

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/13/2026
NAME OF PROVIDER OR SUPPLIER Alpine Nursing Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 557 Weaver Hill Road Coventry, RI 02816	
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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. Based on clinical record review and staff interview, the facility failed to inform the resident or the resident's appointed representative, in advance, of the care to be furnished by the physician or other provider, of the risks and benefits of proposed care or treatment alternatives relative to the ordering of, and administration of, psychotropic medications (a prescription drug designed to alter brain chemistry thus affecting a person's mind, emotions, and behavior) for 5 of 5 residents reviewed for unnecessary medications, Resident ID #s 1, 3, 4, 5 and 30, and for 1 of 1 resident reviewed for mood and behavior, Resident ID #28. Findings are as follows: A. Record review revealed Resident ID #1 was readmitted to the facility in January of 2026 with diagnoses including, but not limited to, adjustment disorder and major depressive disorder. Review of a care plan focus area, last revised on 6/22/2026, revealed Resident ID #1 utilizes high risk medications, including anti-anxiety medications. Record review revealed the resident was prescribed and subsequently administered the following psychotropic medication: -6/3/2026 through 8/3/2026: Ativan (lorazepam) with instructions to administer 0.5 milligrams (mg) once daily as needed. Record review failed to reveal evidence the resident and/or representative were informed, in advance, of the addition of a new psychotropic medication to the resident's medication regimen, prior to initiating therapy, for the above psychotropic medication. Additionally, record review failed to reveal evidence that the resident and/or resident's representative was informed of the risks and benefits, side effects, and/or treatment alternatives. B. Record review revealed Resident ID #3 was readmitted to the facility in August of 2025 with diagnoses including, but not limited to, generalized anxiety disorder, delusional disorders, and major depressive disorder. Review of a care plan focus area, last revised on 5/7/2026, revealed that Resident ID #3 receives psychotropic medications and is at risk for side effects, adverse drug reactions, and oversedation. Record review revealed the resident was prescribed and subsequently administered the following psychotropic medications: -5/1/2025: Quetiapine tablet; 25 mg, with instructions to administer once daily at bedtime-8/21/2025: Quetiapine tablet; 25 mg, with instructions to administer once daily-8/21/2025: Sertraline 100 mg, with instructions to administer 100 mg with a 25 mg tablet to equal a total dose of 125 mg-8/21/2025: Sertraline 25 mg, with instructions to administer with 100 mg tablet to equal a total dose of 125 mg-4/3/2026: Mirtazapine 7.5 mg tablet, with instructions to administer 15 mg at bedtime. Record review revealed a document titled, ALPINE PSYCHOTROPIC MEDICATION CONSENT FOR USE AND TREATMENT, dated 3/6/2025, states in part, .At admission and at any time after that the prescribing physician or nurse practitioner may order a medication that is classified as a psychotropic medication. You are notified that: There may be available alternatives (other psychotropic medications) other than the one specifically prescribed. Along with all medications, psychotropic medications are reviewed quarterly by the interdisciplinary team and the physician. The benefits, risks, adverse consequences, and side effects have been discussed. Consent can be withdrawn at any time by written notification. Potential side (continued on next page)		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	effects have been discussed and are being monitored. Questions about the medications can be answered by the nursing staff. You have the right to refuse treatment at any time. By signing below, you agree that you have read and understood. Further review revealed this document was signed on 12/6/2025 by the resident's representative. Additionally, this document failed to identify any of the psychotropic medications the resident is prescribed. Further record review failed to reveal evidence the resident and/or residents representative were informed, in advance, of the addition of new psychotropic medications to the resident's medication regimen or dosage increases to pre-existing psychotropic medications prior to initiating therapy, for the above psychotropic medications. Additionally, record review failed to reveal evidence that the resident and/or resident's representative was informed of the risks and benefits, side effects, and/or treatment alternatives. C. Record review revealed Resident ID #4 was readmitted to the facility in February of 2026 with diagnoses including, but not limited to, anxiety disorder and major depressive disorder. Review of a care plan focus area for psychotropic medication use, last revised 6/22/2026, revealed the resident receives a psychotropic medication and is at risk for side effects, adverse drug reactions, and oversedation. Record review revealed the resident was prescribed and subsequently was administered the following psychotropic medication: -3/4/2026: Duloxetine capsule, delayed release, 30 mg, with instructions to administer 90 mg once daily. Record review failed to reveal evidence the resident and/or representative were informed, in advance, of the addition of a new psychotropic medication to the resident's medication regimen or dosage increases to pre-existing psychotropic medications prior to initiating therapy, for the above psychotropic medication. Additionally, record review failed to reveal evidence that the resident and/or resident's representative was informed of the risks and benefits, side effects, and/or treatment alternatives. D. Record review revealed Resident ID #5 was admitted to the facility in August of 2024 with a diagnosis including, but not limited to, Alzheimer's disease. Review of a care plan focus area for psychotropic medication use, last revised on 5/7/2026, revealed the resident receives psychotropic medications for the treatment of sundowning/mood/agitation and is at risk for side effects, adverse drug reactions, and oversedation. Record review revealed the resident was prescribed and was subsequently administered the following psychotropic medications: -3/31/2026-4/1/2026: Ativan 0.5 mg with instructions to administer 0.25 mg every four hours as needed -4/1/2026-4/1/2026: Ativan 0.5 mg with instructions to administer 0.25 mg three times a day -4/2/2026-4/24/2026: Ativan 0.5 mg with instructions to administer 0.25 mg three times a day -4/24/2026: Ativan 0.5 mg with instructions to administer 0.5 mg three times a day. Record review revealed a document titled, ALPINE PSYCHOTROPIC MEDICATION CONSENT FOR USE AND TREATMENT, dated 3/6/2025, states in part, .At admission and at any time after that the prescribing physician or nurse practitioner may order a medication that is classified as a psychotropic medication. You are notified that: There may be available alternatives (other psychotropic medications) other than the one specifically prescribed. Along with all medications, psychotropic medications are reviewed quarterly by the interdisciplinary team and the physician. The benefits, risks, adverse consequences, and side effects have been discussed. Consent can be withdrawn at any time by written notification. Potential side effects have been discussed and are being monitored. Questions about the medications can be answered by the nursing staff. You have the right to refuse treatment at any time. By signing below, you agree that you have read and understood. Further review revealed this document was signed on 7/29/2025 by the resident's representative. Additionally, this document failed to identify any of the psychotropic medications the resident is prescribed. Record review failed to reveal evidence the resident and/or representative were informed, in advance, of the addition of new psychotropic medications to the resident's medication regimen or dosage increases to (continued on next page)		

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. Based on clinical record review and staff interview, the facility failed to ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the long term care facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, relative to 3 of 3 residents reviewed who receive hospice services, Resident ID #s 2, 6, and 30. Findings are as follows: 1. Record review revealed Resident ID #2 was admitted to the facility in May of 2026 with diagnoses including, but not limited to, follicular lymphoma (a type of blood cancer) and adult failure to thrive. Record review revealed that the resident was admitted to hospice on 6/24/2026. Additional record review of the resident's electronic and paper medical record failed to reveal evidence of a signed hospice election form or the resident's hospice certification and plan of care. 2. Record review revealed Resident ID #6 was re-admitted to the facility in January of 2026 with diagnoses including, but not limited to, chronic obstructive pulmonary disease (a progressive lung condition which restricts airflow and makes breathing difficult) and adult failure to thrive. Record review revealed that the resident was admitted to hospice on 1/23/2026. Additional record review of the resident's electronic and paper medical record failed to reveal evidence of the resident's hospice certification and most recent plan of care. 3. Record review revealed Resident ID #30 was admitted to the facility in September of 2025 with a diagnosis including, but not limited to, Parkinson's disease. Record review revealed that the resident was admitted to hospice on 6/18/2026. Additional record review of the resident's electronic and paper medical record failed to reveal evidence of the resident's hospice certification and most recent plan of care. During surveyor interviews with Charge Nurse, Staff A, on 7/13/2026 at 9:11 AM, 10:35 AM, and 11:02 AM, she revealed that all hospice documents should be scanned into the resident's electronic medical record and acknowledged they were not. During a surveyor interview with the Director of Nursing Services on 7/13/2026 at 11:23 AM, she revealed that the residents' hospice certification and plans of care are sent to her email. However, she acknowledged that she had not uploaded them into the residents' electronic medical record until it was brought to her attention by the surveyor.		

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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. Based on clinical record review and staff interview, the facility failed to establish an Infection Prevention and Control Program (IPCP) that must include, at a minimum, an antibiotic stewardship program which includes antibiotic use protocols and a system to monitor antibiotic use to ensure that residents who require an antibiotic, are prescribed the appropriate antibiotic for 5 of 5 residents reviewed for antibiotic use, Resident ID #s 6, 19, 29, 42 and 44. Findings are as follows:According to the Centers for Disease Control and Prevention document titled, The Core Elements of Antibiotic Stewardship for Nursing Homes states in part, Standardize the practices which should be applied during the care of any resident suspected of an infection or started on an antibiotic. These practices include improving the evaluation and communication of clinical signs and symptoms when a resident is first suspected of having an infection, optimizing the use of diagnostic testing, and implementing an antibiotic review process, also known as an antibiotic time-out, for all antibiotics prescribed in your facility. Antibiotic reviews provide clinicians with an opportunity to reassess the ongoing need for and choice of an antibiotic when the clinical picture is clearer and more information is available .Track the amount of antibiotic used in your nursing home to review patterns of use and determine the impact of new stewardship interventions .Interventions designed to shorten the duration of antibiotic courses, or discontinue antibiotics based on post-prescription review (i.e., antibiotic time-out), may not necessarily change the rate of antibiotic starts, but would decrease the antibiotic DOT [days of therapy] .Record review of a facility policy titled Antibiotic Stewardship states in part, .To maintain an ongoing Antibiotic Stewardship Program (ASP) that promotes the appropriate use of antibiotics in the treatment of resident infections.Antibiotic time out 48-72 hours post initiation to consider the following.colonization [a condition where microorganisms are present in a host without causing disease] vs [versus] infection positive resident response possible early discontinuation.1. Record review revealed that Resident ID #6 was admitted to the facility in October of 2021 with diagnoses including, but not limited to, diabetes and dementia.Record review revealed a physician's order for levofloxacin (an antibiotic) 500 milligram (mg) daily from 6/29/2026 through 7/5/2026 for pneumonia.Record review failed to reveal evidence that the facility implemented an antibiotic review process, also known as an antibiotic time-out, to determine if the antibiotic is still indicated or adjustments should be made.2. Record review revealed that Resident ID #19 was admitted to the facility in October of 2016 with a diagnosis including, but not limited to, hypertension (high blood pressure).Record review revealed a physician's order for doxycycline hyclate (an antibiotic) 100 mg tablet twice a day from 6/25/2026 through 7/1/2026 for pneumonia.Record review failed to reveal evidence that the facility implemented an antibiotic review process, to determine if the antibiotic is still indicated or adjustments should be made.3. Record review revealed that Resident ID #29 was admitted to the facility in June of 2026 with a diagnosis including, but not limited to, pneumonia.Record review revealed a physician's order for levofloxacin 500 mg daily from 7/2/2026 through 7/8/2026 for pneumonia.Record review failed to reveal evidence that the facility implemented an antibiotic review process, to determine if the antibiotic is still indicated or adjustments should be made.4. Record review revealed that Resident ID #42 was admitted to the facility in January of 2026 with a diagnosis including, but not limited to, chronic diastolic heart failure (a condition that occurs when the left side of the heart becomes stiff and cannot fill properly with blood).Record review revealed a physician's order for Augmentin (an antibiotic) 500/125 mg daily from 7/7/2026 through 7/12/2026 for a surgical site infection and pneumonia.Record review failed to reveal evidence that the facility implemented an antibiotic review process, to determine if the antibiotic is still indicated or (continued on next page)		

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	adjustments should be made.5. Record review revealed that Resident ID #44 was admitted to the facility in August of 2025 with diagnoses including, but not limited to, pneumonia and chronic cough.Record review revealed a physician's order for clindamycin (an antibiotic) 300 mg daily from 7/9/2026 through 7/18/2026 for pneumonia.Record review failed to reveal evidence that the facility implemented an antibiotic review process, to determine if the antibiotic is still indicated or adjustments should be made.During a surveyor interview on 7/10/2026 at 9:39 AM, with the Director of Nursing Services, she was unable to provide evidence that the facility completed the antibiotic time outs for Resident ID #s 6, 19, 29, 42 and 44.		

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on clinical record review and staff interview, the facility failed to ensure the resident's medical record includes documentation that the resident either received the pneumococcal vaccination or did not receive the vaccination due to medical contraindications or refusal, for 3 of 3 resident's reviewed who had consented to the vaccination, Resident ID #s 39, 42 and 44. Findings are as follows: Review of a facility policy titled, Pneumococcal Vaccinations states in part, .The pneumococcal vaccine history of all residents will be established upon admission to the facility. the [pneumococcal Vaccine] will be offered to all eligible residents within 5 days of their admission, depending upon their prior pneumococcal vaccine history. The residents and/or designated family members will be given a copy of the most recent vaccine information statement (VIS). The resident and/or designated family members will be given a consent form to sign prior to administration, stating they have read the VIS and wish to receive the specific pneumococcal vaccine to be administered. 1. Record review for Resident ID #39 revealed the resident was readmitted to the facility in August of 2025. Record review of a document dated 9/11/2025, titled Consent for Vaccinations: Flu, Pneumococcal, RSV (respiratory syncytial virus), Covid revealed that the resident consented to have the pneumococcal vaccination administered. 2. Record review for Resident ID #42 revealed the resident was admitted to the facility in January of 2026. Record review of a document dated 1/21/2026, titled Consent for Vaccinations: Flu, Pneumococcal, RSV (respiratory syncytial virus), Covid revealed that the resident's responsible party consented to have the pneumococcal vaccination administered. 3. Record review for Resident ID #44 revealed the resident was admitted to the facility in August of 2025. Record review of a document dated 10/8/2025 titled Consent for Vaccinations: Flu, Pneumococcal, RSV (respiratory syncytial virus), Covid revealed that the resident's responsible party consented to have the pneumococcal vaccination administered. Record review failed to reveal evidence that the pneumococcal vaccine was administered to the above residents, per the signed consents. During a surveyor interview on 7/10/2026 at 11:24 AM, with the Infection Preventionist, she acknowledged that consents were signed and the residents should receive the pneumococcal vaccine. During a surveyor interview on 7/10/2026 at approximately 11:10 AM, with the Director of Nursing Services, she was unable to provide evidence that the pneumococcal vaccine was given to the above residents.		

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, the facility failed to conduct a comprehensive assessment of a resident within 14 calendar days after admission, excluding readmission in which there is no significant change in the resident's physical or mental condition, relative to 2 of 3 residents reviewed for readmission after hospitalization, Resident ID #s 6 and 29. Findings are as follows: 1. Record review revealed Resident ID #6 was re-admitted to the facility in January of 2026 with diagnoses including, but not limited to, chronic obstructive pulmonary disease (a progressive lung condition that restricts airflow and makes breathing difficult) and adult failure to thrive. Record review revealed s/he was admitted to hospice on 1/23/2026. Record review of an admission Minimum Data Set (MDS) assessment dated [DATE] revealed, the assessment was not completed until 2/8/2026, 18 days after his/her admission to the facility. 2. Record review revealed Resident ID #29 was re-admitted to the facility in June of 2026 with diagnoses including, but not limited to, pneumonia. Record review revealed s/he was discharged from the facility on 6/25/2026 and was readmitted on [DATE]. Record review of a Discharge MDS assessment dated [DATE] revealed, the assessment was incomplete as of 7/13/2026, 18 days after his/her discharge from the facility. During surveyor interviews with the Resident Assessment Coordinator on 7/13/2026 at 8:52 AM and 10:49 AM, she acknowledged that the above MDS assessments were not completed and submitted within the required timeframes. During a surveyor interview with the Director of Nursing Services on 7/13/2026 at 11:10 AM, she revealed she would expect the above-mentioned MDS Assessments to be completed within the required timeframes.		

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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition Based on clinical record review and staff interview, the facility failed to complete a Significant Change in Status Assessment (SCSA) within 14 days after there had been a significant change in the resident's physical or mental condition, for 2 of 3 residents reviewed for hospice services, Resident ID #s 2 and 30. Findings are as follows: According to the Centers for Medicare and Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, Version 1.20.1, last revised October 2025, page 46, states in part, .An SCSA is required to be performed when a terminally ill resident enrolls in a hospice program (Medicare-certified or State-licensed hospice provider) or changes hospice providers and remains a resident at the nursing home. The ARD [Assessment Reference Date] must be within 14 days from the effective date of the hospice election. Review of the State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities, last revised 7/23/2025, page 236, states in part, .A Significant Change in Status MDS [Minimum Data Set] is required when a resident enrolls in a hospice program. A Significant Change in Status MDS is considered timely when: The RN [Registered Nurse] Assessment Coordinator signs the MDS as complete at section Z0500B [and] V0200B2 by the 14th calendar day after the determination that a significant change has occurred (determination date [plus] 14 calendar days). A. Record review revealed Resident ID #2 was admitted to the facility in May of 2026 with a diagnosis including, but not limited to, Follicular lymphoma (a blood cancer). Further review revealed the resident was admitted to hospice services on 6/24/2026. Record review revealed an SCSA with an ARD date of 7/7/2026. Further review revealed that as of 7/13/2026, the SCSA was listed as in progress. Additionally, Section Z titled, Assessment Administration failed to reveal a RN Assessment Coordinator signature and date, indicating the SCSA is still incomplete, 19 days after a significant change in status was determined, due to the resident being admitted to hospice services. B. Record review revealed Resident ID #30 was readmitted to the facility in September of 2025 with a diagnosis including, but not limited to, Parkinson's disease. Further review revealed the resident was admitted to hospice services on 6/18/2026. Record review revealed an SCSA with an ARD date of 7/2/2026. Further review revealed that as of 7/13/2026, the SCSA was listed as in progress. Additionally, Section Z titled, Assessment Administration failed to reveal a RN Assessment Coordinator signature and date, indicating the SCSA is still incomplete, 25 days after a significant change in status was determined, due to the resident being admitted to hospice services. During a surveyor interview on 7/13/2026 at 10:40 AM, with the Resident Assessment Coordinator, she acknowledged that the SCSA for Resident ID #s 2 and 30 were still in progress and were not completed. During surveyor interviews on 7/13/2026 at 11:10 AM and 11:23 AM, with the Director of Nursing Services, she revealed that the date of hospice admission is considered the date of the significant change in status and revealed that she would expect the SCSAs to be completed in the required time frame.		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on surveyor observation, clinical record review, and staff interview, the facility failed to provide respiratory care consistent with professional standards of practice for 1 of 3 residents reviewed for oxygen therapy, Resident ID #33. Findings are as follows: Record review revealed the resident was readmitted to the facility in January of 2026 with a diagnosis including, but not limited to, atrial fibrillation (an irregular heart rhythm which can cause symptoms such as heart palpitations, and shortness of breath). Record review revealed a physician's order dated 12/18/2025 for oxygen at 2-4 liters per minute (LPM) via nasal cannula for shortness of breath every shift, as needed. During surveyor observations the resident was noted to be receiving oxygen outside of the ordered LPM, on the following dates and times: 7/8/2026 at 12:57 PM- oxygen at 1.5 LPM 7/9/2026 at 8:25 AM- oxygen at 1 LPM 7/9/2026 at 3:26 PM- oxygen at 1 LPM During a surveyor observation and simultaneous interview on 7/9/2026 at approximately 3:28 PM, in the presence of Registered Nurse, Staff B, she acknowledged that the resident's oxygen was being administered at 1 LPM. She further acknowledged that this dosage did not fall into the range ordered by the physician. Review of the July 2026 Medication Administration Record revealed documentation that the resident had been receiving oxygen at 1.5 LPM, which was outside of the range ordered by the physician, on the following dates and times: 7/1/2026 on the 3:00 PM - 11:00 PM and 11:00 PM - 7:00 AM shifts 7/2/2026 on the 7:00 AM - 3:00 PM, 3:00 PM - 11:00 PM, and 11:00 PM - 7:00 AM shifts 7/3/2026 on the 7:00 AM - 3:00 PM, 3:00 PM - 11:00 PM, and 11:00 PM - 7:00 AM shifts 7/4/2026 on the 7:00 AM - 3:00 PM, 3:00 PM - 11:00 PM, and 11:00 PM - 7:00 AM shifts 7/5/2026 on the 7:00 AM - 3:00 PM, 3:00 PM - 11:00 PM, and 11:00 PM - 7:00 AM shifts 7/6/2026 on the 7:00 AM - 3:00 PM, 3:00 PM - 11:00 PM, and 11:00 PM - 7:00 AM shifts 7/7/2026 on the 7:00 AM - 3:00 PM, 3:00 PM - 11:00 PM, and 11:00 PM - 7:00 AM shifts 7/8/2026 on the 7:00 AM - 3:00 PM, 3:00 PM - 11:00 PM, and 11:00 PM - 7:00 AM shifts 7/9/2026 on the 7:00 AM - 3:00 PM and 3:00 PM - 11:00 PM shifts During a surveyor interview on 7/9/2026 at 3:36 PM, with the Director of Nursing Services, she revealed that she would expect the amount of oxygen that was administered to the resident to match the physician's order.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/13/2026
NAME OF PROVIDER OR SUPPLIER Alpine Nursing Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 557 Weaver Hill Road Coventry, RI 02816	
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 0567 Level of Harm - Potential for minimal harm Residents Affected - Some	Honor the resident's right to manage his or her financial affairs. Based on record review and staff interview, the facility failed to provide prorated interest for residents whom the facility is holding personal funds in a single interest-bearing account relative to 2 of 4 residents reviewed, Resident ID #s 15 and 46. Findings are as follows:According to the Centers for Medicare & Medicaid Services (CMS), specifically under 42 CFR S 483.10(f)(10), facilities must manage a resident's funds in a system that holds them separate from the facility's operational funds. When these funds are pooled in a single interest-bearing account, the interest must be prorated individually based on actual earnings or end of quarter balance.1. Record review revealed Resident ID #15 was admitted to the facility in August of 2019.Record review of a document titled Personal Needs Statement failed to reveal evidence that Resident ID #15 received prorated interest from 3/31/2025 through 2/28/2026.2. Record review revealed Resident ID #46 was admitted to the facility in April of 2018.Record review of a document titled, Personal Needs Statement failed to reveal evidence that Resident ID #46 received prorated interest from 8/31/2025 through 2/28/2026.During a surveyor interview on 7/13/2026 at approximately 1:06 PM with the Administrator, he was unable to provide evidence that Resident ID #s 15 and 46 received prorated interest.		