STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	415099	A. Building B. Wing	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crystal Lake Rehabilitation and Care Center	999 South Main Street Pascoag, RI 02859

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 46715 Based on surveyor observation, record review, and staff interview it has been determined that the facility failed to treat each resident with respect and dignity in an environment that promotes maintenance of his or her quality of life for 1 of 1 resident reviewed relative to foley catheter (a tube that is placed in the body to drain and collect urine from the bladder) care, Resident ID #33. Findings are as follows: Review of a facility policy titled Urinary Catheter Irrigation- Intermittent (Indwelling) states in part, .explain the procedure and provide privacy . Record review revealed that Resident ID #33 was admitted to the facility in December of 2023 with diagnoses including, but not limited to, urinary retention and low back pain. Review of a physician's order revealed the resident has a foley catheter with directions to flush the foley every shift. During a surveyor observation on 4/26/2024 at approximately 8:45 AM, the resident was observed with the door open while Licensed Practical Nurse (LPN), Staff A, and Registered Nurse (RN), Staff D, were observed flushing and then changing the resident's indwelling foley catheter. During this observation the resident was observed with his/her genitals uncovered and in full view of the hallway and his/her roommate. During a surveyor observation at approximately 9:00 AM, the Administrator offered the surveyor a chair and did not close the resident's door to offer him/her privacy. During a surveyor interview on 4/30/2024 at approximately 9:30 AM with the Infection Preventionist (IP) in the presence of the Compliance Monitor, she revealed that she would expect the staff to close the door and the privacy curtain before providing any care to the resident. 50004

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 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. 47279 Based on record review, staff and resident interview, it has been determined that the facility failed to update the results of the most recent surveys of the facility conducted by Federal or State Surveyors, or post the survey results in a readily accessible area for the residents, staff, and general public. Findings are as follows: During a surveyor interview on 4/26/2024 at 2:02 PM with the Infection Preventionist, she inquired about the most recent survey results and indicated that she was unsure where the survey results binder was located in the facility. During surveyor interviews on 4/29/2024 at 11:10 AM with multiple residents during the resident council task, all 11 residents in attendance were unaware of the survey results binder or where to locate it. During a surveyor interview on 4/29/2024 at 2:13 PM with the Administrator, she revealed that the facility's survey results binder had been in a closet and not in a readily accessible location. Record review of the facility's survey results binder revealed the last entry was from a survey conducted in January of 2024. During a subsequent interview with the Administrator on 4/292/2024 at 2:15 PM, she revealed that the binder was not updated to include approximately 13 recent surveys and indicated that it needs to be updated and placed in a readily accessible location.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. 50004 Based on record review and staff interview, it has been determined that the facility failed to ensure that the assessment accurately reflected the resident's status for 1 of 1 resident assessed for falls, with major injury, Resident ID #19. Findings are as follows: Record review revealed Resident ID #19 was readmitted to the facility in December of 2023 with a diagnosis including, but not limited to, subarachnoid hemorrhage (brain bleed). Review of a progress note dated 11/14/2023 at 11:51 PM, revealed the resident was found on the floor in his/her room. The resident complained of headache, nausea, change in vision, and lethargy. Resident was assessed by the nurse, 911 was then called for emergency transfer to the hospital. Review of a progress note dated 11/15/2023 at 11:06 PM, states, Call placed to [hospital name], Resident was admitted with a brain bleed at 4:14 PM on 11/15/2023 Record review of hospital documentation dated 12/11/2023, titled Inpatient Summary states in part, .a new large right IPH [Intraparenchymal hemorrhage, bleeding within the brain] . Record review of a Minimum Data Assessment (MDS) with an assessment reference date of 11/15/2023, completed on 3/25/2024 revealed, one fall with no injuries documented and no falls with major injury documented. During a surveyor interview on 4/30/2024 at approximately 10:00 AM with the Infection Preventionist (IP), she was unable to provide evidence that the resident's assessment was accurately documented for a fall with major injury. Additionally, she revealed that MDS assessments are being completed remotely and they do not have an MDS coordinator in the facility.

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43376 46539 46715 Based on surveyor observation, record review, and staff interview it has been determined that the facility failed to develop and implement a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 3 of 11 resident's reviewed, Resident ID #s 4, 29, and 100. Findings are as follows: 1. Record review revealed that Resident ID #4 was admitted to the facility in February of 2023 with diagnoses including, but not limited to, osteomyelitis (infection of the bone) of right ankle and foot and peripheral vascular disease. Review of an Annual Comprehensive Minimum Data Set (MDS) Assessment, Section V dated 3/3/2024, revealed that the resident triggered for the following care areas to be added to his/her care plan: Cognitive loss/dementia Activities of daily living Falls Pressure ulcer/injury Review of the physician's orders revealed that the resident has wounds to his/her right lower extremity requiring dressing changes three times a week. Record review revealed that the resident fell on [DATE] and 4/29/2024. Record review failed to reveal evidence that a care plan had been developed or implemented for any of the above-mentioned triggers from the Comprehensive MDS Assessment or known concerns, including wounds and falls. During a surveyor interview on 4/26/2024 at approximately 2:15 PM with the Infection Preventionist (IP) in the presence of the Compliance Monitor, she acknowledged that a comprehensive care plan had not been developed or implemented regarding the above triggered areas for Resident ID #4. 2. Record review revealed that Resident ID #29 was admitted to the facility in March of 2024 with diagnoses including, but not limited to, chronic obstructive pulmonary disease and repeated falls. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of an Admission Comprehensive MDS Assessment, Section V dated 3/14/2024 revealed that the resident triggered for the following care areas with a decision to proceed to the care plan: Activities of daily living Urinary Incontinence Falls Pressure Ulcers Psychotropic medication use Review of the resident's care plan revealed a care plan had not been developed or implemented following the above Comprehensive MDS Assessment. During a surveyor interview on 4/30/2024 at approximately 8:55 AM with the IP in the presence of the Compliance Monitor she acknowledged that a comprehensive care plan had not been created based on the admission MDS Assessment. 3. Record review revealed that Resident ID #100 was admitted to the facility in October of 2023 with diagnoses including, but not limited to, cerebral infarction (stroke), dependence on renal dialysis (A blood purifying treatment given when kidney function is not optimum) and type II diabetes mellitus. Record review revealed an order for renal dialysis three times per week. Review of the resident's care plan failed to reveal evidence that a care plan was implemented or developed for dialysis with interventions to mitigate risks associated with dialysis. Record review revealed an order for sliding scale insulin to be administered three times per day due to a diagnosis of type II diabetes mellitus. Review of the resident's care plan failed to reveal evidence that a care plan was implemented or developed for diabetes with interventions to mitigate the risks associated with diabetes. During a surveyor interview on 4/30/2024 at approximately 3:40 PM with the IP and Administrator they acknowledged that the above noted residents do not have comprehensive person-centered care plans that included measurable objectives and timeframes to meet these resident's medical, nursing, and mental and psychosocial needs that were identified in their comprehensive assessment.

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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. 46539 50004 43376 Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice relative to following a physician's order for 1 of 1 resident reviewed for double portions, Resident ID #7. 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. Record review revealed Resident ID #7 was admitted to the facility in October of 2023 with a diagnosis including, but not limited to, dementia. Further record review revealed the resident has a physician's order dated 2/29/2024 for .DOUBLE PORTIONS PLEASE Surveyor observations on 4/26/2024 and on 4/30/2024 at lunch revealed the resident failed to receive double portions. An additional observation on 5/1/2024 revealed the resident failed to receive double portions at breakfast, the resident received 1 piece of toast and 2 sausage links. During a surveyor interview with the Rehabilitation Director on 5/1/2024 at 8:47 AM, she acknowledged that the resident did not receive double portions on his/her breakfast tray. During a surveyor interview with the resident on 5/1/2024 at 8:48 AM, s/he revealed that they would like double portions. The resident further revealed that s/he is very tall and could use more food. During a surveyor interview on 5/1/2024 at 10:40 AM with the Infection Preventionist, she acknowledged the resident's meal slip did not reveal double portions and further indicated that it is her expectation that staff would follow the physician's order. Cross reference F 805

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F 0684 Level of Harm - Actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46539 46715 Based on surveyor observation, record review, and staff interview it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, for 2 of 2 residents reviewed for the utilization of the facility bowel protocol, Resident ID #s 47 and 39, and 1 of 1 resident reviewed for wound care observation, Resident ID #4. Findings are as follows: 1. According to Nursing Health Assessment Clinical Judgement Approach, 4th edition, states in part, .Nurses use assessment information to identify patient outcomes .Constipation: Make sure to monitor last bowel movement and administer bulk stool softeners and laxatives as ordered . Review of a facility provided policy titled, Bowel Evacuation Protocol states in part, Policy: The facility has the responsibility to ensure that each resident develops regular bowel habits .The purpose is to prevent impaction and incontinence .Procedure: If the resident has had no bowel movement for 9 consecutive shifts, begin the bowel protocol on the next 3:00 p.m. - 11:00 p.m. shift. The bowel protocol is to give Milk of Magnesia (MOM) on the 3:00 p.m. to 11:00 p.m. shift. If the MOM is ineffective, then the resident is to receive a Bisacodyl suppository on the 11:00 p.m. to 7:00 a.m. shift. If the Bisacodyl suppository is ineffective, then the resident is to receive a Fleets enema on the 7:00 a.m. to 3:00 p.m. shift . a. Record review revealed that Resident ID #47 was readmitted to the facility in December of 2023 with diagnoses including, but not limited to, atherosclerotic heart disease (a condition where the arteries become narrowed and hardened due to the buildup of plaque) and renal cancer. Review of a Bowel Movement Report for February of 2024 revealed, the resident's last recorded bowel movement was [DATE] at 10:40 PM. Additional review revealed that the resident did not have a bowel movement for 5 days or 14 consecutive shifts. Review of a progress note dated [DATE] revealed, the resident had not eaten lunch or dinner and had one episode of vomiting. Review of a progress note dated [DATE] at 6:00 AM revealed, that the resident complained of pain to his/her coccyx and was administered as needed Percocet (an opioid analgesic which includes constipation as a side effect) with only minimal effect. Additional review revealed that the resident refused to be repositioned due to increased pain when s/he was moving. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Some	Review of a progress note dated [DATE] on the 7:00 AM - 3:00 PM shift revealed that the resident complained of pain to his/her chest, abdomen, arms, and rectum throughout the day. It further revealed that the resident had no bowel sounds and staff was unaware of when his/her last bowel movement was. The resident received a fleet enema without any results and stool was visualized in his/her rectum. The note indicated that the doctor was informed of the resident's continued decline and received orders for labs, a KUB (an X-ray examination that allows doctors to assess the organs of your urinary and gastrointestinal systems) and medications. Review of a progress note dated [DATE] revealed, the resident expired at approximately 4:35 PM. Review of a Xray result report titled Patient Report dated [DATE] revealed, the resident had a colonic ileus (temporary condition where movement in the intestines either slows down or stops). Record review revealed that the resident did not receive Milk of Magnesia on [DATE] after 9 consecutive shifts without a bowel movement per the facility policy. Additional record review revealed that the resident did not receive a Bisacodyl suppository on the 11:00 PM to 7:00 AM shift per the facility policy. During a surveyor interview on [DATE] at 9:36 AM, with Registered Nurse, Staff E, she revealed that when she came on shift that the nurse from the prior shift revealed that there was something going on with Resident ID #47 and that s/he did not look good. She revealed that the resident was minimally responsive and was having some difficulty with breathing. She revealed that the resident also did not have bowel sounds. Additionally, she was unaware if the resident's bowels were assessed prior to her shift. During a surveyor interview on [DATE] at approximately 10:15 AM with the Medical Director, she revealed that she would expect the facility staff to follow the bowel protocol for all residents that require it. Additionally, she revealed that she could not recall if the staff had notified her of the resident not having a bowel movement for 5 days or 14 consecutive shifts. During a surveyor interview on [DATE] at 12:00 PM with the Infection Preventionist in the presence of the Compliance Monitor, she acknowledged that the bowel protocol was not followed for the resident and that the resident had a colonic ileus (a condition where your intestine can't push food and waste out of your body) at the time of his/her passing. b. Record review revealed that Resident ID #39 was admitted to the facility in July of 2023 with diagnoses including, but not limited to, prostate cancer and protein calorie malnutrition. Review of a Bowel Movement Report revealed the resident's last recorded bowel movement was [DATE] on the first shift. No other bowel movement was recorded for 12 days or 36 consecutive shifts. Record review failed to reveal evidence that the staff initiated the bowel protocol per the facility policy, despite the resident not having a bowel movement for 12 days. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Some	During a surveyor interview on [DATE] at 10:36 AM with the resident, s/he revealed that s/he had a bowel movement on [DATE] and that s/he currently had no pain or discomfort. Additionally, s/he revealed that the staff had not assessed the resident to determine if s/he had any bowel concerns. Furthermore, the resident revealed that s/he wanted to speak with the nursing staff due to his/her concerns with constipation, as the resident was unaware that s/he could request medication to assist with constipation. During a surveyor interview on [DATE] at 10:46 AM with Registered Nurse, Staff D, she acknowledged that the resident did not have a bowel movement documented for approximately 12 days. Additionally, she revealed that the resident should have been started on the bowel protocol on day 3 with no bowel movement. Furthermore, she acknowledged that the resident was not administered any medication per the bowel protocol policy. During a surveyor interview on [DATE] at approximately 12:00 PM with the Medical Director, she revealed that she would expect the staff to initiate the bowel protocol for any resident that would require it. During a surveyor interview on [DATE] at 1:45 PM with the IP in the presence of the Compliance Monitor, she acknowledged that the last recorded bowel movement for the resident was on [DATE] and that the bowel protocol had not been initiated per the facility policy . 2. Review of a facility provided policy titled, Wound Care Policy states in part, .Licensed nurse will provide wound care per physician orders and continue to implement and evaluate the plan of care based on the effectiveness of treatment .At each dressing change the wound will be assessed and documentation if wound has changed will include a description of the wound bed, drainage, signs and symptoms of infection, healing and peri wound condition. At least every week, the wound assessment and documentation will include measurement of length, width, depth and undermining and tunneling if present . Record review revealed that Resident ID #4 was admitted to the facility in February of 2023 with diagnoses including, but not limited to, osteomyelitis (infection of the bone) of the right ankle and foot and peripheral vascular disease. Review of a physician's order for wound care dated [DATE] revealed, the dressing is to be changed three times a week with the following instructions. Wound Care--Cleanse wounds RLE [right lower extremity] with Vashe [antibacterial wound cleanser] and dry. Apply A and D [ointment]. Apply Hydrofera Blue [antibacterial wound dressing- needs to be moistened prior to applying] and kerramax [absorbent dressing]. Secure with Kerlix and hypafix tape three times per week. Record review failed to reveal evidence of documentation to include, how many wounds the resident had, where the wounds were located on the right lower extremity, the type of wounds, descriptions of the wounds or measurements of the wounds. Additional record review failed to reveal evidence that a care plan had been developed or implemented relative to the wounds on the right lower extremity. During a surveyor observation on [DATE] at 12:06 PM with Registered Nurse (RN), Staff E, of the resident's wound care the following was observed: (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Some	-Three wounds were observed on the resident's right lower extremity, a large wound to his/her right medial (middle) ankle, a wound to his/her right heel and a wound to his/her right lateral (away from, the middle of the body) shin. -Staff E cleansed the wounds with skintegrity wound cleanser and not Vashe wash, as ordered. She did not apply A and D ointment to wounds, as ordered. Additionally, Staff E applied the hydrofera blue wound treatment without moistening prior to applying to wound bed. Lastly, Staff E was observed to dress the right medial ankle and the right lateral shin but did not dress the right heel, although assessing and acknowledging that there was a wound there. During a surveyor interview with Staff E, directly following the above observation, she acknowledged that she did not follow the physician's order as written. She did not cleanse the wound with vashe wash and did not apply A and D ointment. Additionally, she acknowledged that she did not moisten the hydrafera blue wound treatment prior to applying it to the wound bed. During a surveyor interview on [DATE] at approximately 10:30 AM with the Medical Director, she revealed that she would expect the staff to follow the physician's order for wound care. During a surveyor interview on [DATE] at approximately 2:15 PM with the IP in the presence of the Compliance Monitor, she acknowledged that Resident ID #4's medical record did not include the appropriate documentation for the wound that included, a treatment order for each wound, descriptions and measurements for each wound, and a care plan for wounds. Additionally, she revealed that she would expect the staff to follow the physician's order for wound care . 43376

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 46539 Based on record review and staff interview, it has been determined that the facility failed to ensure that a resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 1 of 1 resident reviewed for pressure ulcers, Resident ID #2. Findings are as follows: Record review revealed that the resident was readmitted to the facility in January 2023 with diagnoses including, but not limited to, need for assistance with personal care and dementia. Record review of a progress note dated 4/11/2024 revealed, the resident has a sacral (coccyx) wound with a treatment order to apply zinc and medihoney (wound treatment) daily and as needed. Further review revealed the Medical Director agreed with this treatment. Review of the April 2024 Medication Administration Record failed to reveal a treatment was in place from 4/14/2024 through 4/25/2024. During a surveyor interview on 4/25/2024 at 11:53 AM with the Wound Physician he revealed, the resident has a stage 2 pressure ulcer (an open wound that has broken through the top and bottom layers of the skin. It typically results from excessive and sustained pressure on a particular part of the body) to his/her sacrum and the resident should be receiving zinc and medihoney treatment to the wound. During a surveyor interview on 4/25/2024 at 1:43 PM with the Infection Preventionist, she revealed that she would expect the resident to have a wound treatment in place, as ordered. During a surveyor interview on 4/30/2024 at 1:44 PM with the Medical Director, she revealed that she would expect there to be a wound treatment in place for his/her sacral wound from 4/14/2024 to 4/25/2024. During a surveyor interview on 4/30/2024 at 3:40 PM with the Administrator and the Infection Preventionist, they were unable to provide evidence that the resident was provided necessary treatment and services, consistent with professional standards of practice, to promote healing and prevent infection.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 46539 Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to provide appropriate treatment and services for 3 of 3 residents reviewed diagnosed with urinary tract infections (UTI), Residents ID #s 26, 29, and 39. Findings are as follows: Review of a facility policy titled, Urinary Tract Infections states in part, .If a resident presents with urinary tract symptoms, the nurse will .record intake and output for 72 hours .institute hydration program or increase fluids .the resident will be placed on intake and output and fluids will be encouraged . 1. Record review revealed that Resident ID #26 was admitted to the facility in April of 2024 with diagnoses including, but not limited to, diabetes and chronic obstructive pulmonary disease. Review of a care plan dated 4/19/2024 revealed that the resident has a UTI with an interventions which include, but is not limited to, encourage fluids. Review of a progress note dated 4/19/2024 authored by the Nurse Practitioner states in part, Cipro 500 mg po [by mouth] daily x 7 [days] (UTI) .Nursing to encourage oral hydration with each interaction . Record review revealed a physician's order for Cipro (an antibiotic) 500 milligram (mg) capsule daily from 4/19/2024 through 4/26/2024. Record review failed to reveal evidence of fluid intake monitoring from 4/19/2024 through 4/24/2024. Further review of the resident's fluids documentation revealed one documented fluid intake was recorded on 4/25/2024. Additional record review failed to reveal evidence of documentation that fluids were encouraged per the care plan and the physician's orders for this resident while receiving treatment for a UTI. 2. Record review revealed that Resident ID #29 was admitted to the facility in March of 2024 with diagnoses including, but not limited to, chronic obstructive pulmonary disease and need for assistance with personal care. Record review revealed a physician's order for Augmentin (an antibiotic) 500/125 mg tablet twice a day from 4/27/2024 through 5/1/2024 for UTI. Review of a care plan dated 4/27/2024 revealed that the resident has a UTI with interventions which include, but are not limited to, encourage fluids every shift. Record review failed to reveal evidence of intake monitoring on for all shifts from 4/27/2024 through 5/1/2024. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Additional record review failed to reveal evidence of documentation that fluids were encouraged per the care plan for this resident while receiving treatment for a UTI. 3. Record review revealed that Resident ID #39 was admitted to the facility in July of 2023 with diagnoses including, but not limited to, malignant neoplasm of prostate (prostate cancer) and depression. Record review revealed a physician's order for Cipro (an antibiotic) 500 milligram (mg) capsule twice a day from 3/17/2024 through 3/23/2024. Review of a care plan dated 7/17/2023 states in part, monitor diet and fluids and document if decreasing. Further review revealed a care plan dated 2/12/2024 which revealed that the resident has a UTI and to encourage fluids every shift. Record review failed to reveal evidence of fluid intake monitoring on for all shifts for the month of March 2024. Additional record review failed to reveal evidence of documentation that fluids were encouraged per the care plan for this resident while receiving treatment for a UTI. During a surveyor interview with the Medical Director on 4/30/2024 at 1:40 PM, she revealed that she would expect the facility to follow their policy related to intake documentation for a urinary tract infection. Additionally, she revealed that she would expect the facility to encourage fluids per the care plan and the facility policy. During a surveyor interview on 4/30/2024 at 10:23 AM with the Infection Preventionist, she revealed that she would expect fluids to be documented for the above-mentioned residents. Additionally, she was unable to provide evidence that the facility was providing appropriate treatment and services relative to UTI management. 46715

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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 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. 46539 Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to provide respiratory care consistent with professional standards of practice for 2 of 5 residents reviewed for oxygen use, Resident ID #s 1 and 29, and 1 of 1 resident reviewed for suctioning, Resident ID #19. Findings are as follows: 1. Record review revealed Resident ID #19 was readmitted to the facility in December of 2023 with diagnoses including, but not limited to, dysphagia (a condition resulting in difficulty swallowing food or liquid), aspiration pneumonia (infection of the lungs caused by inhaling saliva, food, liquid, vomit) and stroke. Review of the physician's orders revealed the following: - suctioning as needed dated 1/15/2024 - aspiration (when food or liquid goes into the airway) precautions and to monitor for signs and symptoms of aspiration every shift dated 3/21/2024 - House, Pudding Thickened, Pureed Special Instructions: NO STRAWS. ONLY NURSE TO PREPARE THIN LIQUIDS TO PUDDING CONSISTENCY . dated 4/26/2024 Record review revealed a progress note dated 4/22/2024 authored by the Nurse Practitioner which states in part, .Limited ability to tolerate oral intake with assist .Weak/ineffective cough with occasional sputum unable to clear from oral at this time .Patient currently being treated for Aspiration PNA [pneumonia] . Record review revealed a progress note dated 4/25/2024 authored by Registered Nurse (RN), Staff C, which states in part, .Resident had some difficulty swallowing and needed to be suctioned multiple times . Surveyor observation on 4/29/2024 at 2:23 PM revealed a suction canister and tubing dated 4/24/2024. The canister contents were 1/4 full with multi-colored secretions with floating sediment. During this observation, staff were observed wheeling the resident into his/her room to be suctioned. Staff A was observed to suction the resident utilizing the above-mentioned equipment. During a surveyor interview immediately following the above-mentioned observations, Staff A, revealed that she was unsure what date/time the suction machine was last used or how long the secretions had been in the canister. Additionally, she was unsure of when to clean or change the equipment. Record review failed to provide evidence of when to change, clean or replace the suction equipment. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview with the Administrator and the Infection Preventionist on 4/30/2024 at 3:40 PM and 5/1/2024 at 2:36 PM, they were unable to provide evidence of a policy or procedure for when to change, clean or replace the suction equipment. 2. Review of an undated facility policy titled, Oxygen Administration - Reservoir or pendent style nasal cannula [a medical device to provide supplemental oxygen therapy to people who have lower oxygen levels] . states in part, .Replace and date cannula and tubing weekly or when visibly soiled or damaged. 2a. Record review revealed that Resident ID #1 was admitted to the facility in July of 2022 with diagnoses including, but not limited to, chronic obstructive pulmonary disease and chronic respiratory failure with hypoxia (levels of oxygen in the blood are lower than normal). Record review revealed a physician's order dated 3/26/2024 for humidified oxygen at 2 liters/minute (L/M) via nasal cannula for sign or symptoms of shortness of breath. During surveyor observations on 4/25/2024 at 11:34 AM and 4/26/2024 at 10:21 AM revealed the resident was receiving oxygen via nasal cannula from a concentrator with the oxygen tubing dated 2/20 and had discolored orange/reddish color on the nasal prongs. Additionally the observation revealed his/her portable oxygen tubing was dated 3/5 and had yellow discoloration on the nasal prongs. During a surveyor interview on 4/26/2024 at 10:22 AM with the Director of Nursing Services, she acknowledged that the concentrator tubing was dated 2/20 with orange/reddish discoloration and the portable oxygen tubing was dated 3/5 and was yellow in color. Additionally, she acknowledged that there was no order to change the tubing on either device. Furthermore, she revealed she would expect the oxygen tubing to have been changed weekly per the policy. 2b. Record review revealed that Resident ID #29 was admitted to the facility in March of 2024 with diagnoses including, but not limited to, chronic obstructive pulmonary disease and need for assistance with personal care. Record review revealed a physician's order dated 3/23/2024 for oxygen at 2 L/M via nasal cannula continuously. Further review of the physician's orders revealed an order dated 3/23/2024 to change the oxygen tubing and clean concentrator filter as needed. Review of the April 2024 Medication Administration Report, failed to reveal evidence that the oxygen tubing was changed weekly per the facility policy. During surveyor observations on 4/25/2024 at approximately 11:10 AM and 4/26/2024 at 10:22 AM revealed the resident was utilizing his/her oxygen. Further the observation revealed the tubing was undated. During a surveyor interview with the Director of Nursing Services on 4/26/2024 at 10:22 AM, she acknowledged that there was no date on the tubing. She further revealed that it was unknown when the tubing was last changed. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	50004

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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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. 47279 Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that nursing staff have the appropriate competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical well-being of each resident, as determined by resident assessments and individual plans of care for 3 of 3 nurses reviewed, Staff E, R, and S and for 3 of 3 Nursing Assistants (NA's) reviewed, Staff H, I, and J. Findings are as follows: 1) Multiple surveyor observations were made throughout the survey process from 4/25/2024 through 5/1/2024, nursing concerns were identified relative to wound care, clean dressing changes, glucometer (device used to assess blood glucose levels) cleaning and disinfection, foley catheter (a device that drains urine from your bladder into a collection bag) management, and suctioning (removal of secretions from the respiratory passages when the patient cannot remove them by coughing). Record review failed to reveal evidence that competencies for the above-mentioned areas of concern were completed for the following nursing staff: -Registered Nurse, Staff E -Licensed Practical Nurse (LPN), Staff R -LPN, Staff S During a surveyor interview on 4/30/2024 at approximately 9:30 AM with the Infection Preventionist during the Staffing Task, she was unable to provide evidence nursing competencies were completed for the above-mentioned staff relative to wound care, clean dressing changes, glucometer cleaning and disinfection, foley catheter management, and suctioning. During a surveyor interview with the Administrator on 4/30/2024 at 12:30 PM, she was unable to provide evidence the above-mentioned nursing staff received competencies relative to the above-mentioned skill sets. 2) Review of the personnel files revealed the following NA's did not receive the following in-services and education: -Staff H: resident rights, person centered care, basic nursing skills, basic restorative services, identification of changes in condition, infection control, compliance and ethics, neglect, and exploitation -Staff I: resident rights, person centered care, basic nursing skills, basic restorative services, identification of changes in condition, infection control, compliance and ethics, behavioral health, neglect, and exploitation (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Staff J: -resident rights, person centered care, communication, basic nursing skills, basic restorative services, identification of changes in condition, infection control, compliance and ethics, behavioral health, abuse, neglect, and exploitation During a surveyor interview on 4/30/2024 at 12:30 PM with the Administrator, she was unable to provide evidence that nursing competencies for the above-mentioned nursing staff were completed, and revealed they should be completed annually and as needed. Additionally, she was unable to provide evidence the above-mentioned NA's had completed all required in-services and education and indicated they should have been done. Refer to F 550, F 684, F 690, F 695, and F 880.

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F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. 46539 Based on record review and staff interview, it has been determined that the facility failed to ensure that each resident receives and is provided the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, or psychosocial well-being, for 1 of 1 resident reviewed for initial psychiatric evaluation, Resident ID #39. Findings are as follows: Record review revealed that Resident ID #39 was admitted to the facility in July of 2023 with diagnoses including, but not limited to, malignant neoplasm of prostate (prostate cancer) and depression. Record review revealed a hospice visit note dated 1/4/2024 signed by the Medical Director, which states in part, Patient will be graduating from hospice with last covered date 1/6/2024. Patient reports depressed mood [and] is requesting to come off mirtazapine [antidepressant] as [s/he] feels this is contributing to [his/her] mood. Patient is also requesting something to help increase mood and would benefit from a geri psych [geriatric psychiatry] consult. Recommend .Please obtain geri psych consult to discuss antidepressant to target symptoms of depression . Record review failed to reveal evidence that a geriatric psychiatry consult was scheduled, offered, attended, or refused by the resident. During a surveyor interview with the Infection Preventionist on 4/26/2024 at 1:54 PM, she was unable to provide evidence that a geriatric psychiatry consult was scheduled, offered, attended, or refused. During a surveyor interview with the Medical Director on 4/30/2024 at 1:46 PM, she revealed that she would expect the resident to have obtained a geriatric psychiatry consult since she was in agreement with the recommendation.

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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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. 47279 Based on surveyor observation, record review, and staff interview it has been determined that the facility failed to ensure each resident's medication regimen is free from a medication error rate of 5% or greater. Based on 35 opportunities for error observed during the medication administration task, there were 10 errors resulting in an error rate of 28.57%, involving Resident ID #s 19, 20, 29, 45, and 99. Findings are as follows: According to, Mosby's Drug Guide Tenth Edition 2013, section, SAFE MEDICATION ADMINISTRATION GUIDE states in part, The 5 rights of medication administration. Always adhere to the 5 rights of medication administration when transcribing, preparing, administering, and documenting medications .2. Right drug: Verify the correct medication by comparing the name on the label on the drug container with that written on the MAR [Medication Administration Record] .5. Right time: All medications should be administered within 30 minutes of the scheduled time . 1a) Record review revealed Resident ID #19 has a physician's order for Propranolol (blood pressure medication) 10 milligrams (mg) give 1 tablet at 7:00 AM - 9:00 AM. During a surveyor observation of the medication administration task on 4/26/2024 at approximately 10:00 AM with Licensed Practical Nurse, Staff A, she administered the above-mentioned medication to the resident, approximately 1 hour after the scheduled time. 1b) Record review revealed Resident ID #45 has a physician's order for Gabapentin 300mg give 1 capsule at 5:00 AM - 7:00 AM. During a surveyor observation of the medication administration task on 4/26/2024 at approximately 10:55 AM with Registered Nurse, Staff D, she administered the above-mentioned medication to the resident, approximately 4 hours after the scheduled time. 1c) Record review revealed Resident ID #99 has the following physician orders: -Nicotine patch (used to aid in smoking cessation) 14mg/24 hour apply 1 patch at 7:00 AM - 9:00 AM. -Quetiapine (anti-psychotic medication) 25 mg give a half tab at 7:00 AM - 10:00 AM and 1:00 PM - 3:00 PM. -Senna Plus (laxative) 8.6-50mg give 1 tab in the morning and evening. During a surveyor observation of the medication administration task on 4/26/2024 at approximately 11:20 AM with Staff D, she failed to apply the Nicotine patch, she administered Senna instead of Senna Plus, and administered Quetiapine at 11:21 AM, approximately 1.5 hours after the scheduled administration time. 1d) Record review revealed Resident ID #20 has the following physician orders: (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Amlodipine (blood pressure medication) 5mg give 1 tab at 7:00 AM - 9:00 AM. -Brimonidine (medicated eye drops) 0.2% instill 1 drop to the left eye at 7:00 AM - 9:00 AM and 7:00 PM - 11:00 PM. -Cosopt (medicated eye drops) 22.3-6.8 mg/milliliter (mL) instill 1 drop to the left eye at 7:00 AM - 9:00 AM and 7:00 PM - 11:00 PM. -Myrbetriq (medication used to treat an overactive bladder) 50mg give 1 tab at 7:00 AM - 9:00 AM. During a surveyor observation of the medication administration task on 4/26/2024 at approximately 11:40 AM with Staff D, she administered the above-mentioned medications to the resident, approximately 2.5 hours after the scheduled time. 1e) Record review revealed Resident ID #29 has a physician's order for Pramipexole (medication used to treat Parkinson's disease and restless leg syndrome) 0.25mg give 1 tablet at 8:00 AM and 8:00 PM. During a surveyor observation of the medication administration task on 4/29/2024 at approximately 9:25 AM with Medication Technician, Staff K, she administered the above-mentioned medication to the resident, approximately 1.5 hours after the scheduled time. During a surveyor interview on 4/30/2024 at 12:15 PM with the Administrator, she revealed that she would expect the residents to receive their medications as ordered and within the scheduled timeframe. Additionally, she was unable to provide evidence that the facility ensured each resident's medication regimen is free from a medication error rate of 5% or greater.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. 46539 47279 Based on surveyor observation, record review, and staff interview it has been determined that the facility failed to keep residents free from significant medication errors for 40 of 48 residents reviewed for medication administration, Resident ID #s 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 21, 22, 23, 24, 25, 26, 27, 28, 30, 31, 32, 33, 34, 36, 37, 38, 39, 40, 41, 42, 43, 44, 99, 100, and 199. Findings are as follows: According to, Mosby's Drug Guide Tenth Edition 2013, section, SAFE MEDICATION ADMINISTRATION GUIDE states in part, The 5 rights of medication administration .5. Right time: All medications should be administered within 30 minutes of the scheduled time . During a surveyor observation on 4/26/2024 at approximately 10:00 AM during the medication administration task, concerns were identified with the timeliness of the distribution and administration of the resident's medications. Review of the Administration Compliance Report dated 4/26/2024 revealed that the following 40 residents failed to receive the listed medications below on 4/26/2024 as ordered by the physician: 1) Record review revealed Resident ID #1 was readmitted to the facility in March of 2023 with diagnoses including, but not limited to, dementia, chronic obstructive pulmonary disease (COPD), major depressive disorder, atrial fibrillation (a-fib, a rapid, irregular heart rhythm that can lead to blood clots), hypertension (high blood pressure), and type II diabetes mellitus. Resident ID #1 did not receive the following medications on 4/26/2024: -Azithromycin (antibiotic) 250 milligrams (mg) give 1 tablet (tab) at 7:00 AM - 12:00 PM -Buspirone (medication used to treat anxiety) 5mg give 3 tabs at 7:00 AM - 9:00 AM -Diltiazem (cardiac medication) 120mg give 1 capsule (cap) at 7:00 AM - 9:00 AM -Duloxetine (used to treat anxiety and nerve pain) 20mg give 2 caps at 7:00 AM - 9:00 AM -Incruse Ellitpta (inhaler) 62.5 micrograms (mcg)/actuation inhale 1 puff at 7:00 AM - 9:00 AM -Lidocaine patch (for pain relief) 4% apply 1 patch to right shoulder at 7:00 AM - 10:30 AM -Metformin (diabetes medication) 1,000mg give 1 tab at 7:00 AM - 9:00 AM -Metoprolol Tartrate (blood pressure medication) 25mg give 1 tab at 7:00 AM - 9:00 AM (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Pradaxa (blood thinner) 150mg give 1 cap at 7:00 AM - 9:00 AM -Salonpas patch (for pain relief) 3.1-10.6% apply 1 patch at 7:00 AM - 12:00 PM -Wixela Inhub (inhaler) 500-50mcg/dose inhale 1 puff at 7:00 AM - 9:00 AM 2) Record review revealed Resident ID #3 was readmitted to the facility in January of 2023 with a diagnosis including, but not limited to, heart failure. Resident ID #3 did not receive the following medications on 4/26/2024: -Diltiazem 180 mg give 1 cap at 7:00 AM - 10:00 AM -Prednisolone Acetate (medicated eye drops) 1% give 1 drop at 7:00 - 11:00 AM 3) Record review revealed Resident ID #4 was readmitted to the facility in April of 2024 with diagnoses including, but not limited to, type II diabetes, major depressive disorder, and hypertension. Resident ID #4 did not receive the following medications on 4/26/2024: -Atenolol (blood pressure medication) 25mg give 1 tab at 7:00 AM - 12:00 PM -Bupropion (antidepressant) 200mg give 1 tab at 7:00 AM - 10:00 AM -Jardiance (diabetes medication) 25mg give 1 tab at 7:00 AM - 10:00 AM -Furosemide (treats fluid retention and high blood pressure) 40mg give 1 tab at 7:00 AM- 11:00 AM -Sertraline (antidepressant) 100mg give 1 tab at 7:00 AM - 12:00 PM 4) Record review revealed Resident ID #5 was readmitted to the facility in September of 2023 with diagnoses including, but not limited to, low back pain, osteoarthritis of bilateral knees, and chronic pain syndrome. Resident ID #5 did not receive the following medications on 4/26/2024: -Diclofenac Sodium (pain relief gel) 1% apply 2 grams (g) at 7:00 AM - 9:00 AM 5) Record review revealed Resident ID #6 was admitted to the facility in March of 2021 with diagnoses including, but not limited to, dementia and hypertension. Resident ID #6 did not receive the following medications on 4/26/2024: -Depakote (treats bipolar disorder, seizures, and migraines) 125mg give 1 tab at 7:00 - 11:00 AM -Metoprolol Succinate (blood pressure medication) 25mg give 1 tab at 7:00 - 11:00 AM (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6) Record review revealed Resident ID #7 was admitted to the facility in October of 2023 with diagnoses including, but not limited to, dementia, type 2 diabetes, and hypertension. Resident ID #7 did not receive the following medications on 4/26/2024: -Alogliptin (diabetes medication) 25mg give 1 tab at 7:00 - 9:00 AM -B Complex-Vitamin C-Folic Acid (vitamin) 400 mcg give 1 tab at 7:00 - 9:00 AM -Ketorolac (medicated eye drops) 0.5% give 1 drop at 8:00 AM and 10:00 AM -Lidocaine patch 4% apply 1 patch at 7:00 AM - 9:00 AM -Lisinopril (blood pressure medication) 40mg give 1 tab at 7:00 AM - 9:00 AM -Metformin 1,000mg give 1 tab at 7:00 AM - 12:00 PM -Metoprolol Succinate 100mg give 1 tab at 7:00 AM - 9:00 AM -Metoprolol Succinate 50mg give 1 tab at 7:00 AM - 9:00 AM. -Oxybutynin Chloride (treats an overactive bladder) 10mg give 2 tabs at 7:00 AM - 9:00 AM -Prednisolone Acetate 1% give 1 drop at 8:00 AM and 10:00 AM -Psyllium Husk (treats constipation) 2.6g/4.1g give 1 tablespoon at 7:00 AM - 9:00 AM -Senexon-S (laxative) 8.6-50mg give 1 tab at 7:00 AM - 9:00 AM -Vigamox (antibiotic eye drop) 0.5% give 1 drop at 8:00 AM and 10:00 AM 7) Record review revealed Resident ID #8 was readmitted to the facility in May of 2017 with diagnoses including, but not limited to, vascular dementia and convulsions. Resident ID #8 did not receive the following medications on 4/26/2024: -Keppra (anticonvulsant) 750mg give 1 tab at 7:00 AM - 12:00 PM 8) Record review revealed Resident ID #9 was admitted to the facility in February of 2023 with a diagnosis including, but not limited to, hypothyroidism (underactive thyroid gland that affects your metabolism). Resident ID #9 did not receive the following medications on 4/26/2024: -Levothyroxine (used to treat hypothyroidism) 75mcg give 1 tab at 5:00 AM - 7:00 AM 9) Record review revealed Resident ID #10 was readmitted to the facility in January of 2024 with diagnoses including, but not limited to, traumatic brain injury and major depressive disorder. (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Gabapentin (medication for seizures, nerve pain and restless leg syndrome) 600mg give 1 tab at 7:00 AM - 9:00 AM -Wellbutrin (anti-depressant) 150mg give 1 tab at 7:00 AM - 11:00 AM 14) Record review revealed Resident ID #16 was admitted to the facility in March of 2019 with diagnoses including, but not limited to, heart failure, COPD, and hypertension. Resident ID #16 did not receive the following medications on 4/26/2024: -Amlodipine 5mg give 1 tab at 7:00 AM - 9:00 AM -Aspirin 81mg give 1 tab at 7:00 AM - 9:00 AM -Atrovent (inhaler) 17mcg/actuation inhale 2 puffs at 7:00 AM - 9:00 AM -Furosemide 20mg give 1 tab at 7:00 AM - 9:00 AM -Calcium Carbonate (used to reduce stomach acid) 500mg give 1 tab at 7:00 AM - 9:00 AM 15) Record review revealed Resident ID #17 was readmitted to the facility in March of 2024 with diagnoses including, but not limited to, dementia, COPD, hypertension, macular degeneration (disease that affects central vision), overactive bladder, major depressive disorder, chronic pain, and seizures. Resident ID #17 did not receive the following medications on 4/26/2024: -Donepezil (medication used to treat dementia) 5mg give 1 tab at 7:00 AM - 9:00 AM -Duloxetine 60mg give 1 cap at 7:00 AM - 9:00 AM -Fluticasone Propion-Salmeterol 500-50mcg/dose inhale 1 puff at 7:00 AM - 9:00 AM -Gabapentin 300mg give 2 caps at 7:00 AM - 9:00 AM -Keppra 500mg give 1 tab at 7:00 AM - 9:00AM -Metoprolol Tartrate 25mg give a half tab at 7:00 AM - 9:00 AM -Oxybutynin Chloride 15mg give 1 tab at 7:00 AM - 9:00 AM -Prosight (vitamin) 5,000-60-30 unit-mg-unit give 1 tab at 7:00 AM - 10:00 AM 16) Record review revealed Resident ID #21 was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, COPD, heart failure, and type II diabetes. Resident ID #21 did not receive the following medications on 4/26/2024: (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Aspirin 81mg give 1 tab at 7:00 AM - 10:00 AM -Budesonide-Formoterol (treats COPD) 160-4.5mcg/actuation inhale 2 puffs at 7:00 AM - 11:00 AM -Cilostazol (improves blood flow/reduces pain in the legs) 50mg give 1 tab at 7:00 AM - 11:00 AM -Entresto (medication that treats heart failure) 49-51mg give 1 tab at 7:00 AM - 12:00 PM -Fluoxetine (antidepressant medication) 60mg give a half tab at 7:00 AM - 11:00 AM -Hydrochlorothiazide (treats fluid retention/hypertension) 25mg give 1 tab at 7:00 AM - 10:00 AM -Metformin 500mg give 1 tab at 7:00 AM - 12:00 PM -Metoprolol Tartrate 25mg give 1 tab at 7:00 AM - 10:00 AM 17) Record review revealed Resident ID #22 was readmitted to the facility in May of 2020 with diagnoses including, but not limited to, multiple sclerosis (chronic disease of the central nervous system) and convulsions. Resident ID #22 did not receive the following medications on 4/26/2024: -Keppra 100mg/mL give 5mL at 7:00 AM - 12:00 PM -Magnesium Oxide 400mg give 1 tab at 7:00 AM - 12:00 PM -Oxybutynin Chloride 5mg give 1 tab at 7:00 AM - 12:00 PM 18) Record review revealed Resident ID #23 was readmitted to the facility in October of 2018 with diagnoses including, but not limited to, schizoaffective disorder (mental disorder) and neurogenic bowel (loss of normal bowel function). Resident ID #23 did not receive the following medications on 4/26/2024: -Fenofibrate (helps lower cholesterol levels in the blood) 54mg give 1 tab at 7:00 AM - 9:00 AM -Fludrocortisone (steroid medication) 0.1mg give 1 tab at 7:00 AM - 9:00 AM -Lamotrigine (used to treat bipolar disorder) 100mg give 1 tab at 7:00 AM - 9:00 AM -Senokot-S 8.6-50mg give 1 tab at 7:00 AM - 9:00 AM 19) Record review revealed Resident ID #24 was readmitted to the facility in December of 2021 with a diagnosis including, but not limited to, a-fib. Resident ID #24 did not receive the following medications on 4/26/2024: -Amlodipine 5mg give 1 tab at 7:00 AM - 10:00 AM (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Eliquis (medication used to prevent blood clots) 5mg give 1 tab at 7:00 AM - 10:00 AM 20) Record review revealed Resident ID #25 was admitted to the facility in March of 2024 with diagnoses including, but not limited to, dementia, type II diabetes, depression, hypercholesterolemia (high cholesterol levels in the blood), overactive bladder, urge incontinence, and urinary tract infection (UTI). Resident ID #25 did not receive the following medications on 4/26/2024: -Tylenol 325mg give 2 tabs at 7:00 AM - 9:00 AM -Cranberry (medication used to prevent recurrent UTIs) 450mg give 1 tab at 7:00 AM - 9:00 AM -Fenofibrate 40mg give 1 tab at 7:00 AM - 9:00 AM -Finasteride (medication used to treat urinary urgency) 5mg give 1 tab at 7:00 AM - 9:00 AM -Folic Acid (vitamin) 400mcg give 2 tabs at 7:00 AM - 9:00 AM -Gabapentin 100mg give 2 caps at 7:00 AM - 9:00 AM -Jardiance 10mg give 1 tab at 7:00 AM - 9:00 AM -Lidocaine patch 4% apply 1 patch at 9:00 AM -Metformin 1,000mg give 1 tab at 7:00 AM - 9:00 AM -Multivitamin 0.4-600mg-mcg give 1 tab at 7:00 AM - 9:00 AM -Sertraline 100mg give 1 tab at 7:00 AM - 9:00 AM 21) Record review revealed Resident ID #26 was admitted to the facility in April of 2024 with diagnoses including, but not limited to, compression fracture of spine, multiple fractures of the left ribs, diabetes mellitus, heart failure, and hypertension. Resident ID #26 did not receive the following medications on 4/26/2024: -Duloxetine 20mg give 1 cap at 7:00 AM - 12:00 PM -Gabapentin 400mg give 1 cap at 7:00 AM - 9:00 AM -Lisinopril 10mg give 1 tab at 7:00 AM - 12:00 PM -Metformin 500mg give 1 tab at 7:00 AM 22) Record review revealed Resident ID #27 was admitted to the facility in November of 2021 with diagnoses including, but not limited to, dementia, hypothyroidism, chronic pain, hypertension, and lymphedema (abnormal fluid buildup in the body). (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Nadolol 40mg give 1 tab at 7:00 AM - 10:00 AM 26) Record review revealed Resident ID #32 was readmitted to the facility in May of 2023 with diagnoses including, but not limited to, dementia with psychotic disturbance, hypertensive heart disease with heart failure, anemia (low levels of healthy red blood cells), major depressive disorder, and type II diabetes. Resident ID #32 did not receive the following medications on 4/26/2024: -Amlodipine 10mg give 1 tab at 7:00 AM - 9:00 AM -Aspirin 81mg give 1 tab 7:00 AM - 9:00 AM -Bisoprolol Fumarate (blood pressure medication) 5mg give a half tab at 7:00 AM - 9:00 AM -Calcium carbonate 600mg give 1 tab at 7:00 AM - 9:00 AM -Ferrous Sulfate (iron supplement) 325mg give 1 tab at 7:00 AM - 9:00 AM -Gabapentin 100mg give 1 cap at 7:00 AM - 9:00 AM -Januvia 50mg give 1 tab at 7:00 AM - 9:00 AM -Furosemide 20mg give 1 tab at 7:00 AM - 9:00 AM -Olmesartan (blood pressure medication) 40mg give 1 tab at 7:00 AM - 9:00 AM -Potassium Chloride 20 mEqs give 2 tabs at 7:00 AM - 9:00 AM -Risperidone 0.5mg give 1 tab at 7:00 AM - 9:00 AM -Sertraline 100mg give 1 tab at 7:00 AM - 9:00 AM 27) Record review revealed Resident ID #33 was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, a-fib and urinary retention. Resident ID #33 did not receive the following medications on 4/26/2024: -Aspirin 81mg give 1 tab at 7:00 AM - 10:00 AM -Eliquis 5mg give 1 tab at 8:00 AM -Metoprolol Succinate 50mg give 1 tab at 7:00 AM - 10:00 AM -Multivitamin give 1 tab at 7:00 AM - 10:00 AM -Potassium Chloride 20mEq give 2 tabs at 7:00 AM - 11:00 AM (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Senna Plus 8.6-50mg give 2 tabs at 7:00 AM - 10:00 AM -Torsemide (medication used to treat fluid retention) 20mg give 1 tab at 7:00 AM - 11:00 AM 28) Record review revealed Resident ID #34 was admitted to the facility in April of 2023 with diagnoses including, but not limited to, Parkinsonism (a group of conditions that affect movements and mimic Parkinson's disease), asthma, chronic bronchitis (respiratory disease), seizures, and irritable bowel syndrome. Resident ID #34 did not receive the following medications on 4/26/2024: -Advair Diskus (medication used to treat asthma) 250-50 mcg/dose inhale 1 puff at 8:00 AM -Celebrex (medication that reduces inflammation and pain) 200mg give 1 cap at 7:00 AM - 10:00 AM -Furosemide 20mg give 1 tab at 7:00 AM - 10:00 AM -Keppra 500mg give 1 tab at 8:00 AM -Linzess (medication used to treat bowel problems) 72mcg give 1 cap at 7:00 AM - 10:00 AM -Methenamine Hippurate (medication used to treat recurrent UTIs) give 1g at 7:00 AM - 11:00 AM 29) Record review revealed Resident ID #36 was readmitted to the facility in April of 2024 with diagnoses including, but not limited to, Parkinson's disease, chronic pain syndrome, hypertension, and major depressive disorder. Resident ID #36 did not receive the following medications on 4/26/2024: -Aspirin 81mggive 1 tab at 12:30 PM -Amlodipine 5mg give 1 tab at 7:00 AM - 12:00 PM -Gabapentin 400mg give 1 cap at 7:00 AM - 9:00 AM. -Magnesium (mineral supplement) 200mg give 2 tabs at 7:00 AM - 12:00 PM -Probiotic (improves gut health and boosts immunity) 250mg give 2 caps at 7:00 AM - 12:00 PM -Sertraline 100mg give 1 tab at 7:00 AM - 9:00 AM 30) Record review revealed Resident ID #37 was admitted to the facility in March of 2023 with a diagnosis including, but not limited to, hypothyroidism. Resident ID #37 did not receive the following medications on 4/26/2024: - Levothyroxine 25mcg give 1 tab at 5:00 AM - 7:00 AM (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	31) Record review revealed Resident ID #38 was readmitted to the facility in February of 2024 with diagnoses including, but not limited to, UTI, type II diabetes, and hypertension. Resident ID #38 did not receive the following medications on 4/26/2024: -Gabapentin 100mg give 1 cap at 7:00 AM - 9:00 AM -Lisinopril 20mg give 1 tab at 7:00 AM - 9:00 AM -Metformin 500mg give 1 tab at 7:00 AM - 9:00 AM 32) Record review revealed Resident ID #39 was admitted to the facility in July of 2023 with a diagnosis including, but not limited to, hypertension. Resident ID #39 did not receive the following medications on 4/26/2024: -Amlodipine 10mg give 1 tab 7:00 AM - 9:00 AM -Aspirin 81mg give 1 tab at 7:00 AM - 9:00 AM -Cranberry 450mg give 1 tab at 7:00 AM - 9:00 AM -Lisinopril 5mg give 1 tab at 7:00 AM - 9:00 AM 33) Record review revealed Resident ID #40 was readmitted to the facility in May of 2023 with diagnoses including, but not limited to, paranoid schizophrenia and hypertension. Resident ID #40 did not receive the following medications on 4/26/2024: -Losartan (blood pressure medication) 25mg give 1 tab at 11:00 AM - 1:00 PM -Metoprolol Succinate 50mg give 1 tab at 11:00 AM - 1:00 PM -Olanzapine (anti-psychotic medication) 5mg give 1 tab at 9:00 AM - 11:00 AM 34) Record review revealed Resident ID #41 was readmitted to the facility in September of 2023 with diagnoses including, but not limited to, Alzheimer's disease and cerebral infarction (stroke). Resident ID #41 did not receive the following medications on 4/26/2024: -Ketotifen fumarate (medicated eye drops) 0.025% (0.035%) give 1 drop at 7:00 AM - 11:00 AM -Senna 8.6mg give 2 tabs at 7:00 AM - 11:00 AM 35) Record review revealed Resident ID #42 was readmitted to the facility in September of 2023 with a diagnosis including, but not limited to, necrotizing fasciitis (flesh eating disease). Resident ID #42 did not receive the following medications on 4/26/2024: (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Probiotic give 1 tab at 7:00 AM - 9:00 AM -Aspirin 81mg give 1 tab at 7:00 AM - 9:00 AM -Ibuprofen 400mg give 1 tab at 7:00 AM - 12:00 PM 36) Record review revealed Resident ID #43 was readmitted to the facility in January of 2024 with diagnoses including, but not limited to, diabetes mellitus, chronic pain syndrome, hypertension, and gastro-esophageal reflux disease (GERD). Resident ID #43 did not receive the following medications on 4/26/2024: -Acetaminophen 500mg give 2 tabs at 7:00 AM - 12:00 PM -Famotidine (medication used to treat GERD) 20mg give 1 tab at 7:00 AM - 12:00 PM -Metformin 500mg give 1 tab at 7:00 AM - 10:00 AM -Oxybutynin Chloride 5mg give 1 tab at 7:00 AM - 12:00 PM -Propranolol (blood pressure medication) 40mg give 1 tab 7:00 AM - 12:00 PM 37) Record review revealed Resident ID #44 was admitted to the facility in December of 2023 with a diagnosis including, but not limited to, hypertension. Resident ID #44 did not receive the following medications on 4/26/2024: -Irbesartan (blood pressure medication) 75mg give 1 tab at 7:00 AM - 11:00 AM -Metoprolol Succinate 50mg give 1 tab at 7:00 AM - 11:00 AM 38) Record review revealed Resident ID #99 was readmitted to the facility in April of 2024 with diagnoses including, but not limited to, COPD and depression. Resident ID #99 did not receive the following medications on 4/26/2024: -Nicotine patch 14mg/24hr apply 1 patch at 7:00 AM - 9:00 AM 39) Record review revealed Resident ID #100 was readmitted to the facility in April of 2024 with diagnoses including, but not limited to, dependence on renal dialysis, nasal congestion, and old myocardial infarction. Resident ID #100 did not receive the following medications on 4/26/2024: -Flonase Allergy Relief (nasal spray) 50mcg/actuation give 1 spray per nare at 7:00 AM - 12:00 PM -Plavix (prevents blood clots) 75mg give 1 tab at 7:00 AM - 12:00 PM (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Renvela (treats high blood phosphate levels typically for an individual that requires dialysis) 800mg at 7:00 AM - 9:00 AM and 11:00 AM - 12:00 PM 40) Record review revealed Resident ID #199 was readmitted to the facility in January of 2024 with diagnoses including, but not limited to, dementia with behavioral disturbance and major depressive disorder. Resident ID #199 did not receive the following medications on 4/26/2024: -Quetiapine (anti-psychotic medication) 25mg give 2 tabs at 7:00 AM - 10:00 AM During a surveyor interview on 4/30/2024 at 1:33 PM with the Medical Director, she revealed that she received a phone call from staff at approximately 7:00 PM on 4/26/2024 indicating that many residents did not receive their medications. She further revealed she spent approximately 1.5 hours reviewing the resident's missed medications with staff and indicated that she expects the medications to be given as ordered. During a surveyor interview on 4/30/2024 at 3:41 PM with the Administrator, she acknowledged that the above-mentioned residents and their respective medications were not administered on 4/26/2024. Additionally, she was unable to explain why the medications were not administered to the residents.

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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. 47279 Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to store and label drugs and biologicals in accordance with currently accepted professional principles for 1 of 2 nursing carts and 1 of 1 medication room observed. Findings are as follows: 1. Review of a facility provided document titled, Abridged List of Medications with Shortened Expiration Dates dated 4/2021 states in part, .eye drops/ointments beyond use date is 60 days after opening .Solutions . Lorazepam Solution (Ativan Intensol) beyond use by date 90 days after opening if refrigerated .Insulin Lantus beyond use date 28 days after opening .Insulin Lispro beyond use date 28 days . During a surveyor observation on 4/29/2024 at 9:40 AM in the presence of Licensed Practical Nurse, Staff A, of the nursing cart, revealed the following: -3 bottles of atropine 1% eye drops, open and undated -1 bottle of Ativan Intensol with a label to refrigerate, stored in the medication cart unrefrigerated -1 Lantus Insulin Pen with an open date of 3/19/2024 (indicating it is 13 days beyond the use by date) -1 Lispro Insulin Pen open and undated During a surveyor interview directly following the above observation with Staff A, she acknowledged the above medications should have been dated when opened and should be discarded after the use by date. Additionally, she acknowledged that the Ativan Intensol solution should be refrigerated and needs to be discarded. 2. During a surveyor observation on 4/29/2024 at 10:15 AM in the presence of Staff A, of the medication storage room revealed the following: -1 bottle of Ativan Intensol solution open and undated -1 bottle of Vancomycin 5 milligrams/milliliter solution with a use by date of 4/23/2024 - Multiple electronic devices stored under the sink During a surveyor interview directly following the above observation with Staff A, she acknowledged that medications should be dated when opened and should be discarded, and nothing should be stored under the sink. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a surveyor interview on 4/30/2024 at 12:15 PM with the Administrator, she was unable to provide evidence that the facility stores drugs and biologicals in accordance with currently accepted professional principles.

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F 0805 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. 43376 50004 Based on surveyor observation, record review, resident and staff interview, it has been determined that the facility failed to provide food prepared in a form designed to meet individual needs for 2 of 2 residents reviewed for pudding thick liquids (thickest of fluid consistency to resemble pudding), Resident ID #s 19 and 16 and 2 of 3 residents reviewed for nectar thick liquids (thicker than water, falls slowly from a spoon), Resident ID #s 12, and 100. Findings are as follows: 1a. Record review revealed Resident ID #19 was readmitted to the facility in December of 2023 with diagnoses including, but not limited to, dysphagia (a condition resulting in difficulty swallowing food or liquid), aspiration pneumonia (infection of the lungs caused by inhaling saliva, food, liquid, vomit) and stroke. Review of a care plan last revised on 1/31/2024 states in part, [Resident] is at nutritional risk .dysphagia, WT [weight] loss, dependent eater .Diet a/o [as ordered]. Review of a physician's order dated 4/26/2024 states, House, Pudding Thickened, Pureed. Special Instructions: NO STRAWS. ONLY NURSE TO PREPARE THIN LIQUIDS TO PUDDING CONSISTENCY. Record review revealed a physician's order dated 4/19/2024 for doxycycline hyclate (an antibiotic that treats various bacterial infections) 100 mg capsules. Take one capsule by mouth twice daily from 4/19/2024 through 4/29/2024. Review of a progress note dated 4/22/2024 authored by the facility Nurse Practitioner, states in part, .Limited ability to tolerate oral intake with assist. Lungs diminished and coarse. Weak/ineffective cough with occasional sputum unable to clear from oral at this time .Patient currently being treated for Aspiration PNA/Leukocytosis [higher than normal level of white blood cells in the blood]/Sepsis [blood poisoning] with antibiotics . Which indicated that the above-mentioned antibiotic order was related to the resident aspirating. Review of a progress note dated 4/25/2024 authored by Registered Nurse (RN), Staff C, states in part, . Resident had some difficulty swallowing and needed to be suctioned multiple times. Resident consumed about 50% of dinner and 360 mLs [milliliters] of fluid. Atropine [medication used to decrease saliva production] was administered with good effect. (continued on next page)

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F 0805 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During a surveyor observation on 4/26/2024 at 10:10 AM with Licensed Practical Nurse (LPN), Staff A, she crushed the resident's medication in applesauce, then added one nectar thickener packet with instructions that indicate to add the packet to 4 ounces of fluid. The nurse was observed to add the nectar thickener packet to 8 ounces of fluid and continued to mix the fluid to a nectar thickened consistency to serve to the resident until stopped by the surveyor, as the order is for pudding consistency. The mixed fluids presented to the surveyor during this observation fell slowly from the spoon and did not hold its shape without flowing, like a pudding consistency should. During a subsequent interview with Staff A, she was unaware that the ordered fluid consistency for Resident ID #19 was pudding thick. Additionally, she was unable to determine how much thickener to mix in the fluid to reach pudding thick consistency. During a surveyor observation on 4/26/2024 at 1:06 PM with LPN, Staff B, she was observed to add one nectar thickener packet with instructions that indicate to add the packet to 4 ounces of fluid. Staff B was observed to add the nectar thickener packet to 8 ounces of fluid and continued to mix the fluid to a nectar thickened consistency to serve to the resident until stopped by the surveyor. Additionally, Staff B was unaware that the ordered fluid consistency for Resident ID #19 was pudding thick. Furthermore, she was unable to determine how to thicken the fluid to reach pudding thick consistency. During a surveyor interview on 4/26/2024 at 1:09 PM with the Director of Nursing Services (DNS) she acknowledged that the staff were unaware of how to thicken liquids to the correct consistency to achieve pudding thick. Additionally, the DNS was unaware how to achieve the appropriate consistency and could not locate the appropriate product to achieve this consistency in the facility. During a surveyor observation on 5/1/2024 at 8:50 AM with RN, Staff, L in the presence of the Compliance Monitor, he was attempting to thicken Resident ID #19's fluids and breakfast food to honey thick versus the pudding thick as ordered until the Compliance Monitor intervened. The facility's failure to provide food prepared in a form designed to meet the individual needs for residents requiring thickened fluids, places the residents at risk for serious harm, death or impairment, as Resident ID #19 was diagnosed with aspiration pneumonia and had swallowing issues which required the resident to be suctioned by facility staff. 1b. Record review revealed Resident ID #16 was readmitted to the facility in March of 2019 with diagnoses including, but not limited to, dysphagia and traumatic brain injury (TBI). Review of a physician's order dated 4/27/2024 states, Resident to be assisted with meals by nurse only - drinks pudding consistency to be prepared by the nurse only. Review of a physician's order dated 9/25/2023 states, Resident is to be totally 1:1 assisted with all meals, snacks, and supplements. No Straws / No cartons left with resident. ALL liquids at PUDDING-THICK. Review of a care plan last revised on 3/15/2024 states in part, .[Resident] is at nutritional risk r/t [related to] hx [history] TBI, dysphagia, poor vision, dependent eater. Additionally, it reveals the following interventions: Diet as ordered, liquid consistency is pudding to be prepared and administered by nurse only. (continued on next page)

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F 0805 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of a progress note dated 4/29/2024, states in part, .resident is continuing to cough a little with pudding thick liquids. resident is on the most restrictive diet . During a surveyor observation on 5/1/2024 at approximately 9:00 AM RN, Staff L was observed thickening Resident ID #16's breakfast with food thickener. He was observed following the instructions for a 4 ounce cup versus the 8 ounce cup he was actually using. Staff L was unaware of why the fluid was not reaching the correct thickness as the fluid fell from a spoon and did not present as pudding like consistency, until it was brought to his attention by the surveyor that the cup was larger. Additionally, Staff L began mixing the fluids on the tray at approximately at 9:00 AM and was not finished preparing it until approximately 10:00 AM, causing the food to be cold and the fluids thickened beyond the pudding thick consistency . During the above-mentioned observation, Staff L was observed to be utilizing a product called Thick-It to thicken the fluids to a pudding like consistency. Review of the manufacturer's instructions state in part, Mixing Instruction .Pour 4 fl oz [fluid ounces] of cold or hot liquid into a glass .Slowly add level measured thickener to liquid, stirring with fork or whisk as you pour .stir briskly until thickener has dissolved .before serving let water and juices stand for at least 1 minute. Let milk and supplements stand for 5-10 minutes, stir and serve .consume within 30 minutes of mixing . 2a. Record review revealed Resident ID #12 was readmitted to the facility in May of 2022 with diagnoses including, but not limited to, Parkinson's and dysphagia. Review of a physician's order dated 4/22/2024 states, House, Nectar Thickened, Mechanical Soft. Special Instructions: mechanical soft, Nectar thick liquids NO STRAWS. All liquids at Nectar thick (supplements, gravies, sauces, milk/cold cereal, soup broth, magic cup) Record review of a progress note dated 4/10/2024 authored by the facility Dietician revealed, diet texture downgraded to Puree, Nectar thick liquids on 4/8/2024 related to dysphagia. Receiving antibiotic therapy for pneumonia. During a surveyor observation of the breakfast meal on 4/29/2024 at approximately 9:35 AM the resident was observed with a large pink container filled with thin fluid and 3 Styrofoam cups filled with a thin yellow fluids, all of which contained a lid with a straw. During a subsequent interview with the resident, s/he revealed, s/he was drinking the thin beverages with straws provided by the staff. During a surveyor interview on 4/29/2024 at approximately 9:35 AM, with Registered Nurse, Staff M, she acknowledged the resident was provided thin fluids that were not thickened to a nectar thick consistency and should not contain straws per the physician's order. Additionally, she removed the incorrect fluids and provided nectar thick fluids for the resident. During a surveyor interview on 4/29/2024 at approximately 10:00 AM with the Infection Preventionist, she was unable to provide evidence that the resident was served beverages and diet prepared in a form designed to meet individual needs. 2b. Record review revealed Resident ID #100 was readmitted to the facility in April of 2024 with diagnoses including, but not limited to, cerebral infarction (stroke) and dysphagia. (continued on next page)

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F 0805 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Record review of a physician's order dated 4/25/2024 states , House No Banana, OJ, Prune, Nectar Thickened, regular Special Instructions: No Sugar Packet/ Nectar Thick Liquid . During a surveyor observation of the lunch meal on 4/26/2024 at approximately 12:58 PM of the resident, in the presence of his/her spouse, was observed with an 8-ounce cup of water and an 8-ounce cup of ginger ale both which were thin consistency. Additionally, there were two packets of nectar thickener packets on the tray. The resident's spouse was observed adding one packet of thickener to each drink. During a subsequent interview with the resident's spouse, s/he did not know how to mix the packets and denied receiving education from the staff related to the consistency of the resident's diet. Review of the instructions of the thickener package on the resident's tray revealed to add one packet of thickener to 4-ounces of liquid and stir until completely dissolved. During a surveyor interview on 4/26/2024 at approximately 1:02 PM, with LPN Staff A , she acknowledged that the resident beverages were in an 8 ounce cup and not in a 4 ounce cup, which indicated that the resident was not provided enough thickener packages to achieve the ordered consistency. Additionally, she revealed she was not aware of the amount of fluid required per packet of thickener per the manufacturer's instructions. During a surveyor interview on 4/30/2024 at approximately 8:40 AM, with the Rehab Director, she revealed the staff should be preparing the residents fluids per the physician's order. Additionally, she revealed the family member was not educated as it is the responsibility of the staff to prepare the fluids to ensure it is the right consistency. She was unable to explain why the liquids were not thickened by staff prior to providing the tray to the resident. The facility's failure to provide food prepared in a form designed to meet the individual needs for residents requiring thickened fluids, places the residents at risk for serious harm, death or impairment. Surveyor observations revealed that staff were providing the resident with the incorrect fluid consistency diet until the surveyor and/or Compliance Monitor intervened to ensure the safety of the resident. Cross reference F 726

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. 43376 Based on record review, resident and staff interview, it has been determined that the facility failed to ensure nourishing snacks were offered to residents who desired them outside of scheduled meal service times for 5 of 5 residents reviewed for bedtime snacks, Resident ID #s 3, 7, 14, 21, and 99. Findings are as follows: Review of the meal service times revealed that breakfast is served at 8:00 AM, lunch is served at 12:00 PM, and supper is served at 4:30 PM. This indicates there is a 15 1/2 hour time span between a substantial evening meal and breakfast the following day. During surveyor observations of the breakfast meal throughout the survey from 4/26/2024 through 4/30/2024, breakfast was observed to be served no earlier than 8:10 AM. Record review of the menu for week 3 revealed the following snacks at night: Sunday: orange drink 1/2 cup and 1 cookie Monday: lemonade 1/2 cup and 3 vanilla wafers Tuesday: blush punch 1/2 cup and 1 pkg (package) of graham crackers Wednesday: orange drink and 1 assorted cookie Thursday: lemonade 1/2 cup and 3 vanilla wafers Friday: blush punch 1/2 cup and 1 pkg of graham crackers Saturday: orange drink and 1 assorted cookie Record review of the menu for week 4 reveals the same snacks and drinks as above. Week 3 and week 4 menus were used during the survey. During a resident council meeting held on 4/29/2024 at 11:10 AM, residents in attendance indicated bedtime snacks were not offered. These residents further indicated that they have to ask if they want a bedtime snack but would prefer to be offered a snack. During a surveyor interview on 4/29/2024 at 8:47 AM with Resident ID #99, s/he revealed that s/he would like to be offered a bedtime snack every night and is not. Record review of the resident's intake section for Bedtime Snack from 4/12/2024 to 4/26/2024, failed to reveal evidence that a bedtime snack was documented as received. (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a surveyor interview on 5/1/2024 at approximately 10:30 AM with Resident ID #21, s/he indicated that it would be nice to have a bedtime snack offered to him/her. Record review of the resident's intake section for Bedtime Snack from 3/26/2024 to 4/26/2024, failed to reveal that a bedtime snack was documented as received. During a surveyor interview on 5/1/2024 at 8:47 AM with Resident ID #7, s/he revealed that no one passes out snacks at night and that s/he would like to be offered one. S/he further revealed that s/he is 6 feet 5 inches tall and would like a snack at night. Record review of the resident's intake section for Bedtime Snack from 1/1/2024 to 5/1/2024, failed to reveal evidence that bedtime snacks were documented as received. During a surveyor interview on 5/1/2024 at 10:20 AM with Resident ID #3, s/he revealed that s/he likes to be in bed by 7:00 PM. S/he further revealed s/he used to get a snack at night when the facility had a refreshment girl that went room to room delivering snacks after dinner. S/he indicated that no one passes out snacks anymore, so now s/he buys their own. During a surveyor interview on 5/1/2024 at 10:25 AM with Resident ID #14, s/he revealed that snacks after dinner are not offered, you have to ask for them. S/he indicated that there used to be someone that passed them out and would like them offered to him/her again. During a surveyor interview on 5/1/2024 at 8:08 AM with Nursing Assistant, Staff N, she revealed that if a resident wants a snack they can come to the nurses' station. Additionally, she added that no one passes them out. During a surveyor interview on 5/1/2024 at 8:17 AM with the Infection Preventionist, she acknowledged that there is more than 14 hours between a substantial evening meal and breakfast the following day. Additionally, she revealed not every resident is able to go to the nurses' station to get a snack. Furthermore, she revealed there is no designated person at night to go room to room to pass out the drinks and snacks and was unable to provide evidence that every resident is offered a nourishing snack at night. During a surveyor interview on 5/1/2024 at approximately 11:40 AM with the Registered Dietitian, she indicated that a nourishing snack for almost a 16-hour time span would include 2 food groups. Additionally, she acknowledged that one cookie and a 1/2 cup of lemonade is not a nourishing snack.

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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** 43376 Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to store food in accordance with professional standards of food service safety relative to the main kitchen and kitchenette. Findings are as follows: 1. Record review of the Rhode Island Food Code, 2018 Edition, states: Section ,d+[DATE].17 Ready-to Eat, Time/Temperature Control for Safety, Date Marking .(B) .(1) The day the original container is opened in the Food establishment shall be counted as Day 1 . Section ,d+[DATE].11 Food Labels states, .(B) Label information shall include: (1) The common name of the food . During the initial tour of the main kitchen on [DATE] at 8:39 AM revealed the following observations in the walk-in refrigerator: - A long rectangular pan with sliced zucchini and squash, not covered or labeled with a small container resting directly on top of the squash medley - An opened clear plastic bag of shredded yellow cheese, not labeled or dated - An opened clear plastic bag of white shredded cheese, not labeled or dated Following the above observations, the Food Service Director (FSD) was unable provide evidence that the above items were labeled and dated or that the squash medley was kept free from contamination. 2. During the initial tour of the main kitchen on [DATE] at 8:39 AM revealed the following observations in the dry storage room: - 9 bags of pearled barley with an expiration date of [DATE] - 1 can of sausage gravy with an expiration date of [DATE] During a surveyor interview with the FSD immediately following the above observations he acknowledged the above items were expired. 3. During the initial tour of the main kitchen on [DATE] at 8:39 AM revealed the following observations in the dish room and in the wash room respectively: - the three bay sink pipe was leaking (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- 4 kick board ceramic tiles were missing and several separating from the wall where ants were observed During a surveyor interview on [DATE] immediately following the above observation, the FSD revealed pest control was at the facility last week to spray in the kitchen. Additionally, he let maintenance know that the pipe on the three bay sink needed repair as well as the kick board ceramic tiles. Review of the work order for the three bay sink revealed it was created on [DATE] by the FSD and indicated that a plumber was needed to fix the issue. Review of the work order for the repair of the ceramic tiles revealed it was created on [DATE] by the FSD and indicated that the facility was waiting on contractors to give quotes for the repair. During a surveyor interview with the Maintenance Director on [DATE] at 8:07 AM, he revealed that within the next week a plumber will be coming out to repair the sink after the surveyor brought this to his attention. Additionally, he revealed he is getting a floor contractor to come in to fix the ceramic tiles. 4. Record review of the Rhode Island Food Code 2018 edition, Section ,d+[DATE].112 states in part, Mechanical Warewashing Equipment, Hot Water Sanitization Temperatures. (A) Except as specified in (B) of this section, in a mechanical operation, the temperature of the fresh hot water SANITIZING rinse as it enters the manifold may not be more than 90 [degrees]C [Celsius] 194 degrees F [Fahrenheit] . During a surveyor observation on [DATE] at 10:23 AM with Dietary Aide, Staff O, of the hot water dish machine, the final rinse cycle reached 200 degrees F. A subsequent observation at 10:40 AM in the presence of the FSD, the final rinse cycle reached 195 degrees F. Review of the hot water dish machine log for April of 2024 revealed that on [DATE] for supper the temperature of the final rinse cycle reached 195 degrees F. Review of the hot water dish machine log for March of 2024 revealed the following dates when the temperatures of the final rinse cycle reached above 194 degrees F for supper: - [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and on [DATE]. During a surveyor interview on [DATE] at approximately 11:00 AM with the FSD, he revealed that he was unaware that the temperature of the final rinse cycle should not exceed 194 degrees F. Additionally, he revealed he would inform maintenance of the concern and the facility would utilize the three bay sink and use paper products until the dish machine is fixed. During a surveyor observation on [DATE] at 10:07 AM in the presence of Dietary Aide Staff P, the temperature of the final rinse cycle read 200 degrees F. During surveyor observations on [DATE] during the breakfast meal revealed the meals continued to be served on Styrofoam plates. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	5. During a surveyor observation on [DATE] at 9:15 AM of the kitchenette resident refrigerator, revealed a thermometer temperature reading of 48 degrees F. Review of a form titled, UPPER LEVEL REFRIGERATION TEMPERATURE CHART attached to the refrigerator states, PLEASE CHECK REFRIGERATION TEMPERATURES AT THE TIMES SPECIFIED AND INITIAL. IF TEMP IS 40 OR OVER, NOTIFY THE SUPERVISOR ON DUTY. Further review of the form reveals the refrigeration temperatures are taken twice a day, once at 7:00 AM and then at 7:00 PM. Record review of the refrigerator temperature chart reveals 17 temperatures out of 59 were documented as being over 40 degrees F. There was no evidence that the supervisor on duty was notified of the temperatures of 40 degrees. During a surveyor interview with the FSD following the above observation, he was unable to provide evidence that the refrigerator was maintained at a safe temperature.

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. 46715 Based on record review, surveyor observation, and staff interview it has been determined that the facility failed to be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident for 2 of 2 residents reviewed requiring pudding thick liquids, Resident ID #s 19 and 16 , for 40 of 48 residents reviewed relative to medication administration, Resident ID #s 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 21, 22, 23, 24, 25, 26, 27, 28, 30, 31, 32, 33, 34, 36, 37, 38, 39, 40, 41, 42, 43, 44, 99, 100, and 199, and for 1 of 1 resident reviewed for foley catheter (a flexible tube inserted into the bladder in order to drain urine) care, Resident ID #33. Findings are as follows: 1a. Record review revealed that Resident ID #19 was readmitted to the facility in December of 2023 with diagnoses including, but not limited to, dysphagia (a condition with difficulty in swallowing food or liquid), aspiration pneumonia (infection of the lungs caused by inhaling saliva, food, liquid, or vomit) and stroke. Review of a physician's order dated 4/26/2024 states, House, Pudding Thickened, Pureed. Special Instructions: NO STRAWS. ONLY NURSE TO PREPARE THIN LIQUIDS TO PUDDING CONSISTENCY. During a surveyor observation on 4/26/2024 at 10:10 AM with Licensed Practical Nurse (LPN), Staff A, she crushed the resident's medication in applesauce and then thickened the fluid to a nectar thick consistency to serve to the resident. The surveyor intervened to ensure the resident received the ordered pudding thick consistency. During a subsequent interview with Staff A, she was unaware of the correct consistency of fluid ordered. Additionally, she was unable to determine how to thicken the fluid to the pudding thick consistency. During a surveyor observation on 4/26/2024 at 1:06 PM with LPN, Staff B, she was observed thickening the resident's liquid on a lunch tray to a nectar thick consistency. Additionally, the nurse was unsure what the resident's fluid consistency order was and how to thicken to the pudding thick consistency. During a surveyor interview on 4/26/2024 at 1:09 PM with the Director of Nursing Services (DNS) she acknowledged that the staff was unaware how to thicken the correct consistency to achieve pudding thick. Additionally, the DNS was unaware how to achieve the appropriate consistency. During a surveyor observation on 5/1/2024 at approximately 8:50 AM of Registered Nurse (RN), Staff L, in the presence of the Compliance Monitor, he was attempting to thicken Resident ID #19's fluids and breakfast food to honey thick versus the ordered pudding thick consistency until the Compliance Monitor intervened. (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	1b. Record review revealed that Resident ID #16 was admitted to the facility in March of 2019 with diagnoses including, but not limited to, dysphagia and gastro-esophageal reflux disease. During a surveyor observation on 5/1/2024 at approximately 9:00 AM of Staff L, mixing fluids for Resident ID #16, he was observed mixing the incorrect amount of thicker as he was using a larger cup then the manufacturers instructions indicated. Cross Reference F 726 and F 805. 2. Record review of a Medication Compliance Report dated 4/26/2024 revealed that 40 residents did not receive medication scheduled during the 7:00 AM to 3:00 PM shift on 4/26/2024. During a surveyor interview on 4/30/2024 at approximately 2:10 PM with the Infection Preventionist and the Administrator they acknowledged that 40 residents did not receive their medications on 4/26/2024. Additionally, they were unable to explain the cause of the medication not being administered. Cross Reference F760 3. Record review revealed that Resident ID #33 was admitted to the facility in December of 2023 with diagnoses including, but not limited to, urinary retention and low back pain. Review of the physician orders revealed the resident has a foley catheter with directions to flush the foley every shift. During a surveyor observation on 4/26/2024 at approximately 8:45 AM, the resident was observed with the door open while LPN, Staff A, and RN, Staff D, were observed flushing and then changing the resident's indwelling foley catheter. During this observation the resident was observed with his/her genitals uncovered and in full view of the hallway and his/her roommate. During a surveyor interview on 4/30/2024 with the Administrator on 5/1/2024 she acknowledged the above findings and indicated that the Compliance Monitor has been very beneficial to her. Cross Reference F 550, F 726 and F 880

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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. 50004 Based on record review and staff interview, it has been determined that the facility failed to maintain medical records on each resident that are accurately documented for 1 of 1 resident reviewed relative to lung sound documentation and suctioning, Resident #19. Findings are as follows: 1a. Record review revealed Resident ID #19 was readmitted to the facility in December of 2023 with diagnoses including, but not limited to, dysphagia (a condition with difficulty in swallowing food or liquid), aspiration pneumonia (infection of the lungs caused by inhaling saliva, food, liquid, vomit) and stroke. Record review of a physician's order dated 3/21/2024 states, VS [vital signs] Q [every] SHIFT Lung sounds every shift and Document in nurse's notes. Every Shift First, Second, Third. Record review of the nurse's notes from 4/1/2024 through 4/30/2024, revealed 84 out of 90 opportunities without documentation of lung sounds per the physician's order. During a surveyor interview on 4/30/2024 at 11:54 AM with the Infection Preventionist, she was unable to provide evidence of documented lung sounds in the nurse's notes every shift. During a surveyor interview on 4/30/2024 at approximately 11:30 AM with the Medical Director, she revealed that it would be her expectation for the nurses to document lung sounds per the physician's order. 1b. Record review of a physician's order states, Suction as needed Every Shift - PRN [As Needed] . Record review of the April 2024 Treatment Administration Record (TAR) revealed that the order for suction was documented as being completed on 4/12/2024. Record review of the following progress notes states in part: 4/20/2024: .suction x 1 for shift with good effect . 4/25/2024: .Resident had some difficulty swallowing and needed to be suctioned multiple times . Surveyor observation on 4/29/2024 at approximately 2:25 PM, revealed that the resident was being transported back to his/her room by Staff A, in the presence of the Compliance Monitor. The resident was observed to be in distress, requiring suctioning. Record review failed to reveal evidence that the TAR reflected that the resident was suctioned on 4/20/2024, 4/25/2024 and 4/29/2024. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a subsequent interview with Infection Preventionist, she revealed that if an order is scheduled as a PRN, the expectation would be that the nurse would document the use and outcome. Additionally, she revealed that the resident required daily suctioning and acknowledged that this is not reflected in the residents medical record or on the TAR. During a surveyor interview on 4/30/2024 at approximately 11:30 AM with the Medical Director, she revealed that it would be her expectation for the nurses to document the need for a PRN order. Additionally, she revealed that she was unaware the resident required frequent suctioning by staff.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45855 Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to provide an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections relative to the disinfection of glucometers (a device used to monitor blood glucose). Additionally, the facility failed to ensure that staff utilized Personal Protective Equipment (PPE) properly for 2 of 2 residents reviewed relative to foley catheter (a device that drains urine from your bladder into a collection bag) care and multi drug resistant organism (MDRO), Resident ID #2 and #33. Findings are as follows: 1. Record review of a facility policy titled Glucose Monitoring Equipment states in part, .Glucometers will be cleaned with a bleach wipe and/or manufacturer guidelines after each use . During a surveyor observation on 4/26/2024 at approximately 9:28 AM, Registered Nurse, Staff E, was observed checking a resident's blood glucose level, she proceeded to remove her used gloves, utilize hand sanitizer and exit the room. She then continued to check another resident's blood glucose level immediately after and then placed the glucometer in a basket on top of clean supplies in the nurse's medication cart, failing to clean the glucometer after each use. During a surveyor interview on 4/26/2024 immediately following the above observations with Staff E, she revealed that the facility does not have the correct wipes to clean the glucometers and was unsure how long it has been since they have had them available. During a surveyor interview on 4/26/2024 at 9:45 AM with the Director of Nursing Services, she revealed the facility does have the correct wipes in the basement and it would be her expectation that the staff would go and get them prior to using the glucometer. 1b. During a surveyor observation on 5/1/2024 at approximately 8:21 AM, Registered Nurse, Staff Q, was checking a resident's blood glucose level, immediately after she was observed cleaning the glucometer with an alcohol wipe. During the above observation bleach wipes were observed in the nurse's cart drawer. During a surveyor interview on 5/1/2024 immediately following the above observations with Staff Q, she revealed that she would typically use an alcohol pad to clean the glucometer and not use the bleach wipe per the facility policy. During a surveyor interview on 5/1/2024 at 8:29 AM with the Infection Preventionist, she revealed that the staff should be using PDI wipes (Highly compatible disinfection wipe for non-invasive medical devices and non-porous hard surfaces) to clean the glucometers. Additionally, she was unable to provide evidence that the glucometers were cleaned per the facility policy and unable to provide evidence that the facility maintained an infection control program that provided a sanitary environment to help prevent the development of infections. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. Record review revealed that Resident ID #33 was readmitted to the facility in February of 2024 with a diagnosis including, but not limited to, retention of urine. A surveyor observation on 4/26/2024 at 9:28 AM of the signage outside Resident ID #33's room, the sign stated in part, Enhanced Barrier Precautions, everyone must: wear gloves and gown for the following High-Contact Resident Care Activities .Device care or use .urinary catheter . A surveyor observation on 4/26/2024 at 9:28 AM revealed Licensed Practical Nurse, Staff A, assessing and then flushing the resident's urinary catheter wearing only gloves. During this observation Registered Nurse, Staff D, then entered the resident's room with supplies, wearing only gloves to assist Staff A in changing the residents foley catheter. During a surveyor interview immediately following the above observation with Staff A, in the presence of Staff D, she indicated that she was not aware of the required PPE that should have been worn and was unsure if the resident had an active infection. At this time Staff D, acknowledged they should have worn a gown while providing foley catheter care as indicated on the signage. During a surveyor interview on 4/29/2024 at 9:29 AM with the Infection Preventionist, she revealed that the staff should be wearing gowns and gloves while performing foley catheter care. She further acknowledged that the resident was on enhanced barrier precautions. 3. Record review revealed Resident ID #2 was readmitted to the facility in February of 2024 with a diagnosis including, but not limited to, urinary tract infection. Review of a Quarterly Minimum Data Set assessment dated [DATE] revealed s/he requires dependent assistance for toileting. Additionally, the MDS Assessment revealed that the resident is always incontinent of bladder and occasionally incontinent of bowels. Record review of a facility document titled, Continuity of Care Consultation and Referral Form dated 3/30/2024 states in part, .ESBL [Extended-spectrum beta-lactamases: enzymes that confer resistance to most beta-lactam antibiotics]/CRE [carbapenem-resistant Enterobacterales: develop resistance to the group of antibiotics] in Urine . A surveyor observation on 4/29/2024 at 8:59 AM of the signage outside of Resident ID #2's room, the sign stated in part, Enhanced Barrier Precautions, everyone must: wear gloves and gown for the following High-Contact Resident Care Activities .Transferring .dressing . A surveyor observation on 4/29/2024 at 8:59 AM revealed Nurse Assistant, Staff I, boosting the resident in bed and then adjusting the resident's gown in bed. During a surveyor interview immediately following the above observation with, Staff I, she acknowledged that she should have been wearing a gown and gloves during patient care, as indicated on the Enhanced Barrier Precautions signage. During a surveyor interview on 4/29/2024 at 9:29 AM with the Infection Preventionist, she revealed that the staff should be wearing a gown and gloves while providing care for Resident ID #2, she further acknowledged that the resident was on enhanced barrier precautions related to an MDRO. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Additionally, she was unable to provide evidence that the facility maintained an infection control program that provided a sanitary environment to help prevent the development of infections. 46539 50004

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. 46539 Based on record review and staff interview, it has been determined that 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 3 of 3 residents reviewed for antibiotic use, Resident ID #s 26, 29, and 39. 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] . 1. Record review revealed that Resident ID #26 was admitted to the facility in April of 2024 with diagnoses including, but not limited to, diabetes and chronic obstructive pulmonary disease. Record review revealed a physician's order for Cipro (an antibiotic) 500 milligram (mg) capsule daily from 4/19/2024 through 4/26/2024 for a urinary tract infection (UTI). 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 #29 was admitted to the facility in March of 2024 with diagnoses including, but not limited to, chronic obstructive pulmonary disease and need for assistance with personal care. Record review revealed a physician's order for Augmentin (an antibiotic) 500/125mg tablet twice a day from 4/27/2024 through 5/1/2024 for UTI. 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. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	3. Record review revealed that Resident ID #39 was admitted to the facility in July of 2023 with diagnoses including, but not limited to, malignant neoplasm of prostate (prostate cancer) and depression. Record review revealed a physician's order for Cipro (an antibiotic) 500 mg capsule twice a day from 3/17/2024 through 3/23/2024. 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 4/29/2024 at 10:09 AM with the Infection Preventionist, she revealed that she does not have a process for reviewing residents receiving antibiotics, or obtaining of laboratory or diagnostic testing to determine if the antibiotic is still indicated or adjustments should be made, for current residents in the facility when started on an antibiotic.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 46715 Based on record review and staff interview, it has been determined that the facility failed to provide a minimum of 12 hours per year of in-service training to ensure the continuing competence of nurse aides for 3 of 3 Nurse Aides (NA) reviewed, Staff H, I and J. Findings are as follows: Record review of Staff H, I and J's employee records revealed that they have all worked in the facility greater than one year. Additional review failed to reveal evidence of a minimum of 12 hours per year of in-service training. During a surveyor interview on 4/30/2024 at 12:39 PM with the Administrator during the staffing task she acknowledged that annual 12-hour in-service training for NAs was not provided for the above-mentioned staff members. 47279