

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

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>435051                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>06/22/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Avantara Arrowhead                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2500 Arrowhead Dr<br>Rapid City, SD 57702 |                                                 |
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| F 0554<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, record review, and policy review the provider failed to ensure:*Resident's medication self-administration assessment was completed, and a physician's order was obtained for two of two sampled resident (63 and 43) who was not assessed to determine her ability to safely self-administer her medications or had a physician's order to self-administer those medications.*Resident's medication were not stored in a bedside lockbox for two of two sampled residents (10 and 43) per facility policy and self-administration evaluations. Findings included:</p> <p>1. Observation and interview on 6/16/26 at 10:30 a.m. with resident 63 in her room revealed she had a small plastic cup containing five pills sitting on her nightstand. Resident 63 stated she was unsure what the medications were for and reported they had been sitting on her nightstand all morning, as she had an upset stomach and had not yet taken her medications.</p> <p>2. Review of Resident 63's electronic medical record (EMR) revealed she admitted to the facility on [DATE]. Her diagnosis included dementia (a group of symptoms affecting memory, thinking and social abilities). Her Brief Interview for Mental Status (BIMS) assessment score was 13, which indicated her cognition was intact.</p> <p>There was no medication self-administration assessment completed to determine whether she could safely self-administer her medications. There was no physician's order that indicated resident 63 was able to self-administer the medications.</p> <p>3. Interview on 6/18/26 at 10:09 a.m. with licensed practical nurse (LPN) V, revealed she was in training with registered nurse (RN) T on 6/16/26. She stated she left resident 63's medications on the resident's nightstand on 6/16/26 and reported RN T had told her that, due to resident 63's behaviors in the morning, it was acceptable to leave her medications on her nightstand. LPN V stated she did return to resident 63's room to ensure the medications had been taken but was unsure of the time she returned. She was unaware whether resident 63 had completed a self-administration assessment that would permit medications to be left on her nightstand.</p> <p>4. Interview on 6/18/26 at 10:23 a.m. with RN T revealed she was training LPN V on 6/16/26. She stated that LPN V was passing medications, and she had told LPN V that resident 63 can be moody in the morning and to be mindful of her approach with the resident. RN T stated she did not tell LPN V to leave the medication on resident 63's nightstand and was unaware the medications had been left there. RN T stated that LPN V did not inform her that resident 63 had not taken her medications, and RN T was not present when LPN V went into resident 63's room to administer them.</p> <p>5. Interview on 6/18/26 at 10:33 a.m. with regional nurse consultant (RNC) C regarding resident 63's medications revealed she stated that during LPN V's training RN T should have been with LPN V (continued on next page)</p> |                                                                                        |                                                 |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0554</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>while LPN V was administering medications to the residents. She stated if a resident wants to self-administer medications, staff are expected to follow the provider's policy.</p> <p>6. Review of the provider's November 2025 Self-Administration of Medications policy revealed The interdisciplinary team will complete an evaluation of the resident's cognitive, physical and visual ability to carry out this responsibility. The facility may require that drug be administered by the nurse until the care planning team has the opportunity to obtain information necessary to make a determination on resident's ability to complete the task.</p> <p>Nursing is to get an order from the clinician for self-administration of medications.</p> <p>7. Observation and interview on 6/16/26 at 8:47 a.m. in resident 43's room revealed that she had a tube of bacitracin (an antibiotic ointment), a bottle of nystatin powder (an antifungal powder), minoxidil hair spray (for hair growth), ciclopirox nail polish (an antifungal nail polish), and two saltshakers on her nightstand. Resident 43 stated that one of the saltshakers was filled with Gold Bond powder (used to absorb excess moisture) and the other saltshaker was filled with nystatin powder. She used the powders at least twice per day and they were easier to use in the saltshakers. She stated that the nursing staff would apply the nail polish for her every night.</p> <p>Review of resident 43's EMR revealed that she had a 4/10/26 BIMS assessment score of 15, meaning that her cognition was intact. She had a 10/14/25 self-administration of medication evaluation that revealed that she was allowed to self-administer the ciclopirox nail polish. The Gold Bond powder, nystatin powder, minoxidil hair spray, and bacitracin ointment were not listed on her self-administration evaluation. The end of her evaluation stated that resident 43 stores them in her lockbox.</p> <p>Resident 43's 10/15/25 care plan (personalized plan that addresses a resident's care needs, goals, and interventions) included a focus of I have an order for self-medication administration with interventions of confirm and document the medications administered, I will inform the nurse when I need the medication re-ordered, medications will be stored in a lockbox in her room, and medications will be removed from [resident 43]'s room if the order is discontinued by [the] physician.</p> <p>Resident 43's June 2026 electronic medication administration record (eMAR) revealed no documented administrations of the nystatin powder. The eMAR listed the Gold Bond as administered daily. There were no physicians' orders for the bacitracin ointment or the minoxidil hair spray.</p> <p>8. Observation on 6/22/26 at 12:16 p.m. in resident 10's room revealed a fluticasone inhaler (a corticosteroid used for daily maintenance of lung problems like asthma) on his bedside table. Resident 10 was not in his room, and his roommate was sleeping on his bed.</p> <p>Review of resident 10's EMR revealed that he had a 6/9/26 BIMS assessment score of 15, meaning that his cognition was intact. He had a 1/14/26 self-administration of medication evaluation that revealed that he was allowed to self-administer the fluticasone inhaler once daily.</p> <p>Resident 10's 10/15/26 care plan included a focus of I requested and was assessed as able to safely self-medicate and keep at the bedside in a lockbox.</p> <p>9. Interview on 6/22/26 at 12:32 p.m. with registered nurse (RN) AA revealed that residents were not allowed to have medications at the bedside and he was not sure if any residents had lockboxes in (continued on next page)</p> |                                                                                        |                                                 |

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| F 0554<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | their rooms to store medications.<br><br>10. Interview on 6/22/26 at 3:25 p.m. with regional nurse consultant C revealed that some residents were allowed to keep medications in their rooms if they were stored in a clear box with a combination lock. No medications were allowed to be kept at the bedside. She expected any non-nursing staff to alert nursing staff if they saw medications in a resident's room that were not locked up.<br><br>11. Review of the provider's November 2025 Self-Administration of Medications policy revealed that if the resident is deemed capable to self-administer medications, then the drugs will be stored in a locked box in the resident's room. The nursing staff was expected to ask the resident if PRN (as needed) medications were taken as ordered by the physician and recorded on the eMAR at the end of each shift. |                                                                                        |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews, and policy review, the provider failed to ensure one of five certified nurse aide (CNA) (GG) wiped down a mechanical lift after resident use with disinfectant, two of five CNAs (L and GG) performed hand hygiene after resident cares or before putting on personal protective equipment (PPE), three of five CNAs (U, L, and S) had access to and could state how to use PPE per facility policy, and two of five CNAs (FF and L) maintained clean resident personal hygiene items in two of two sampled whirlpool rooms. Findings include: 1. Observation on 6/16/26 at 9:45 a.m. in resident 17's room revealed CNA GG completed a full body lift (a mechanical lift and sling used to lift a person's full body) transfer to weigh resident 17. After the lift was completed, CNA GG moved the mechanical lift to the hallway outside of resident 17's door. She did not perform hand hygiene (cleaning hands with alcohol-based hand sanitizer or washing with soap and water), then went into another resident's room. 2. Observation on 6/17/26 at 4:06 p.m. in the [NAME] hallway soiled laundry room revealed a hopper (a specialized sink flushing device used to rinse soiled items and linens of body fluids). There was a set of reusable rubber gloves sitting on the counter next to that hopper. No other personal protective equipment (PPE) was available in that room or signage for how to properly use that hopper. 3. Interview on 6/17/26 with certified nurse assistant (CNA) U revealed that the facility had two hoppers, one in each resident hallway. She stated that she had never used goggles or face protection while rinsing resident's soiled linens in the hopper before. 4. Interview on 6/17/26 at 1:34 p.m. with CNA FF in the whirlpool room revealed that the facility used stock products for bathing personal hygiene items like shampoo, conditioner, and body wash. Some residents had their own, and their name was written on the bottle with a marker. She stated that some of the travel staff would donate their old, opened containers of body products, and the residents were welcome to use those if they wanted to. CNA FF also stated that if a resident discharged or passed away and they left behind some personal hygiene items, the staff would bring them into the whirlpool room for other residents to use instead of throwing them away. 5. Observation and interview on 6/18/26 at 9:34 a.m. with CNA L in the East hallway soiled utility room revealed that the hoppers were used to rinse off the resident's linens if there was excessive stool or urine on those linens. They were expected to rinse the linens, spray them with a sanitizer spray, put them in a plastic bag, tie that bag at the top, and put it in the soiled laundry container. CNA L could not find the spray that they were expected to use in the room. She stated that most of the traveling staff just used a pair of gloves when the hopper was used, and she thought that everyone was supposed to wear a gown too. She was not sure whether any kind of face protection was expected to be used. Observation of CNA L after the interview revealed that she left the soiled utility room, applied PPE consisting of a gown and gloves, and went into another resident's room without performing hand hygiene. 6. Further interview on 6/22/26 at 12:18 p.m. with CNA L revealed that sometimes staff would offer to run to the store to pick up specific personal hygiene items to be used in the whirlpool rooms, and some of the products were donated. If those bottles of product belonged to a specific resident, then staff would label the bottles with a marker. The facility used Procure Complete Bath as the stock shampoo and body wash. She used a smaller bottle with a pump top for all of the residents who did not have specific hygiene products. When the bottle was empty, she rinsed it out because it gets gross, then refilled it with the Procure Complete Bath. 7. Interview on 6/22/26 at 2:53 p.m. with CNA S revealed that the facility did offer a face mask for staff to use while rinsing soiled linens in the hopper, but she did not believe it was mandatory for staff to use face or eye protection. She thought that wearing a gown was mandatory. She stated that lifts were expected to be wiped down with sanitizer after each use. 8. Interview on 6/22/26 at 3:04 p.m. with regional nurse consultant (RNC) C revealed that staff were expected to perform hand hygiene before and after performing care for residents and using any PPE. She expected common use equipment, such as a mechanical lift, would be sanitized after every resident use. She expected staff to wear PPE, including a face shield, while performing duties that (continued on next page)</p> |                                                                                        |                                                 |

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| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | may splash, including rinsing linens in the hopper sink. She expected that the staff would use a new bottle of the stock Procure Complete Bath when the old one was out, that it would be cleaned between residents, and that no opened and unlabeled bottles would be used on residents during their baths. 9. Review of the provider's January 2026 Linen and Laundry Handling policy revealed that staff were expected to don (put on) goggles or a face shield, a mask, a gown, and gloves when there is a possibility of splashing or soiling their clothing. In the protecting employees during [the] sorting process section of the policy. PPE including fluid-resistant gowns or aprons, gloves, and masks/face protection, and hand hygiene facilities shall be made available to personnel who sort laundry/work with soiled laundry. PPE should be worn when handling laundry. 10. Review of the provider's January 2026 Transmission Based Precautions policy revealed that common equipment items should be adequately cleaned and/or disinfected immediately after use and hand hygiene should be completed prior to the don and after the doff (take off) of PPE. |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>435051                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>06/22/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Avantara Arrowhead                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2500 Arrowhead Dr<br>Rapid City, SD 57702 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        |                                                 |
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| <p>F 0688</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the provider failed to ensure that services were provided to improve or maintain the range of motion for one of three sampled residents (37), who developed a contracture (a permanent tightening or shortening of muscles, tendons, skin, or other tissues that causes joints to become stiff) of her left hand while residing in the facility, did not receive therapy services in the past 12 months, a physician's order was in place for staff to follow regarding resident 37's brace management and use, and the care plan included goals and interventions to address resident 37's left-hand contracture and brace use. Findings include:1. Observation on 6/17/26 at 2:57 p.m. of resident 37 in her room revealed she was awake in bed, nonverbal, but followed with her eyes and smiled. She partially extended her left arm from her side and reached out her hand. This surveyor gently shook her hand and explained why she was there. She was noted to have a left-hand contracture; no brace or washcloth roll was applied to her left hand. 2. Review of resident 37's electronic medical record (EMR) revealed she was admitted to the facility on [DATE]. Her 4/2/26 Brief Interview for Mental Status (BIMS) assessment was not completed because she rarely understood others or made herself understood, and a staff interview was conducted, which indicated her cognition was severely impaired. Her diagnoses included moderate intellectual disability, unspecified pain, and left-hand contracture that developed while at the facility. Review of resident 37's current physician orders revealed that there were no active orders for her left-hand brace, including the management or use of the brace, to include wear schedule, cleaning, tolerance, and monitoring, and showed no physical, occupational, or restorative therapy treatment orders related to her range of motion and contracture of her left hand and brace use. Review of resident 37's therapy records showed that resident 37's most recent therapy rehabilitation referral screening was conducted on 12/24/25, and her most recent restorative program evaluation was conducted on 1/25/23. The 12/24/25 referral documented that resident 37 was not appropriate for therapy intervention, as resident 37 had shown no change since her last therapy. Review of resident 37's June 2026 treatment administration record (TAR) revealed that daily documentation had been completed by nursing staff to clean and apply resident 37's left hand brace each morning and remove the brace at bedtime. Review of resident 37's 4/2/26 Minimum Data Set (MDS) (a tool used to evaluate a resident's health status and to develop an individualized care plan to manage the resident's care needs) dated 4/2/26 showed that resident 37 was coded 0 for assistance with a brace or splint, indicating that resident 37 did not receive any restorative nursing brace assistance for at least 15 minutes a day during that 7-day look-back period. This did not match the revised care plan dated 3/19/26, which indicated resident 37 has a palm protector brace that she wore on her left hand due to her hand contracture. Review of resident 37's revised 3/19/26 care plan showed that she wore a palm protector brace on her left hand due to her hand contracture; however, the care plan did not include goals and interventions to maintain her current range of motion or prevent further decline. The care plan did not include resident 37's brace use and management, including wear schedule, cleaning, brace tolerance, or monitoring, and did not include therapy involvement, range of motion interventions, skin monitoring, or positioning specific to resident 37's left-hand contracture and brace. The care plan did not reflect the need for a physician's order for brace use or a plan to monitor effectiveness.3. Interview on 6/16/26 at 2:54 p.m. with physical therapist assistant (PTA) M revealed that there was no restorative program for residents at the facility, and she was unsure when the last active restorative program was in place. 4. Observation on 6/17/26 at 9:09 a.m. in resident 37's room revealed that staff had just completed her morning care. She was dressed and sitting in her wheelchair, and she did not have a brace on her left hand.5. Interview on 6/18/26 at 10:45 a.m. with PTA N revealed that a restorative program for the facility was in progress, and training was being (continued on next page)</p> |                                                                                        |                                                 |

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Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>06/22/2026 |
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| <p>F 0688</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>completed for a newly hired employee who will serve as the restorative aide. The facility and therapy departments hoped to start the restorative program the following week, after finalization. PTA N was unable to recall how long the facility had been without a restorative program for the residents and stated, It has been quite a long time. She acknowledged that resident 37 was not receiving physical or occupational therapy and did not know when she had last received those services. 6. Interview on 6/18/26 at 10:49 a.m. with interim director of nursing (IDON) O revealed that she had been at the facility since 6/8/26 and was assisting and coordinating with the therapy department to get the new restorative program up and running by the end of next week. She stated that she was made aware that the facility had no current restorative program when she started, but that a plan was in place. She acknowledged that resident 37 and other residents in the facility could benefit from the restorative program. She was unsure how long the facility had been without a restorative program for the residents. 7. Interview on 6/18/26 at 10:58 a.m. with assistant director of nursing (ADON) P. She revealed she had been employed at the facility since 1/6/26 and stated there had been no restorative program during her time there. She did not know when the facility last offered a restorative program for the residents. 8. Interview on 6/22/26 at 3:09 p.m. with occupational therapist (OT) R revealed that she worked as needed (PRN) in the facility's therapy department and was unsure about resident 37's current therapy service. She stated that she was unaware of resident 37's left-hand contracture, brace use, or management. 9. Observation on 6/22/26 at 3:10 p.m. of resident 37 in her room revealed that she was lying in bed looking at a book, and she did not have a brace on her left hand. 10. Interview on 6/22/26 at 3:28 p.m. with contracted certified nursing assistant (CNA) S revealed that she had been employed by the facility since 4/24/26 as PRN through a staffing agency. She stated, It was not an everyday thing to apply the brace, but we are asked to apply it. She acknowledged that some nurses ask CNAs to apply resident 37's brace in the mornings and that resident 37 is encouraged to wear it and keep it on. Contracted CNA S said that resident 37 allowed staff to apply her brace in the mornings, but at times during the day she would remove it. Staff was to remove the brace at bedtime. 11. Interview on 6/22/26 at 3:40 p.m. with physical therapist (PT) Q revealed that resident 37 was not currently on any therapy services with Physical, occupational, or restorative therapy services related to her left-hand contracture and brace use. She said that resident 37 last received speech therapy on 11/28/25, and that she could not find any current evaluation, plan, or order for physical, occupational, or restorative therapy services for resident 37 in the past 12 months. She acknowledged that resident 37 and other residents in the facility could benefit from a restorative program and was unsure why resident 37 had not been receiving therapy services for her left-hand contracture and brace use to maintain or improve mobility for so long. She stated that the referral and screening process for nurses was unclear and could be improved through better communication between the therapy department and facility leadership, along with clear procedural guidelines. 12. Interview on 6/22/26 at 4:06 p.m. with regional nurse consultant (RNC) C revealed that the facility was currently working on getting a restorative program implemented within the next week to ten days. She stated that a new employee had been hired and was being trained for the restorative aide position, and that the final plans were nearly complete between the therapy departments and leadership. RNC C was unsure when the facility last had a restorative program. She stated that the referral and screening process for therapy services, completed by the facility nurses, was an area needing improvement. She said that the facility identified areas of concern in March 2026 and began discussing them during its morning clinical meetings. She acknowledged that therapy referrals and screenings by the facility nurses had not been identified back in March 2026 as an identified area of concern and had not been addressed during the morning clinical meetings to date. RNC C acknowledged that resident 37 did not have a current physician's order in place for staff to follow regarding her left-hand brace, its management, and use. Resident 37 did not have therapy services provided in the past 12 months to provide range of motion with the contracture that developed while she resided in the facility, and her care plan did not include goals and interventions to address her (continued on next page)</p> |                                                                                        |                                                 |

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

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Form Approved OMB  
No. 0938-0391

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| F 0688<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | left-hand contracture and brace use. RNC C expected the facility to have all those areas in place for resident 37 to help maintain her range of motion and prevent an unnecessary decline <sup>13</sup> . Interviews on 6/22/26 at 6:20 p.m. with CNAs K and L in the east hall revealed that neither CNA was aware that resident 37 had a brace for her left-hand contracture, nor were they aware that some staff were applying the brace in the mornings and removing it at bedtime. CNA K stated that she had been employed as PRN since 8/1/25 and had never seen a brace for resident 37, nor had she applied or removed a brace for her since she began working at the facility. CNA L said she has never seen resident 37 with a brace on her left hand and has never applied or removed one for her. 14. Unable to interview resident 37 due to her cognitive ability and being nonverbal. 15. Administrator A was unavailable for an interview during the survey. 16. The facility was unable to provide an updated therapy services policy, a brace-and-splint use policy, or a range-of-motion policy for review, as requested on 6/22/26 at 4:06 p.m. |                                                                                        |                                                 |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, record review, policy review, and manufacturer's user guide review, the provider failed to ensure infection control practices were followed for the cleaning of a continuous positive airway pressure (CPAP) machine for one of one sampled resident (34). Findings included: 1. Observation and interview on 6/16/26 at 10:46 a.m. of resident 34 in his room revealed there was a CPAP machine on top of his nightstand. The water chamber remained connected to the CPAP machine and contained water. After removing the water chamber, a dried white film was visible on the interior and exterior sides and the back area where the water chamber connects to the CPAP machine. The CPAP housing where the water chamber inserts into it had brown spots and dried white film on the bottom and a portion of the sides. The filter located at the back of the CPAP machine was dark brown. Resident 34 stated the staff were not cleaning the CPAP machine or water chamber daily or weekly. He also stated the staff had not changed the filter in the back of the CPAP. 2. Review of resident 34's electronic medical record (EMR) revealed he admitted to the facility on [DATE]. His diagnosis was obstructive sleep apnea (where the throat muscles relax during sleep, blocking the airway and causing pauses in breathing). His Brief Interview for Mental Status (BIMS) assessment score was 12, which indicated his cognition was moderately impaired. He had a 4/13/26 physician's order for, CPAP: Clean CPAP tubing and water reservoir with warm and mild soap weekly and allow to dry everyday shift for CPAP cleaning and a 4/14/26 physician's order for, Clean CPAP weekly every evening shift every 7 day(s) for Apnea. The treatment administration record (TAR) showed staff had been documenting they had been cleaning the CPAP machine and water chamber daily and every seven days. 3. Interview on 6/16/26 at 3:45 p.m. with certified nursing assistant (CNA) W revealed she did not clean resident 34's CPAP machine. She stated she was the CNA that was responsible for getting resident 34 up in the mornings and believed night-shift staff were responsible for cleaning the CPAP machine. She agreed the CPAP machine and the water chamber did not appear clean. She was unaware there was a filter located at the back of the CPAP machine that needed to be cleaned. 4. Interviewed on 6/16/26 at 3:55 regional nurse consultant (RNC) C, revealed she agreed the CPAP machine and water chamber were not cleaned. She was unaware of the filter located at the back of the CPAP machine. Her expectation was for the staff to follow the provider's policy for CPAP machine cleaning and maintenance. 5. Review of the provider's revised January 2026 CPAP and BiPAP Cleaning policy revealed After each use, the mask/reservoir will be wiped with warm soapy water per manufacturer's instructions, rinsed and placed upside down to dry on a paper towel/clean dry hand towel. The machine should be wiped/cleaned with a disinfectant on at least a weekly basis and as needed. 6. Review of the manufacturer's user guide revealed Daily: Empty the humidifier tub [water chamber] and wipe it thoroughly with a clean disposable cloth. Allow it to dry out of direct sunlight. Weekly: Humidifier tub-in warm water using a mild dishwashing liquid.</p> |                                                                                        |                                                 |