STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395662	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43277 Based on observations, review of clinical records, and staff interview it was determined that the facility failed to provide reasonable accommodation of needs for two of 30 residents reviewed (Resident R215 and R165). Findings Include: Review of Resident R215's clinical record revealed the resident was admitted to the facility on [DATE]. Height and weight measurements dated December 11, 2024, revealed Resident R215 was 6 feet 3 inches tall and weighed 225 pounds. Review of Resident R215's clinical record revealed a nursing note dated December 11, 2024, at 11:49 p.m. that a TELS (an electronic system used to enter, manage, and track maintenance requests) request was placed for a bed extender (increases the length and/or width of existing bed to provide more space and comfort). During an interview on January 12, 2025, at 11:35 a.m. Resident R215 reported that the bed was too small (Resident R215 was too tall for the bed) causing his feet to press against the footboard while lying in bed and subsequently causing his feet to feel numb. Observations confirmed Resident R215 appeared uncomfortable in bed as he needed to keep his legs bent and pulled to the side to keep them from pressing against the footboard. Observations on January 12, 2025, at 11:35 a.m. revealed the width of the bed was also too small leaving little room for Resident R215 to reposition in bed. Resident R215 reported feeling fearful of falling out of bed when being turned and repositioned due to the little space and no bed enablers to hold onto. Interview on January 12, 2025, at 12:07 p.m. with Nursing Supervisor, Employee E3, confirmed the bed was too small for Resident R215 and that the facility was working on getting a bed extender for the resident's bed. Interview on January 12, 2025, at 12:12 p.m. with Nursing Home Administrator, Employee E1, confirmed the facility was still working on getting the resident a bed extender and was unsure why a proper fitting bed was not available on the day Resident R215 was admitted . (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395662	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observations on January 12, 2025, at 11:00 a.m. of Resident R165's room revealed the resident was laying on the bed. Residents foot was on top of the footboard with a pillow under the ankle area. Resident R165 stated the bed was short for him and he could not raise the head of the bed without placing foot on the bed. Further observation revealed that there was no bed extender placed on the bed. Interview with Administrator on January 12, 2025, at 2:00 p.m. stated facility could utilize bed extender for residents if the bed was short for them. Observation with Administrator confirmed that the bed for R165 was short and he placed his foot on the foor board. 28 Pa. Code 201.29 (a) Resident Rights. 28 Pa. Code 211.10 (d) Resident care policies.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395662	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. 48347 Based on observation and review of facility policy, it was determined that the facility failed to ensure that the residents right to privacy was protected for two of 30 residents reviewed. (Resident R Findings include: Review of facility policy titled Confidentiality of Information and Personal Privacy dated October 2017, revealed that the facility will safeguard the personal privacy and confidentiality of all resident personal and medical records. The facility will strive to protect the resident's privacy regarding his or her accommodations, medical treatment, written communication, personal care, visits, and family group meetings. Observation on the third floor activity room on January 13, 2025 at 10:53, the room included eleven residents and two employees, Registered nurse, Employee E8 was observed evaluating a resident's vital signs. registered nurse Employee E8 was overheard relaying the vital measurements to the resident. 28 Pa. Code 201.18(b)(2) Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395662	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41471 Based on review of clinical records, staff and resident interviews, it was determined that the facility failed to ensure that a written summary of the baseline care plan was provided to the resident and/or the resident's representative that included initial goals based on admission orders, physician orders, therapy services and social services for one of 22 residents reviewed (Resident R164). Findings include: Review of clinical record revealed that the resident was admitted to the facility on [DATE], with diagnosis including progressive neurological condition and cerebrovascular accident (stroke) and Parkinson's disease (progressive disease of the central nervous system). Interview with Resident R164 and with resident's family on January 12, 2025 at 11:25 a.m. stated she was admitted to the facility 9 days ago and she was not sure if she was getting all her medications. Continued interview with Resident R164 and resident's family stated they were not provided a written summary of the baseline care plan that included initial goals based on admission orders, physician orders, therapy services and social services. Review of the care plan and the clinical record revealed no documented evidence that the resident representative received a written summary of the baseline care plan that included initial goals based on admission orders, physician orders, therapy services and social services. A request was made to the Social Service Director on January 15, 2025, at 11:44 a.m., for a copy of the baseline care plan for Resident R164 and evidence that resident/resident representative received a copy of the baseline care plan. Interview with Social Service Director on January 15, 2025, at 11:44 a.m., stated facility did not conduct a baseline care plan meeting with Resident R164 and a written summary of the baseline care plan was provided to the resident and/or the resident's representative. 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.10(d) Resident care policies 28 Pa. Code 211.12(d)(1) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395662	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 43277 Based on review of facility policy, review of clinical records, and staff interview, it was determined that the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring and administering of medications) to meet the needs of each resident for one of 22 residents reviewed (Resident R34). Findings Include: Review of facility policy Unavailable Medication dated June 2021 revealed in conjunction with the contracted pharmacy, the facility will make every effort to ensure that a medication ordered for the resident is available to meet their needs. Continued review of facility policy Unavailable Medication revealed in the event that a medication ordered for a residents is noted to be unavailable near or at the time it is to be dispensed, nursing staff shall contact the pharmacy regarding the unavailable medication, attempt to obtain the medication from the facility's automated medication dispensing system, notify the physician of the unavailable medication, report the date of the expected delivery, and obtain new orders. Review of Resident R34's admission Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated December 21, 2024, revealed the resident was cognitively intact and had diagnoses of polycythemia vera (a rare blood cancer that causes too many red blood cells, thickening the blood and increasing the risk of blood clots) and atrial fibrillation (an irregular heart rhythm that can lead to stroke, heart failure and other complications). Further review of the MDS revealed Resident R34 was taking an anticoagulant (also referred to as a blood thinner - medications that reduces the formation of blood clots). Review of Resident R34's care plan dated December 18, 2024, revealed the resident was on anticoagulant therapy for blood clot prevention. Intervention dated December 18, 2024, included to provide medication as ordered. Review of Resident R34's medication administration record revealed Warfarin 2.5 mg (milligrams) (an anticoagulant medication) was due in the evening on January 4, 2025. The medication was signed out as drug/treatment not administered. Review of Resident R34's clinical record revealed a medication administration note for the Warfarin 2.5 milligerams (mg) dose due on January 4, 2025, that revealed waiting on pharmacy. Review of Resident R34's clinical record revealed no documented evidence the nurse called the pharmacy to determine an expected delivery date and no documented evidence the physician was made aware of the missed medication and subsequent new orders on how to proceed. Further review of Resident R34's medication administration record revealed Warfarin 2mg was due in the evening on January 6, 2025, and January 12, 2025. The medications were signed out as drug/treatment not administered on both dates. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395662	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident R34's clinical record revealed a medication administration note for the Warfarin 2mg dose due on January 6, 2025, that revealed awaiting pharmacy. Review of Resident R34's clinical record revealed a medication administration note for the Warfarin 2mg dose due on January 12, 2025, that revealed awaiting pharm. Interview on January 15, 2025, at 10:48 a.m. with Registered Nurse, Employee E4, revealed missed medications were due to the pharmacy not delivering medications in a timely manner. 28 Pa. Code 211.9 (a)(1) Pharmacy services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395662	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 48347 Based on the observation, review of facility policy and procedure, review of manufacturers guidelines, and interviews with staff, it was determined that the facility failed to properly label medications upon opening for ophthalmic solutions found on two of three medications carts observed. (third floor carts one and two) Findings: Review of facility policy titled Medication Labeling and Storage revealed the facility stores all medications and biologicals under proper temperature, humidity, and light controls. Only authorized personnel have access to keys. The nursing staff is responsible for maintaining medications storage and preparation areas they clean safe and sanitary manner. Multi dose vials that have been opened or at accessed are dated and discarded within 28 days unless the manufacturer specifies a sure they're longer date for the open vial. Observation of medication pass with Employee Licensed nurse, Employee E5 on January 12, 2024, during med pass, inspection of third floor medication cart one revealed seven boxes of multi-use eye drops without any date written on the box of date of opening. Interview with Employee E5 at time of the above observation confirmed that seven boxes of multi-use eye drops did not contain the date of opening on the box. Observation of medication pass with Licensed nurse, Employee E6 on January 12, 2024, during med pass, inspection of third floor medication cart two revealed two boxes of multi-use eye drops without any date of opening on the box. Interview with Employee E6 at time of the above observation confirmed that the two boxes of multi-use eye drops did not contain the date of opening on the box. 28 Pa. Code 211.9(a)(1) Pharmacy services 28 Pa. Code 211.12(d0(1) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395662	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. 48347 Based on review of facility policy, review of clinical records, observations and staff interviews, it was determined the facility failed to provide adaptive equipment for 1 of 18 residents observed during dining on the third-floor dining room. Findings: Policy titled Assistive Devices and Equipment revealed the facility maintains and supervises the use of assisted devices and equipment for residents. Devices and equipment that assist with residents' mobility, safety and independence are provided for residents these may include but are not limited to specialized eating utensils and equipment. Recommendations for the use of devices and equipment are based on comprehensive assessment and documented in the residence care plan. Staff and volunteers are trained to demonstrate competency in the use of devices and equipment prior to assisting or supervising residents. Review of Residents R83's quarterly minimum data set (mds- a federal mandated assessment tool for all residents) dated December 9, 2024. Resident R83 entered the facility June 30 2023 with diagnosis' including malnutrition(imbalance between the nutrients the body needs to function and the nutrients it gets), hemiplegia (paralysis or weakness to one side of the body), aphasia (loss of ability to understand or express speech), stroke (a condition in which poor blood flow to the brain and caused cell death). Resident R83 has been assessed as having a brief interview mental for mental status) score of three, indicating that resident R83 has severe cognitive impairment. Review of resident's physicians order dated January 4, 2024, revealed an order for buildup utensils with meals. Interview with Resident R83's family on January 12, 2024 at 12:05 p.m. in the third-floor dining room revealed that resident is supposed to have special utensils but was not given them. She said she asked a staff member for them but has not received them. Observation of lunch third floor January 12, 2025, at 12:10 p.m. rrevealed Rsident R83 has order for step up utensils, observed at lunch the resident given regular utensils. Interview with Nurse aide, Employee E8 confirmed that resident is supposed to be given build up utensils and has not received them at this meal. 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.12 (d)(1) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395662	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 41471 Based on review of facility documents of Quality Assurance meeting attendance and staff interviews, it was determined that the facility failed to ensure that the Director of Nursing Services attended a quarterly Quality Assurance Process Improvement (QAPI) committee meeting for nine of nine QAPI meeting documentations reviewed (February 2024 through October 2024). Findings Include: A review of QAPI committee meeting attendees list for the month of February 2024, March 2024, April 2024, May 2024, June 2024, July 2024, August 2024, September 2024 and October 2024 revealed that it lacked Director of Nursing as attendee for the meetings. This information was confirmed by the facility Regional Staff during a meeting on January 15, 2025, at 1:13 p. m. Facility documentation provided at the time of the survey did not have evidence that the director of nursing attended the meetings. There was no sign in sheet or meeting minutes information available for July of 2024 that any of the required members attended the meeting. Facility did not provide this information at the time of the survey. A request for copies of the original QAPI sign in sheet provided at the time of the survey was requested however was not submitted. 28 Pa. Code 201.18 (1)(3) Management.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395662	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51165 Based on review of facility policy, review of clinical records, and staff and resident interviews, it was determined that the facility failed to ensure that each resident was offered an influenza immunization for two of seven residents reviewed for immunizations (Resident R34 and R315). Findings Include: Review of Resident R34's admission Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated December 21, 2024, revealed the resident was admitted to the facility on [DATE], and was cognitively intact. Interview on January 14, 2025, at 1:38 p.m. with Resident R34 the resident denied being offered the influenza immunization on admission but admitted being willing to accept the vaccine if suggested by the physician. Review of Resident R34's entire clinical record, including immunization history, revealed no documented evidence the resident was offered the immunization on admission or documentation that the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. Review of Resident R315's admission Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated December 17, 2024, revealed the resident was admitted to the facility on [DATE], and was cognitively intact. Interview conducted on January 13, 2025 at 10:35 p.m. with Resident R315 revealed the facility did not offer the resident the influenza immunization on admission. Resident R315 stated she has been requesting the influenza immunization and would like to receive it before discharge Review of Resident R315's entire clinical record, including immunization history, revealed no documented evidence the resident was offered the immunization on admission or documentation that the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. 28 Pa. Code 211.5 (f)(iv) Medical records. 28 Pa. Code 211.12(d)(1) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395662	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41471 Based on observations, review of clinical record, and staff and resident interviews it was determined that the facility failed to provide a sanitary and comfortable environment for two of 30 residents reviewed (Resident R220 and R164). Findings Include: Review of Resident R220's clinical record revealed a physician order dated January 1, 2024, for an antibiotic medication to be administered intravenously (medical technique that administers medications directly into the vein) one time per day. Observations on January 15, 2024, at 11:56 a.m. with Director of Nursing, Employee E2, revealed Resident R220's IV pole (a device that holds a bag of intravenous fluids or medications in place as it is being administered to a patient) was soiled at the base of the pole with what appeared to be old tube feeding formula. Interview with Resident R164 and with resident's family on January12, 2025 at 11:25 a.m. stated she had an over the head light that would not turn off. She stated it was broken when she was admitted to the facility nine days ago. Resident stated she had been sleeping with the lights on for every day since her admission. Resident's family stated the cord that turns the light on and off did not work properly and the light did not turn off. Continued interview with Resident 164 stated some facility staff did try to fix it and left without fixing it. Observation of the over the head light revealed that the light string was broken and had only 2 inches left from the fixture. The light could not be turned off. Review of clinical record revealed that the resident was admitted to the facility on [DATE] with diagnosis including progressive neurological condition and cerebrovascular accident(stroke) and Parkinson's disease. Interview with Administrator on January 12, 2025, at 2:00 p.m. confirmed that overhead light for Resident R164 was broken.