revealed the resident had superapubic pain and urinary incontinence. It was indicated this was sufficient and the resident met criteria for antibiotic use. The form indicated it referenced McGeer's definitions of infection. Review of National Healthcare Safety Network (NHSN)'s report 'Centers for Disease Control (CDC)/NHSN Surveillance Definitions for Types of Infection' dated January 2026, revealed this was not sufficient to begin an antibiotic for a urinary system infection. The form did not have the correct parameters for beginning an antibiotic. Interview on 04/02/26 at 9:28 A.M., 11:17 A.M. and 1:32 P.M. with Charge Nurse #39 revealed the Director of Nursing (DON) was the infection control designee and was unavailable. She revealed the facility should be using McGreer's to determine antibiotic use. However, she verified the form they were using to determine if antibiotic criteria was met did not match the McGeer's criteria. She was unsure where the form came from. She was unable to provide additional information on the missing McGreer's assessments. Charge Nurse #39 additionally verified some residents on antibiotics did not even meet the criteria on the from. Review of the policy 'antibiotic stewardship' dated 11/05/20, revealed residents must meet the minimal criteria for initiation of antibiotics in long term care to be placed on antibiotics. 3.Review of the medical record for Resident #84 revealed an admission date of 09/06/24 with diagnosis including adult failure to thrive, schizoaffective disorder, narcolepsy without cataplexy, and other drug induced secondary parkinsonism. Review of the physician's orders revealed an order for Bactrim DS (antibiotic) 800/160 (mg) twice daily for 10 days dated 01/04/26. Review of the medical record revealed progress notes dated 12/29/25 revealed Resident #84 with signs and symptoms of agitation, excited, seeking, and pacing the hallway. The psych NP was notified and an order for urinalysis was ordered. Further review of the progress notes revealed no urinary symptoms. Review of Resident #84's urinalysis 12/31/25 revealed positive for Escherichia coli (bacteria). (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility McGeer's Criteria form dated 06/15/12 revealed resident must have at least three of the following signs and systems: fever or chills, new or increased burning pain on urination, frequency or urgency, may be new or increased incontinence, new flank or suprapubic pain or tenderness, change in character of urine, and worsening of mental or functional status. Interview on 04/02/26 at 1:35 P.M. with RN #39 verified Resident #84 did not meet McGeer's criteria for antibiotic treatment for a urinary tract infection. Review of facility policy titled Antibiotic Stewardship Policy, dated 11/05/20 revealed residents must meet the minimal criteria for initiation of antibiotics in long term care for residents to be placed on an antibiotic.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and medical record review the facility failed to ensure Resident #6's Minimum Data Set (MDS) 3.0 assessment accurately reflected their wound status. This affected one resident (#6) of one resident reviewed for skin conditions. The facility census was 95. Review of Resident #6's medical record revealed an admission date of 12/06/24 with diagnoses including adult failure to thrive, unspecified open wound of the right lower leg, unspecified dementia, type two diabetes mellitus, schizoaffective disorder, unspecified psychosis, antisocial personality disorder, delusional disorder, and conduct disorder. Review of Resident #6's comprehensive Minimum Data Set (MDS) 3.0 assessments dated 08/12/25, 11/03/25, and 02/03/26 revealed the resident had intact cognition. No skin issues were marked in the MDS assessment.Review of Resident #6's wound assessment dated [DATE] revealed the resident had cellulitis to her right leg that had been present since 12/08/24.Interview on 04/02/26 at 12:45 P.M. with Registered Nurse (RN) #40 verified Resident #6's chronic wound had not been marked on her MDS assessments and should have been.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, medical record review, review of activity documentation, and review of facility policy, the facility failed to complete activities according to preference for Resident #18. This affected one (Resident #18) of one residents resident reviewed for activities. The facility census was 95. Findings include:Findings include:Review of the medical record for Resident #18 revealed an admission date of 03/21/24 with diagnosis including dementia, without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety, schizoaffective disorder, bipolar type, high risk sexual behavior, obsessive compulsive personality disorder, and auditory hallucinations. Review of the care plan for Resident #18 dated 03/28/24 revealed resident presents with altered mood state which may adversely affect participation in activities of interest related to confusion, auditory hallucinations, and schizoaffective disorder-bipolar type. Interventions included: diversional activities that stimulate pleasant memories such as reminiscing about life accomplishments, diversional activities that stimulate pleasant memories such as group sing along, 1:1 visits as needed, small activities outside of room as needed, and encourage resident to come outside of room to participate in activities of interest. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 13 and Resident #18 prefered to do things with a group of people.Review of the medial record for Resident #18 of an activities assessments dated 12/08/25, and 02/23/26 revealed the resident's favorite activities included: rummy, basketball, music, walking, calling family and family visits. Resident #18 attended group activities three times a week chat session, bingo, watching tv, cards, movies, patio time, smoking, and church service. Resident #18 was actively involved in these activities.Review of the daily activity documentation for Resident #18 for December 2025 revealed he did not attend bingo, cards/games, music listening or music programs or party/social hour.Review of the daily activity documentation for Resident #18 for January 2026 revealed he did not attend bingo, cards/games, music listening or music programs or party/social hour.Review of the daily activity documentation for Resident #18 for February 2026 revealed he attended bingo twice, cards/games was crossed out and fun foods was put in place and he did not attend music listening or music programs or party/social hour.Review of the daily activity documentation for Resident #18 for March 2026 revealed he did not attend bingo, he attended cards/games once, and he did not attend music programs or party/social hour.On 03/31/26 at 10:00 A.M. interview with Resident #18 revealed he doesn't do much related to activities. The resident's room did not have items indicative of self-driven activities. On 04/01/26 ay 8:30 A.M. Resident #18 was observed, in bed, with his eyes closed.Interview on 04/01/2026 at 9:06 A.M. with Activities #59 revealed activities complete activity documentation in a book that is kept on the hall. The facility had 1:1 activities for some people, it depended on their preferences and the day due to the behaviors. Interview on 04/01/26 at 1:02 P.M. with Activity Director #50 revealed resident preferences were based off interviews with the resident or family members. She completes an assessment and, in that assessment, the resident preferences are indicated. Activity Director #50 could not verify the resident received activities per resident preference. Interview on 04/01/26 at 1:15 P.M. with MDS #53 revealed she completed the activity care plan based on the activity director's progress note/assessment. MDS #53 verified the care plan did not indicate resident preferred activities.Review of the facility policy titled Activities and Social Services, revised December 2006 revealed residents shall have the right to choose the types of activities and social events in which they wish to participate as long as such activities do not interfere with the rights of other residents in the facility. When the care planning team develops the resident's activity and social care plans, the resident will be given an opportunity to choose when, where, and how he or she will participate in activities and social events. As much as possible, the facility will provide activities, social events, and schedules that are compatible with the resident's interests, physical and mental assessment, and overall plan of care.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview and review of facility policy the facility failed to ensure nutritional recommendations were addressed and meal intakes were adequately monitored. This affected one resident (#88) of three residents reviewed for nutrition. The facility census was 95.Findings include:Review of the medical record for Resident #88 revealed an admission date of 03/17/21 with diagnoses including metabolic encephalopathy, unspecified dementia, severe, with other behavioral disturbance, extrapyramidal and movement disorder, paranoid schizophrenia, schizoaffective disorder, dysphagia, muscle wasting and atrophy, and vitamin D deficiency. Review of the care plan dated initiated 03/29/21 revealed altered nutritional status as evidenced by obesity, history of dysphagia, paranoid schizophrenia, gastroesophageal reflux disease, depression, recent and history of weight loss, recent and history of poor intake, history of weight fluctuations and mechanically altered diet. Interventions included monitor and record oral intake at meals and report weight loss/gain of 5% or more to medical director (MD) and registered dietician licensed dietician (RDLD).Review of the resident's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed moderate cognitive impairment and indicated weight loss, not on a prescribed weight loss regimen, receiving a mechanically altered diet and not on a therapeutic diet.Review of weights for Resident #88 revealed on 09/04/25 a weight of 193 pounds (lbs.) and on 03/02/26 a weight of 163.8 lbs. which indicates a 15.13% weight loss.Review of the resident's meal percentages for October 2025 revealed no documented meal percentage intakes for 10/02/25 and 10/05/25 for dinner and 10/08/25, 10/11/25, 10/12/25, 10/14/25, 10/15/25, 10/19/25,10/21/25, 10/22/25, 10/23/25, 10/24/25, 10/27/25, 10/28/25,10/29/25, and10/31/25 for breakfast, lunch and dinner. Review of the resident's meal percentages for November 2025 revealed no documented meal percentage intakes for 11/1/25, 11/02/25, 11/04/25, 11/05/25, 11/06/25, 11/07/25, 11/12/25, 11/14/25, 11/16/25, 11/18/25, 11/19/25, 11/20/25, 11/22/25, 11/23/25, 11/26/25, 11/27/25, and 11/30/25 for breakfast, lunch and dinner. Review of the Dietician # 105's significant weight change report dated 02/18/26 revealed Resident #88 may benefit from Remeron (anti-depressant also used for an appetite stimulant). The Nurse Practitioner reviewed on 02/23/26 but there was no order for the recommendation.Review of Resident #88's physicians orders revealed an order dated 03/23/26 for Remeron 7.5 mg (milligrams).Interview on 04/02/26 at 1:50 P.M. with Dietician #105 revealed she reviews meal intakes and if observed missing meal percentages she notifies the administrator. Dietary recommendations are made by the situation. If there is a medication recommendation such as Remeron she notifies the NP (nurse practitioner). Dietician #105 stated the facility does not have nutrition at risk meetings. Dietician #105 verified that the NP was notified. and no follow up was completed and the Remeron was not ordered until 03/23/26. Review of facility policy titled Food and Nutrition Services, dated October 2017 revealed nursing personnel, with the assistance of the food and nutrition services staff, will evaluate (and document as indicated) food and fluid intake of residents with, or at risk for, significant nutritional problems.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident record reviews and staff interviews, the facility failed to ensure Residents #5 and #13's falls were accurately documented in the medical record and failed to ensure Resident #6's wound notes were accurate, and treatment documentation was complete. This affected three residents of 24 residents reviewed for accuracy of medical records and documentation. The facility census was 95.Findings include:1. Review of Resident #5's medical record revealed an admission date of 05/22/17. She had diagnoses that included undifferentiated schizophrenia, vascular dementia with behaviors, and history of cerebral infarction. Review of the quarterly Minimum Data Set 3.0 (MDS) assessment completed on 03/17/26 revealed Resident #5 was cognitively intact and displayed no signs or symptoms of depression, delirium, psychosis, or rejection of care during the review period. Further review of the MDS assessment revealed Resident #5 was independent moving from a sitting to standing position and required supervision or touching assistance with transfers from a chair or bed to a chair. Resident #5 was independently mobile with the use of a manual wheelchair. Review of the facility's fall log revealed Resident #5 had a fall with a major injury on 01/17/26 and a fall with a minor injury on 01/24/26. Review of nursing progress notes of the fall on 01/17/26 revealed Resident #5's roommate alerted staff on 01/17/26 around 11:00 P.M. that Resident #5 had fallen and was on the floor. Resident #5 stated she had fallen when she got up to use the restroom and fell. Resident #5 stated she had pain in her left arm and wrist. Resident #5 was assessed by the nurse and noted some redness to the left wrist but no other apparent injury. Following the assessment, Resident #5 was returned to her bed and was started on 15-minute neurological checks. The facility's on-call physician was notified, and new orders were given for an x-ray of the left arm and wrist. Results of the x-ray returned on 01/18/26 around 12:36 P.M. and a moderately displaced transverse fracture of the left distal radial metaphysis. Resident #5 was then sent to the emergency room and returned to the facility same day with a splint on her left wrist. Review of the nursing progress notes for the fall on 01/24/26 revealed Resident #5 fell around 10:30 P.M. in her room when attempting to transfer from her wheelchair to her bed and had a laceration to the left side of her head. The nurse assessed Resident #5 and called the on-call physician who wrote orders for the wound to be cleaned. Resident #5 was returned to her bed, re-educated to turn on her light if she gets up in the dark or to press her call light for assistance. Review of the incident/accident report for the fall on 01/17/26 revealed the location of injury diagram did not indicate the pain and redness Resident #5 felt in her left arm and wrist. Review of the incident/accident report for the fall on 01/24/26 revealed the location of injury diagram did not indicate the laceration to Resident #'5 left temporal area. 2. Review of Resident #13's medical record revealed an admission date of 09/03/25. He had diagnoses that included bipolar disorder, chronic obstructive pulmonary disorder, and mild cognitive impairment. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the quarterly Minimum Data Set 3.0 (MDS) assessment completed on 02/23/26 revealed Resident #13 had severe cognitive impairment and displayed no signs or symptoms of depression, delirium, psychosis, or rejection of care during the review period. Further review of the MDS assessment revealed Resident #13 was dependent on staff for all cares including dressing, bathing, and personal hygiene. Resident #13 was dependent on staff for all positioning, transfers, and mobility in his manual wheelchair. Review of the facility's fall log revealed Resident #13 had a fall with a minor injury on 02/22/26. Review of the nursing progress notes revealed no notes on 02/22/26 describing Resident #13's fall. The next nursing progress note was time stamped for 02/24/26 at 11:24 A.M., which stated that a new intervention was put in place for Resident #13 to be within sight of staff when out of bed as tolerated following his fall on 02/22/26. Interview on 04/02/26 at 10:14 A.M. with MDS Nurse #40 confirmed that the incident/accident report for Resident #5's falls on 01/17/26 and 01/24/26 should have indicated the injuries from the falls. MDS Nurse #40 also confirmed that there should have been a nursing progress note describing Resident #13's fall on 02/22/26. 2. Review of Resident #6's medical record revealed an admission date of 12/06/24 with diagnoses including adult failure to thrive, unspecified open wound of the right lower leg, unspecified dementia, schizoaffective disorder, unspecified psychosis, antisocial personality disorder, delusional disorder, and conduct disorder. Review of Resident #6's comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident had intact cognition. Review of Resident #6's progress note dated 01/27/26 revealed she graduated from hospice. Review of Resident #6's skin progress notes dated 01/29/26, 02/05/26, 02/12/26, 02/19/26, 02/26/26, 03/05/26, and 03/12/26, revealed it was indicated the resident was on hospice. Review of Resident #6's physician order from 01/29/26 to 02/05/26 revealed an order to cleanse the right back calf and open area on right ankle with acetic acid 0.25%, pat dry and apply triad-soaked gauze to the wound bed. The whole area was to be covered with super absorbent dressing and wrapped with kerlix gauze twice. Review of Resident #6's physician order from 02/05/26 to 02/26/26 revealed an order to cleanse the open area to the back of the right calf and open area on the right ankle with 0.25% Dakin's, pat dry, then apply triad-soaked gauze to the wound bed. The whole area was to be covered with super absorbent dressing and wrapped with Kerlix twice a day. Review of Resident #6's February Medication Administration Record (MAR) revealed wound treatment was not done in the morning on 02/01/26, 02/03/26, 02/05/26, 02/09/26, 02/10/26, 02/23/26 and 02/26/26. Review of Resident #6's physician order dated 03/02/26 revealed an order to cleanse the open area to the back of the right calf and open area on the right ankle with 0.25% Dakin's, pat dry, then apply triad-soaked gauze to the wound bed. The whole area was to be covered with super absorbent (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dressing and wrapped with kerlix gauze twice. Review of Resident #6's March MAR revealed wound treatment was not done on 03/15/26, 03/16/26, and 03/17/26. Interview on 04/02/26 at 2:00 P.M. with Charge Nurse #70 verified Resident #6 was no longer on hospice and her notes should not indicate that she was. Additionally, she reported that Resident #6 received her dressing changes as ordered, however, they had a nurse who forgot to document the treatments she completed.