STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415098	A. Building B. Wing	01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harris Health Center LLC	833 Broadway East Providence, RI 02914

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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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, the facility failed to inform the resident or 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 medication that affects brain activities associated with mental processes and behavior) for 3 of 5 residents reviewed for unnecessary medications, Resident ID #s 1, 5, and 12.Findings are as follows:Review of the facility policy titled, Medication Administration Safety; Psychotropic Medications and New Medication Orders effective 4/28/2025 states in part, Any and all psychotropic medications require resident or representative consent. Consent must include their awareness of the medication(s) ordered, the side effects to include black box warnings when applicable, and the risk/benefit (R/B) associated with the medications ordered.If verbal consent is received, the name of the representative giving consent shall be documented in the medical record. Consent is necessary prior to administration of these medications.Every effort must be made to attempt nonpharmacological intervention before receiving an order for a psychotropic medication.If/when a new medication is ordered.The resident/representative must be made aware of any new medications that have been ordered and/or any increase in dosage ordered for an existing medication.The progress notes.must show evidence of this notification.1a. Record review revealed Resident ID #5 was admitted to the facility in January of 2023 with a diagnosis including, but not limited to, dementia.Review of a Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 6 out of 15, indicating severe cognitive impairment.Review of a care plan focus area dated 8/26/2024 revealed the resident is at risk for experiencing adverse effects related to the daily usage of psychotropic medications.Record review revealed the resident was prescribed and subsequently administered the following psychotropic medications:-Rexulti 0.5 milligrams (mg) every morning-Rexulti 1 mg daily (dose increase from 0.5 mg)-Trazodone 25 mg twice daily-Rexulti 2 mg (dose increase from 1 mg) daily-Memantine 5 mg dailyRecord review failed to reveal evidence that the resident's representative was 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. Additionally, record review failed to reveal evidence that the resident representative was informed of the risks and benefits, side effects, and/or treatment alternatives. Further, record review failed to reveal evidence that nonpharmacological interventions were attempted prior to initiating therapy for the above-mentioned psychotropic medications.During a surveyor interview on 1/30/2026 at 11:17 AM with the resident's primary representative, s/he revealed that s/he was unaware of the additions of new psychotropic medications or dose increases to existing psychotropic medications and would expect to have been notified.1b. Record review revealed Resident ID #12 was readmitted to the facility in December of 2024 with a diagnosis including, but not limited to, Alzheimer's disease.Review of an (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	MDS assessment dated [DATE] revealed a BIMS score of 3 out of 15, indicating severe cognitive impairment.Review of a care plan focus area dated 3/15/2025 revealed the resident is at risk for experiencing adverse effects related to the daily usage of psychotropic medications.Record review revealed the resident was prescribed and subsequently administered the following psychotropic medications:-Seroquel 200 mg twice daily-Trazodone 25 mg three times daily-Mirtazapine 15 mg at bedtimeRecord review failed to reveal evidence that the resident's representative was informed, in advance, of the addition of new psychotropic medications to the resident's medication prior to initiating therapy. Additionally, record review failed to reveal evidence that the resident representative was informed of the risks and benefits, side effects, and/or treatment alternatives. Further, record review failed to reveal evidence that nonpharmacological interventions were attempted prior to initiating therapy for the above-mentioned psychotropic medications.1c. Record review revealed Resident ID #1 was readmitted to the facility in February of 2026 with a diagnosis including, but not limited to, schizoaffective disorder (a chronic mental health condition characterized by psychotic symptoms and mood disorders).Review of a care plan focus area dated 6/13/2022 revealed the resident is prescribed psychotropic medications for schizoaffective disorder.Review of a progress note dated 12/30/2025 at 1:52 PM revealed the resident was not sleeping well and the provider prescribed Seroquel 25 mg daily as needed for 14 days.Review of the December 2025 Medication Administration Record revealed the resident was administered Seroquel on 12/30 and 12/31.Record review failed to reveal evidence that the resident was informed, in advance, of the addition of the as needed Seroquel to his/her medication regimen prior to initiating therapy. Additionally, record review failed to reveal evidence that the resident was informed of the risks and benefits, side effects, and/or treatment alternatives. Further, record review failed to reveal evidence that nonpharmacological interventions were attempted prior to prescribing the as needed Seroquel.During a surveyor interview on 1/30/2026 at 12:09 PM with Resident ID #s 1, 5, and 12's physician, he revealed that his expectation for the staff is to attempt nonpharmacological interventions prior to initiating drug therapy.During a surveyor interview on 1/30/2026 at 1:54 PM with the Director of Nursing Services, she revealed that the resident and/or their representatives should be informed of the risks and benefits, and side effects of psychotropic medications. Additionally, she indicated the facility attempts nonpharmacological interventions but was unable to provide evidence that any were attempted for the above-mentioned residents prior to initiating drug therapy. Cross reference F-605

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, clinical record review, and staff interview, the facility failed to protect the residents' right to be free from abuse for 1 of 1 resident reviewed for abuse, relative to a physical altercation between Resident ID #s 24 and 28. Findings are as follows:Review of a facility policy titled, Abuse prohibition dated August of 2020 states in part, .It is the policy of this facility to ensure that all residents are treated with respect and dignity and that all residents are to be free from abuse.DEFINITIONS.Abuse: Willful infliction of injury.resulting in physical harm.Examples of abuse.Physical-Hitting.Review of a facility reported incident submitted to the Rhode Island Department of Health on 11/9/2025 revealed that Resident ID #28 struck Resident ID #24 with his/her fist causing an abrasion to his/her forehead.Record review revealed that the victim, Resident ID #24, was admitted to the facility in July of 2024 with a diagnosis including, but not limited to, dementia.Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 7 out of 15, indicating severe cognitive impairment. Review of a care plan focus area dated 12/16/2024 revealed the resident has had increased episodes of sexually inappropriate behavior towards other residents. Additionally, interventions include, but are not limited to, seat the resident away from residents of the opposite gender when s/he is in the dining room. Record review revealed that the perpetrator, Resident ID #28, was readmitted to the facility in April of 2025 with diagnoses including, but not limited to, dementia with mood and behavioral disturbance and unspecified psychosis not due to a substance or known physiological condition. Review of an MDS assessment dated [DATE] revealed a BIMS score of 1 out of 15, indicating severe cognitive impairment. Additionally, it revealed s/he has verbal behavioral symptoms directed towards others that occurred 1 to 3 days of a 7-day review period.Record review of a progress note dated 11/9/2025 at 8:36 PM revealed that Resident ID #24 was involved in an altercation with Resident ID #28.Review of an Event Report dated 11/9/2025 revealed that Resident ID #s 24 and 28 were sitting in the community room. Resident ID #24 attempted to touch Resident ID #28's genital area and in response was struck in the eye and forehead by Resident ID #28. Additionally, Resident ID #24 sustained a small laceration to his/her left forehead and a scratch under his/her right eye that was bleeding. During a surveyor observation on 1/28/2026 at approximately 2:30 PM of surveillance video footage, in the presence of another surveyor, the Director of Nursing Services (DNS), and the Administrator, revealed the following:-11/9/2025 at 2:05 PM: Resident ID #24 was observed to be seated in the middle of two residents of the opposite gender, one being Resident ID #28. Additionally, two staff members were observed to be present in the area and failed to separate Resident ID #24 from the residents of the opposite gender as indicated in his/her care plan.During a surveyor interview on 1/28/2026 at approximately 2:55 PM, with the DNS in the presence of another surveyor, the Social Worker, and the Administrator, the DNS acknowledged that Resident ID #24 was seated between two residents of the opposite gender while two staff members were present. Additionally, they were unable to provide evidence that Resident ID #24's care plan was followed thus resulting in Resident ID #28 striking and injuring Resident ID #24.During a surveyor interview on 1/28/2026 at approximately 2:10 PM with Nursing Assistant, Staff A, she revealed that she was working the day the altercation occurred. She further revealed that she did not witness the altercation between the residents, however, she did observe Resident ID #24 with a cut to his/her forehead that was bleeding. Additionally, she revealed that she was told that Resident ID #24 attempted to touch Resident ID #28's groin, but after the facility staff had reviewed the surveillance video footage, it was determined that Resident ID #24 did not attempt to touch (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident ID #28 at all.During a surveyor interview on 1/29/2026 at 10:25 AM with Registered Nurse, Staff B, she revealed that Resident ID #s 24 and 28 don't mix. She revealed that staff try to keep both residents separated. Additionally, she revealed that Resident ID #24 is to be kept away from residents of the opposite gender which has been in effect for a long time.During a surveyor interview on 1/29/2026 at 9:53 AM with the Administrator, he was unable to provide evidence that Resident ID #24 was kept free from physical abuse.Cross reference F-657

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on clinical record review and staff interview, the facility failed to ensure that each resident receives adequate monitoring for effectiveness and side effects for the use of psychotropic medications (a medication prescribed that affects brain activities associated with mental processes and behavior) for 5 of 5 residents reviewed for unnecessary medications, Resident #s 1, 5, 12, 13, and 18. Findings are as follows:Review of the facility policy titled, Medication Administration Safety; Psychotropic Medications and New Medication Orders effective 4/28/2025 states in part, .Every effort must be made to attempt nonpharmacological intervention before receiving an order for a psychotropic medication.New medications must be monitored for effectiveness, and ultimately to determine if the newly ordered medication should continue or be discontinued (wither [sic] due to ineffective or it is no longer needed). The IDT [interdisciplinary team] shall ensure there are systems in place to re-evaluate and monitored these newly ordered medications.Care plan interventions shall include monitoring effectiveness of medications on board as well as unwanted side effects of medication.1a. Record review revealed Resident ID #1 was readmitted to the facility in February of 2026 with a diagnosis including, but not limited to, schizoaffective disorder (a chronic mental health condition characterized by psychotic symptoms and mood disorders).Review of his/her care plan revealed the resident is prescribed psychotropic medications for schizoaffective disorder and to monitor and evaluate the medication's effectiveness and side effects and the resident's mood and behaviors.Record review revealed the resident is prescribed the following psychotropic medications:-Lithium carbonate 300 milligrams (mg) twice daily-Olanzapine 7.5 mg at bedtimeRecord review failed to reveal evidence of monitoring for effectiveness and side effects related to the above-mentioned psychotropic medications.1b. Record review revealed Resident ID #5 was admitted to the facility in January of 2023 with a diagnosis including, but not limited to, dementia.Review of a care plan focus area dated 8/26/2024 revealed the resident is at risk for experiencing adverse effects related to the daily usage of psychotropic medications with an intervention to monitor for changes in mood/behavior and to report adverse side effects or ineffectiveness to the provider as needed.Record review revealed the resident is prescribed the following psychotropic medications:-Memantine 5 milligrams (mg) daily-Rexulti 2 mg daily-Seroquel 75 mg daily-Trazodone 25 mg twice dailyRecord review failed to reveal evidence of monitoring for effectiveness and side effects related to the above-mentioned psychotropic medications.1c. Record review revealed Resident ID #12 was readmitted to the facility in December of 2024 with a diagnosis including, but not limited to, Alzheimer's disease.Review of a care plan focus area dated 3/15/2025 revealed the resident is at risk for experiencing adverse effects related to the daily usage of psychotropic medications with an intervention to monitor for changes in mood/behavior and to report adverse side effects or ineffectiveness to the provider as needed.Record review revealed the resident is prescribed the following psychotropic medications:-Seroquel 200 mg twice daily-Trazodone 25 mg three times daily-Mirtazapine 15 mg at bedtime-Olanzapine 2.5 mg twice dailyRecord review failed to reveal evidence of monitoring for effectiveness and side effects related to the above-mentioned psychotropic medications.1d. Record review revealed Resident ID #13 was readmitted to the facility in October of 2025 with a diagnosis including, but not limited to, major depressive disorder.Review of a care plan focus area dated 10/13/2025 revealed the resident is at risk for experiencing adverse effects related to the daily usage of psychotropic medications with an intervention to monitor for changes in mood/behavior and to report adverse side effects or ineffectiveness to the provider as needed.Record review revealed the resident is prescribed the following psychotropic medications:-Buspirone 7.5 mg at bedtime-Venlafaxine 37.5 mg dailyRecord review failed to reveal (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	evidence of monitoring for effectiveness and side effects related to the above-mentioned psychotropic medications1e. Record review revealed Resident ID #18 was readmitted to the facility in October of 2025 with a diagnosis including, but not limited to, bipolar disorder (a chronic mental health condition characterized by manic and depressive episodes).Review of a care plan focus area dated 2/24/2025 revealed the resident is at risk for experiencing adverse effects related to the daily usage of psychotropic medications with an intervention to monitor for changes in mood/behavior and to report adverse side effects or ineffectiveness to the provider as needed.Record review revealed the resident is prescribed the following psychotropic medications:-Clozapine 137.5 mg twice daily-Divalproex 750 mg twice daily-Mirtazapine 15 mg daily-Sertraline 50 mg daily Record review failed to reveal evidence of monitoring for effectiveness and side effects related to the above-mentioned psychotropic medicationsDuring a surveyor interview on 1/30/2026 at 12:09 PM with Resident ID #s 1, 5, 12, 13, and 18's physician, he revealed that his expectation is for the staff to monitor the residents' behavior continuously. Additionally, he would expect nonpharmacological interventions to be attempted prior to initiating drug therapy.During a surveyor interview on 1/29/2026 at 2:22 PM with Registered Nurse, Staff B, she revealed that there is no system in place for documenting residents' behaviors, but if changes in behavior are noted, they are documented and the resident is seen by the psychiatric provider. During a surveyor interview on 1/30/2026 at 1:54 PM with the Director of Nursing Services, she revealed that she would expect behavior monitoring for effectiveness and side effects of the psychotropic medications to be completed but did not indicate how often it should be documented. Additionally, she revealed that an order for nonpharmacological interventions to have been in place and attempted prior to initiating drug therapy. She was unable to provide evidence that the facility ensured that each resident received adequate monitoring for effectiveness and side effects of the psychotropic medications for the above-mentioned residents.Cross reference F-552

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on clinical record review and staff interview, the facility failed to provide notice of the bed-hold policy to a resident in writing when a resident is hospitalized and return to the facility is anticipated for 1 out of 1 resident reviewed for a hospital transfer, Resident ID #1. Findings are as follows:Record review of an undated facility document titled RESIDENT BED HOLD NOTICE states in part, .BED HOLD POLICY Whenever a resident is transferred from this facility for the purposes of hospitalization.the resident and / or representative must be informed of the facility's policy concerning holding the bed.Record review revealed that the resident was readmitted to the facility in November of 2025 with a diagnosis including, but not limited to, acute respiratory failure with hypoxia (a condition of low oxygen in the blood). Record review of a Discharge Minimum Data Set Assessment revealed that the resident had an unplanned discharge from the facility and was transferred to an acute care hospital on 1/3/2026 and s/he was anticipated to return to the facility. Further record review failed to reveal evidence that the facility provided the resident with written notice of the bed-hold policy at the time of his/her transfer to the hospital on 1/3/2026.During a surveyor interview on 1/30/2026 at 12:08 PM with the Social Worker, she was unable to provide evidence that the resident was notified in writing of the bed-hold policy when s/he was transferred to the hospital on 1/3/2026.

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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. Based on clinical record review and staff interview, the facility failed to develop and implement a comprehensive person-centered care plan that includes measurable objectives and timeframes to meet a resident's medical, nursing, and psychosocial needs for 1 of 1 resident reviewed with a physician's order for a fluid restriction, Resident ID #13. Findings are as follows:Record review revealed that the resident was admitted to the facility in October of 2025 with diagnoses including, but not limited to, hypo-osmolality and hyponatremia (a condition where there is too much water and not enough salt in the blood, making the blood too watery).Record review revealed the following dietary physician's orders with a start date of 10/14/2025:- .THIN LIQUIDS NO FREE WATER 2/2 [secondary to] FLUID RESTRICTION AT THIS TIME.- .Diet.regular texture ***FLUID RESTRICTION***With Meals.Further record review failed to reveal evidence that a comprehensive care plan was developed to address the fluid restriction. During a surveyor interview on 1/30/2026 at 1:45 PM with the Director of Nursing Services, she revealed that she would expect the physician's order for the fluid restriction to be included in the resident's comprehensive care plan.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, clinical record review, and staff interview, the facility failed to ensure that the resident's legally authorized representative (guardian) was invited to and allowed to participate in the care planning process for 1 of 1 resident reviewed with a court-appointed guardian, Resident ID #12. Additionally, the facility failed to ensure that the required comprehensive care plan was reviewed and revised by the interdisciplinary team after an incident of resident-to-resident abuse occurred for 2 of 2 residents reviewed, Resident ID #s 24 and 28. Findings are as follows:1. Record review revealed Resident ID #12 was readmitted to the facility in December of 2024 with a diagnosis including, but not limited to, Alzheimer's disease.Record review of a Quarterly Minimum Data Set assessment dated [DATE], revealed a Brief Interview for Mental Status score of 3 out of 15, indicating severely impaired cognition.Further record review revealed that the resident's primary representative is his/her legally appointed guardian.During a telephone interview on 1/28/2026 at 9:31 AM with the resident's guardian, it was revealed that s/he had not been invited to any meetings to discuss the resident's care in over a year.Record review revealed that 2025 care conferences were held on the following dates:-2/10/2025-6/5/2025-9/17/2025-12/16/2025Further record review revealed that the resident's guardian was only involved in the meeting that was held on 2/10/2025. Additionally, there is no evidence that s/he was invited to or allowed to participate in the three out of four care conferences that were held.During a surveyor interview on 1/30/2026 at 9:00 AM with the Social Worker, she was unable to provide evidence of attempts to notify or involve the resident's guardian in the care planning process, thus limiting his/her ability to participate in the development, review, and revision of the resident's person-centered care plans.2. Record review of a facility policy titled, Abuse prohibition dated August of 2020 states in part, .PROCEDURE.Investigation It is the DNS [Director of Nursing]/designee's responsibility to act immediately to.Carry out proper staff interventions and include all interventions in the Resident's care plan.Review of a facility reported incident submitted to the Rhode Island Department of Health on 11/9/2025 revealed that Resident ID #28 struck Resident ID #24 with his/her fist causing an abrasion to his/her forehead.2a. Record review revealed that the victim, Resident ID #24, was admitted to the facility in July of 2024 with a diagnosis including, but not limited to, dementia.Record review revealed a progress note dated 11/9/2025 at 8:36 PM which indicated that the resident was involved in an altercation with another resident (Resident ID #28). Record review of a care plan initiated on 12/16/2024, revealed a problem area indicating s/he has had increased episodes of sexually inappropriate behavior towards other residents. Interventions include but are not limited to, when the resident is in the dining room s/he should be seated away from residents of the opposite gender.During a surveyor observation on 1/28/2026 at approximately 2:30 PM of surveillance video still footage, in the presence of another surveyor, the DNS, and the Administrator revealed the following:- On 11/9/2025 at 2:05 PM Resident ID #24 was observed to be seated in the middle of two residents of the opposite gender, one being Resident ID #28. Additionally, two staff members were observed to be in the area and did not intervene and assist Resident ID #24 with seating away from the residents of the opposite gender as indicated in his/her care plan.During a surveyor interview on 1/28/2026 at approximately 2:55 PM, with the DNS in the presence of another surveyor, the social worker, and the Administrator, the DNS acknowledged that Resident ID #24 was seated between two residents of the opposite gender while two staff members were present. Additionally, they were unable to provide evidence that Resident ID #24's care plan was followed as indicated when s/he was seated next to Resident ID #28, a resident of the (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	opposite gender, which resulted in a resident-to-resident abuse incident between them.2b. Record review revealed that the perpetrator, Resident ID #28, was readmitted to the facility in April of 2025 with diagnoses including, but not limited to, dementia with mood and behavioral disturbance and unspecified psychosis not due to a substance or known physiological condition. Record review revealed a care plan with a start date of 1/29/2024 edited on 1/27/2026, with a problem area indicating his/her mood has resulted in a resident-to-resident incident. Further record review failed to reveal evidence that the care plan was revised to include interventions relative to the resident-to-resident abuse incident that occurred on 11/9/2025.During a surveyor interview on 1/29/2026 at 11:01 AM with the DNS, she revealed that she would expect the resident's care plan to have been updated with new interventions. Cross reference F-600

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, clinical record review, and staff interview, the facility failed to ensure that services provided by the facility meet professional standards of quality relative to following physician's orders for 1 of 1 resident reviewed with a physician's order to obtain a urine specimen, Resident ID #5, for 2 of 5 residents reviewed for unnecessary medications, Resident ID #s 6 and 24, for 1 of 1 resident reviewed with a physician's order for a fluid restriction, Resident ID #13, and for 1 of 1 resident reviewed with a suprapubic catheter (SP tube, a flexible rubber tube inserted through the abdomen into the bladder to drain urine), Resident ID #11. Findings are as follows:According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients.1. Record review revealed Resident ID #5 was admitted to the facility in January of 2023 with a diagnosis including, but not limited to, dementia.Review of a progress note dated 1/13/2026 at 4:36 PM revealed Resident ID #5 was experiencing increased periods of agitation and confusion, and the provider was notified. Additionally, the provider ordered blood work and a urine specimen to be obtained to rule out an acute medical condition. Review of a physician's order dated 1/14/2026 revealed to obtain a urine specimen for culture and analysis.Review of the progress notes revealed the following:-1/14/2026 at 5:13 AM: The resident refused to provide a urine sample-1/15/2026 at 10:14 AM authored by Registered Nurse, Staff B: Unable to obtain a urine specimenRecord review failed to reveal evidence that the urine specimen was obtained as ordered, or that the provider was notified the urine specimen was unable to be obtained.During a surveyor interview on 1/29/2026 at 1:23 PM with Staff B, she revealed that the urine specimen was not obtained and could not recall if the provider was notified. Additionally, she indicated that the provider should be informed and notification should be documented in the progress notes.During a surveyor interview on 1/30/2026 at 12:09 PM with the resident's physician, he could not recall if he was informed that the resident's urine specimen was unable to be obtained and would expect to have been notified.During a surveyor interview on 1/30/2026 at 1:54 PM with the Director of Nursing Services (DNS), she revealed that she would have expected the resident's urine specimen to be obtained as ordered, and for staff to have notified the provider if the urine specimen was unable to obtained. Additionally, she would expect staff to document notification in the progress notes.2. Record review revealed Resident ID #11 was readmitted to the facility in June of 2025 with a diagnosis including, but not limited to, neuromuscular dysfunction of the bladder (the loss of normal bladder control due to nerve damage).Review of a care plan focus area dated 12/3/2025 revealed the resident requires Enhanced Barrier Precautions (EBP, wearing personal protective equipment that includes a gown and gloves when performing high contact care activities such as assisting with washing and personal hygiene) due to the resident having an SP tube.Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed that the resident requires substantial/maximum assistance for personal hygiene.Review of a physician's order dated 9/12/2025 revealed to follow EBP every shift and for staff to comply with the signage posted for EBP.Review of the EBP signage posted on the resident's door throughout the survey process from 1/27/2026 through 1/30/2026 revealed to wear a gown and gloves for high-contact care activities including, but not limited to, dressing, bathing, providing hygiene, and changing briefs.During a surveyor observation on 1/27/2026 at 11:36 AM, Nursing Assistant, Staff D, was observed in the resident's room adjusting the bed linens while wearing only one glove and was not wearing a gown. Staff D then closed the resident's door.During a surveyor interview immediately following the above-mentioned observation with Staff D, (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	she revealed that she had completed personal care for the resident but did not wear a gown. Additionally, she acknowledged the EBP signage posted on the resident's door but indicated that she was told by staff that a gown was not required for personal care.During a surveyor interview on 1/28/2026 at 11:38 AM with the Infection Preventionist, Staff B, she revealed that she would expect staff to have worn a gown when assisting the resident with his/her personal care.3a. Record review revealed Resident ID #6 was admitted to the facility in September of 2023 with diagnoses including, but not limited to, stroke and seizures.Record review revealed the following physician's medication orders:-Gabapentin (a medication prescribed to help control seizures) 300 milligrams (mg) three times daily-Systane Nighttime ointment (an ointment prescribed to treat dry eye) apply a small amount to each eye at bedtime-TheraTears eye drops (lubricating eye drops for dry eye) apply one drop to each eye twice daily and twice daily as neededReview of the January 2026 Medication Administration Record (MAR) revealed the resident refused the above-mentioned medications on the following dates:-Gabapentin: 1/1, 1/2, 1/3, 1/4, 1/5, 1/6, 1/7, 1/8, 1/9, 1/10, 1/11, 1/12, 1/13, 1/14, 1/15, 1/16, 1/17, 1/18, 1/19, 1/20, 1/21, 1/22, 1/23, 1/24, 1/25, 1/26, 1/27-Systane ointment: 1/1, 1/2, 1/3, 1/4, 1/5, 1/6, 1/7, 1/9, 1/10, 1/11, 1/12, 1/13, 1/16, 1/17, 1/19, 1/20, 1/21, 1/22, 1/24, 1/25-TheraTears: 1/1,1/2 (both), 1/3 (both), 1/4 (both), 1/5 (both), 1/7 (both), 1/9 (both), 1/11 (both), 1/12 (both), 1/14 (both), 1/16 (both), 1/17, 1/18 (both), 1/19, 1/21, 1/22 (both) 1/23 (both), 1/24, 1/25 (both), 1/26 (both)Record review failed to reveal evidence that a provider was notified that the resident was not receiving the above-mentioned medications as ordered due to the resident's frequent refusals.During a surveyor interview on 1/28/2026 at 12:47 PM with Medication Technician, Staff E, she revealed that the resident refuses his/her medications often and she marks it as refused. She failed to indicate that she would and/or should have notified the nurse and/or provider of the resident's frequent refusals for the above-mentioned medications.During a surveyor interview on 1/28/2026 at 2:06 PM with the DNS, she revealed that she would expect the resident's frequent medication refusals to be communicated to the nurse and addressed with the provider, and for staff to document it in the progress notes.3b. Record review revealed Resident ID #24 was admitted to the facility in July of 2024 with a diagnosis including, but not limited to, dementia.Review of a physician's order revealed to administer hydroxyzine pamoate (a medication prescribed to help treat anxiety and mood disorders) 25 mg three times daily.Review of the January 2026 MAR revealed the resident did not receive his/her hydroxyzine as ordered on the following dates and times:-1/4 1:00 PM and 6:00 PM-1/5 8:00 AM, 1:00 PM, and 6:00 PM-1/7 8:00 AM, 1:00 PM, and 6:00 PM-1/11 8:00 AM, 1:00 PM, and 6:00 PM-1/14 8:00 AM, 1:00 PM, and 6:00 PMRecord review failed to reveal evidence that a provider was notified that the resident was not receiving his/her hydroxyzine as ordered on the above-mentioned dates and times.During a surveyor interview on 1/28/2026 at 2:09 PM with the DNS, she was unable to provide evidence that the resident received his/her hydroxyzine as ordered.4. Record review revealed Resident ID #13 was admitted to the facility from an acute care hospital in October of 2025 with diagnoses including, but not limited to, hypo-osmolality and hyponatremia (a condition where there is too much water and not enough salt in the blood, making the blood too watery).Record review revealed the following dietary physician's orders with a start date of 10/14/2025:- .THIN LIQUIDS NO FREE WATER 2/2 [secondary to] FLUID RESTRICTION AT THIS TIME.- .Diet regular texture ***FLUID RESTRICTION***With Meals.Further record review failed to reveal evidence of the amount of fluids to be restricted to per the above order Record review of a progress note dated 10/29/2025 at 2:53 PM authored by Registered Nurse Staff B, states in part, .MD [medical doctor] also contacted regarding resident's fluid restriction. Information regarding the limitation is unclear but was due to low sodium.Further record review failed to reveal (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	evidence that the physician's order for fluid restrictions was clarified after the provider was notified on 10/29/2025.During a surveyor interview on 1/28/2026 at 12:58 PM, with Medication Technician (MT) Staff E, she stated she was aware that the resident is on fluid restrictions but was unable to state the specifics of the restriction. During a surveyor interview on 1/30/2026 at 12:16 PM, with the resident's physician, he acknowledged that the order for fluid restrictions did not include specific limitations and stated the order should include a specific amount of fluid to be restricted in a specified amount of time.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on surveyor observations, clinical record review, and staff interview, the facility failed to store and label drugs and biologicals in accordance with currently accepted professional principles for 1 of 3 medication carts reviewed.Findings are as follows:Record review of the facility policy titled, Medication Administration Safety Program (MASP) - Medication Cart states in part, .The cart is to be checked periodically for expired medications. If an expired medication is noted during medication administration, the medication should not be given and removed from the cart and replaced.Medication labels are not to be altered, modified or marked in any way other than for noting the date that the product was opened.Inhalers shall be labeled accordingly and stored per manufacturer's guidelines.During a surveyor observation on 1/28/2026 at 10:24 AM, of the first-floor Certified Medication Technician (CMT) medication cart, in the presence of CMT, Staff E, revealed the following:-Wixela inhalation device opened and out of the foil package, with the dose counter reading of 57. Additionally, the device was not labeled with the date it was opened.-Wixela inhalation device opened and out of the foil pouch, with the dose counter reading of 5, labeled with the date opened as 10/23/2025.Review of the manufacturer's guidance revealed that the device should be discarded one month after removal from the foil pouch or when the dose counter reads zero. -Fluticasone propionate inhalation device opened and out of the foil pouch, with the dose counter reading of 45, labeled with the date opened as 10/23/2025.Review of the manufacturer's guidance revealed that the device should be discarded two months after opening the foil pouch or when the dose counter reads zero.-One opened bottle of Allergy Relief fexofenadine hydrochloride 180 milligrams, labeled without a visible expiration date. During a surveyor interview with Staff E immediately following the above-mentioned observations, she acknowledged the findings. Additionally, she stated that the Allergy Relief is house stock and a resident is currently prescribed this medication.During a surveyor interview on 1/28/2026 at approximately 3:00 PM, with the Director of Nursing Services, she was unable to provide evidence that the facility stored and labeled drugs accordingly per the facility's policy and professional principles.

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation, record review, and staff interview, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety relative to the main kitchen, 1 of 1 ice machine, 1 of 3 freezers, and 1 of 1 kitchenette.Findings are as follows:1. Review of the U.S. Food and Drug Administration (FDA), Food Code 2022 Edition, section 4.602.11 (E)(4)(b), states in part, .surfaces of UTENSILS and EQUIPMENT contacting FOOD.shall be cleaned.In EQUIPMENT such as ice bins and.ice makers.at a frequency necessary to preclude accumulation of soil or mold.During a surveyor observation on the initial tour of the main kitchen on 1/27/2026 at approximately 10:08 AM of the ice machine, revealed a white colored component within the ice machine with small flecks of a pink colored matter that was able to be removed by wiping it with a paper towel.During a surveyor interview immediately following the above observation with the Cook, Staff C, she acknowledged the pink wipeable matter within the ice machine and on the paper towel after it was used to wipe the substance off the component.2. Review of the FDA Food Code 2022 edition, section 6-305.11, states in part, .lockers or other suitable facilities shall be provided for the storage of employees possessions .During a surveyor observation on the initial tour of the main kitchen on 1/27/2026 at approximately 10:08 AM, a cell phone and two beverage cups were noted to be lying on a worktable in the main kitchen.During a surveyor interview immediately following the above observation with Staff C, she acknowledged the cell phone and two cups on top of the worktable. Additionally, she revealed that the worktable is occasionally used as a food preparation area and indicated that the personal items should not be there.3. Review of the FDA, 2022 Edition, Section 3-501.17 states in part, .READY -TO-EAT-TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the premises, sold, or discarded when held at a temperature of 5 degrees Celsius or 41 degrees Fahrenheit or below for a maximum of 7 days. The day of preparation shall be counted as Day 1 .a. During a surveyor observation on the initial tour of the main kitchen on 1/27/2026 at approximately 10:37 AM, revealed 1 of 3 freezers that contained the following:- a large zip lock style bag labeled with a resident's name and dated 7/21, that contained a frozen chicken breast that had an accumulation of ice crystals on the chicken breast. - seven unopened containers of Rich's On Top Soft Whip Sweet Cream with an expiration date of 9/19/2025.During a surveyor interview immediately following the above observation with Staff C, she acknowledged the seven expired food products and revealed they should be discarded. Additionally, she acknowledged the ice accumulation on the chicken breast and revealed the chicken breast should have been discarded three months after the date indicated on the bag.b. During a surveyor observation on 1/27/2026 at approximately 10:52 AM of the kitchenette's refrigerator, revealed an unlabeled and undated eight-ounce styrofoam cup filled with a white liquid.During a surveyor interview immediately following the above observation with Staff C, she acknowledged the unlabeled and undated cup with a white liquid and indicated that it should have been labeled and dated. Additionally, she revealed that it should be discarded.4. Review of the FDA Food Code, 2022 Edition, Section 4-501.11 (A) (B) states in part, EQUIPMENT shall be maintained in a state of repair and condition.EQUIPMENT components such as doors, seals.shall be kept intact, tight, and adjusted.During a surveyor observation on the initial tour of the main kitchen on 1/27/2026 at approximately 10:37 AM, revealed 1 of 3 freezers that had the rubber molding on the bottom portion of the door partially hanging off. Additionally, there was an accumulation of black matter and food particles behind the molding. Further, the freezer's interior white (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	coated finish was scored at the bottom, was discolored, and was flaking off in various locations.During a surveyor interview immediately following the above observation with Staff C, she acknowledged the above observations.5. Review of an undated facility policy titled, POLICY ON FOOD BROUGHT IN BY VISITORS states in part Food or beverage that is brought in from the outside will be monitored by nursing staff for spoilage, contamination and safety.Foods or beverages [NAME] in from the outside will be labeled with resident's name, room number and dated by nursing with the current date the item(s) was brought to the facility for storage.food.will be dated when accepted for storage and discarded after 24 hours.During a surveyor observation on 1/27/2026 at approximately 10:52 AM of the kitchenette's refrigerator, revealed a brown bag labeled with a resident's name that contained three individually wrapped cheese sticks, an opened bag of pepperoni, an unlabeled and undated zip lock style bag containing a pickle, and an unlabeled and undated plastic container that contained unidentifiable cubed red and white food items that was covered with a patchy white film. Additionally, the brown bag failed to include a room number, a received-on date, or a discard by date.During a surveyor interview immediately following the above observation with Staff C, she acknowledged the undated brown bag and various undated food items and revealed that they should have been labeled and dated. Additionally, she acknowledged the patchy white film and revealed the food items should be discarded.

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F 0838 Level of Harm - Potential for minimal harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on clinical record review and staff interview, the facility failed to document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies which must be reviewed and updated as necessary, and at least annually.Findings are as follows:Record review revealed a document titled, Facility Assessment last updated 9/30/2025, which revealed the following participants were involved in the completion of the Facility Assessment:- Administrator- Director of Nursing Services- Social Worker- Medical Director- A residentFurther review of the Facility Assessment failed to reveal evidence that the facility solicited and considered input from a resident representatives and family members, as required per the regulation.During a surveyor interview on 1/30/2026 at 9:44 AM with the Administrator, he was unable to provide evidence that the Facility Assessment included input from a resident representative and or a family member and indicated that he was unaware it was a requirement.

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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 surveyor observation, clinical record review, and staff interview, the facility failed to maintain medical records that are accurately documented in accordance with professional standards and practices for 1 of 1 resident reviewed with a physician's order for staff assistance with meals at all times, Resident ID #7.Findings are as follows:Record review revealed the resident was readmitted to the facility in December of 2021 with a diagnosis including, but not limited to, food in respiratory tract causing injury.Review of a Minimum Data Set assessment dated [DATE] revealed that the resident required partial/moderate assistance of one staff member for eating.Review of a physician's order dated 11/25/2025 revealed to assist the resident with meals at all times twice daily between 7:00 AM through 3:00 PM and 3:00 PM through 11:00 PM.Surveyor observations revealed the resident was eating independently in a common area without staff assistance on the following dates and times:-1/27/2026 at 12:50 PM-1/28/2026 continuous surveyor observation from 12:48 PM to 1:14 PMReview of the January 2026 Treatment Administration Record revealed the above-mentioned physician's order was documented as completed on the following dates and times:-1/27/2026 7:00 AM - 3:00 PM shift-1/28/2026 7:00 AM - 3:00 PM shift documented as completed by Registered Nurse, Staff F.During a surveyor interview on 1/28/2026 at 2:37 PM with Staff F, he revealed that he documented the physician's order to provide the resident assistance with meals at all times on 1/28/2026 7:00 AM - 3:00 PM as completed, however he acknowledged that he did not provide the resident with assistance when eating. He further revealed that the task is delegated to the Nursing Assistants (NA). When the surveyor inquired further, Staff F revealed that he was unaware of what NA had assisted the resident with eating for the lunch meal and acknowledged that he documented the physician's order to assist with meals at all times as completed although he was unaware of who, if anyone, assisted the resident with eating during that time.During a surveyor interview on 1/29/2026 at approximately 3:06 PM with the Director of Nursing Services, she revealed that that she would expect staff to have followed the physician's order and documented accurately in the resident's record.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 includes, 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 2 of 5 residents reviewed for antibiotic use, Resident ID #s 11 and 22. Findings are as follows:According to the Centers for Disease Control and Prevention (CDC) document titled, The Core Elements of Antibiotic Stewardship for Nursing Homes states in part, Perform antibiotic 'time outs.' .Nursing homes should have a process in place for a review of antibiotics by the clinical team two to three days after antibiotics are initiated to answer these key questions:Does this resident have a bacterial infection that will respond to antibiotics?If so, is the resident on the most appropriate antibiotic(s), dose, and route of administration?Can the spectrum of the antibiotic be narrowed or the duration of therapy shortened (i.e., de-escalation)?Would the resident benefit from additional infectious disease/antibiotic expertise to ensure optimal treatment of the suspected or confirmed infection . 1. Record review revealed that Resident ID #11 was readmitted to the facility in June of 2025 with diagnoses including, but not limited to, pneumonia, acute respiratory disease, and dysphagia (trouble swallowing). Record review revealed the following physician's orders:-mupirocin 2% (a topical antibiotic used on the skin to treat or prevent bacterial infections) Cleanse left great toe with normal saline, pat dry and apply mupirocin ointment and cover with a Band-Aid from 1/3/2026 through 1/8/2026. -mupirocin 2% (a topical antibiotic used on the skin to treat or prevent bacterial infections) Cleanse left great toe with normal saline, pat dry, apply skin prep, apply mupirocin ointment and cover with a bordered gauze from 1/8/2026 through 1/22/2026. Additional record review failed to reveal evidence that an antibiotic time out or a review at day two or three was conducted for the mupirocin. 2. Record review revealed that Resident ID #22 was readmitted to the facility in June of 2025 with diagnoses including, but not limited to, pneumonia, acute respiratory failure, epilepsy (a seizure disorder), and repeated falls. Record review revealed the following physician's orders:- azithromycin (an antibiotic) 250 milligrams (mg)- Take two tablets once daily on 12/23/2025- azithromycin 250 mg- Take one tablet daily for four days 12/24/2025 through 12/27/2025ceftriaxone (an antibiotic)- One gram daily from 12/24/2025 to 12/30/2025Additional record review failed to reveal evidence that an antibiotic time out or a review at day two or three was conducted for the azithromycin and ceftriaxone. During a surveyor interview conducted on 1/30/2026 at 11:41 AM with the Director of Nursing Services (DNS), she was unable to provide evidence that antibiotic timeouts or antibiotic reviews had been completed. The DNS further acknowledged that she was unfamiliar with the antibiotic timeout process but stated she would discuss this with the Infection Preventionist and initiate completion of antibiotic timeouts moving forward.