STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445245	A. Building B. Wing	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Foothills Transitional Care and Rehabilitation	1012 Jamestown Way Maryville, TN 37803

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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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. 30647 Based on review of resident council minutes and interviews, the facility failed to resolve resident concerns related to food quality for 5 consecutive months from 6/2024 through 11/2024 and were not corrected until 12/2024, 6 months after the initial concerns were lodged during the resident council meetings. The findings include: Review of Resident Council Minutes from 6/2024 revealed .Old Business .Food New Business .Food issues . Dietary .oatmeal needs to be in a bowl .fried potatoes need to be cooked and not hard .want heavier meal at supper time (6 to 2 vote) wanting bigger portions .wanting snacks available .have butter .syrup served with pancakes .hamburger buns .cold food and cold coffee, cold plates, cold eggs, wants snacks around 3:00 PM . Review of Resident Council Minutes for 7/2024 revealed .Dietary .Cold food .not having salad items, sugar for sweet tea, no hamburger buns for hamburgers .wanting whole milk .supply issue . Review of Resident Council Minutes dated 8/2024, revealed .New Business .Residents getting dislikes on their trays .Running out of different condiments and food items .only getting whole milk part of the time .cold food and coffee on trays .want whole milk available all the time .unable to open up juice containers .wanting more fresh fruit .getting dislikes on trays .not getting the food that is posted on the menu .always running out of condiments .or not enough condiments on their trays for all meals . Review of resident council minutes dated 9/2024, revealed the meeting was canceled due to a facility wide Corona Virus, 2019 (COVID-19) outbreak. Review of Resident Council Minutes dated 10/2024, revealed .New Business .Food Issues: cold when receiving on floor and occasionally in dining room, amount of food given is too small @ [at] times .Coffee grounds in the coffee, no creamer or sugar, sweet tea is not sweet enough .Residents stating they are getting their dislike foods on their trays even with the ticket stating they don't like the certain food .coleslaw hot and steamy today (10/11/2024) for lunch .Bread is being put on plate with food which is making it soggy, hard biscuits .Last 2 days .got 1 piece of toast w/o [without] butter and 1 piece of sausage on plate .serving too much chicken .Food cold when served on floor and sometimes in dining room .want the form back that gives .other options they can have if they don't like the main meal . (continued on next page)

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

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

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Resident Council Minutes dated 11/2024, revealed .Old business .cold food when receiving on the floor, amount of food given is small .Residents getting dislikes on trays, food still cold or luke warm . apple/orange juice tasting like its watered down .coffee grounds in the bottom of their cups .not getting all their condiments on their tray . Review of the Resident Council Minutes dated 12/2024, revealed .old business Dietary .getting dislikes on trays .food still cold .Dietary .Needs improvement .some food is good .some is not . During a telephone interview on 1/30/2025 at 1:35 PM, Resident #2's responsible party (RP) stated he had lodged multiple complaints with the Dietary Manager, Administrator, and Director of Nursing (DON) related to the poor food quality being served to Resident #2 and the complaints had gone without resolution during the resident's admission at the facility (8/13/2024-9/11/2024). The RP stated his mother was served runny oatmeal on a plate with other breakfast foods and stated his mother repeatedly voiced dislikes for eggs and was served eggs almost daily. The RP stated Resident #2 was frequently served meals which were refrigerator cold and unpalatable. The RP stated due to the continuous food concerns, Resident #2's inability to eat the unpalatable food, and the facility's failure to correct the dietary issue, he had to collaborate with other family members to bring meals to the facility to ensure his mother received some food and nutrition. The RP stated multiple relatives had also lodged complaints with the facility staff related to the poor food quality which went without resolution. (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation and interview on 2/12/2025 at 12:15 PM, at Resident #2's residence, with Resident #2 and Resident #2's daughter revealed Resident #2 was alert and oriented in all spheres. Resident #2 produced a notebook and observation revealed documented dates, times, meals provided to the resident, the complaints lodged to the facility, and to whom the complaints were lodged by name and title. The complaints were voiced to the Administrator, the Dietary Manager (DM), a Regional Nurse, to floor staff (nursing staff), and during Resident Council meetings. Resident #2 described food quality at the facility as abysmal (extremely bad). Resident #2 stated throughout her stay at the facility, foods were unpalatable and gave examples of warm food items served cold, oatmeal served on plates instead bowls, dirty or missing utensils, cold foods served lukewarm, missing condiments with nearly every meal, and stated her dietary preferences were frequently ignored. Resident #2 stated she had requested alternatives, but the alternatives were equally unpalatable and gave an example of a chef salad provided to her on 8/18/2024. Observation of Resident #2's notebook revealed on 8/18/2024, the chef salad consisted of a small bowl of lettuce with cheese, no vegetables or fruit, and the lettuce was wilted and brown on the edges with no salad dressing provided. Resident #2 reported most days foods served her were unrecognizable and not what was listed on the menus and when questioned the staff, they stated mystery meat. Resident #2 stated she requested her family members bring fresh fruits, vegetables and whole meals daily to have nutrition. Resident #2 stated during the Resident Council meetings, several other residents and families also voiced concerns related to the poor food quality. Resident #2 stated she complained to the dietary staff about the lack of bowls for such things as oatmeal, she was told no bowls were available in the kitchen. Resident #2 reported on 1 occasion she asked for an alternate meal when cold and hard chicken was served, and she received an overcooked hamburger served between 2 slices of white bread for a bun, covered with a single piece of lettuce and no condiments. Resident #2 stated she and other residents complained again about the food and the kitchen staff told her the facility had run out of hamburger buns due to the number of alternate meals that had been requested that day. Resident #2's daughter was present in the home during the interview and added she had witnessed poor food quality during visits to the facility, 3 to 4 times weekly at various intervals and stated concerns she witnessed included cold foods served warm, warm foods served cold, stale bread items, and inadequate portions, which led her to coordinate delivery of meals with her siblings to the resident. Resident #2's daughter stated she had complained to facility's staff about the foods served and .nothing was done . During an interview on 2/12/2024 at 3:45 PM, the current DM (transferred from a sister facility) stated the former DM was terminated in the fall of 2024 after repeated efforts to counsel her on food quality at the facility and company expectations of the kitchen failed. The current DM stated the former DM had multiple meetings with the Administrator and Corporate staff in response to the multiple resident and family complaints about the poor food quality at the facility. The DM confirmed the reports of poor food quality and oatmeal served on plates had occurred repeatedly, as Resident #2 had stated. The DM confirmed the facility had received multiple complaints from other residents, family members and staff members on behalf of residents, related to poorly cooked foods, issues with food palatability and appearance, missing condiments, cold coffee, lack of certain food items, warm foods served cold, cold foods served warm as documented in the Resident Council Minutes. The DM reported low food quality had occurred frequently throughout the period 6/2024 to 11/2024 with the former DM and since 12/2024, the food quality had improved and no complaints had been lodge since 12/2024. (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 2/18/2024 at 11:20 AM, the Administrator confirmed the facility had implemented a performance improvement plan and was ongoing related to the poor food quality in response to multiple complaints from the resident council meetings. The Administrator stated the former DM was replaced due to failures to resolve consistent complaints related to food quality as reported by the current DM, and as documented in the Resident Council Minutes.

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30647 Based on facility policy review, medical record review, satellite imagery and measurements from Google Earth review, Historic Weather Data from the National Weather Service (NWS) review, Fire Department (FD) record review, Emergency Medical Services (EMS) records review, facility investigation review, hospital documentation reivew, and interviews the facility failed to prevent an elopement of 1 resident, (Resident #7) of 6 residents reviewed. The facility's failure resulted in Harm to Resident #7 when on the evening of 5/26/2024, Resident #7 exited the facility unbeknownst to staff, walked 0.25 miles away from the facility, down the street, fell over the curb into the yard of a private residence, and was found by an off duty law enforcement officer who was passing by. Resident #7 sustained a fractured Humerus (upper long bone of the arm) in the fall, required transportation by EMS to a local hospital for emergent treatment, then later required outpatient surgical treatment to repair the fracture. The facility was cited at F 689 at a Scope and Severity of G (Harm). The facility was cited as past non-compliance. Noncompliance began on 5/26/2024 and continued until 5/31/2024. Noncompliance ended on 6/1/2024. The facility is not required to submit a Plan of Correction. The findings include: Review of the facility policy titled, Elopements and Wandering Residents, dated 5/26/2024, revealed, .The facility shall establish and utilize a systematic approach to monitoring and managing residents at risk for elopement or unsafe wandering . Review of medical records revealed Resident #7 was admitted to the facility on [DATE] with diagnoses including Atherosclerotic Heart Disease, Hypertension, Pneumonia, Intracranial Injury with Loss of Consciousness, Urinary Tract Infection, Dementia, Mood Disturbance, Psychotic Disturbance, Anxiety, Seizures, Difficulty Walking, and Muscle Wasting with Atrophy. Review of the care plan for Resident #7 dated 5/17/2024, revealed interventions in place for cognitive impairment and fall risk. Continued review revelaed no documentation the resident was at risk for elopement. Review of the Elopement and Wandering Evaluation dated 5/17/2024 at 6:44 PM (time of admission), revealed Resident #7 was a low risk for elopement. The assessment was revised on 5/17/2024 at 7:32 PM and revealed Resident #7 was changed to at risk for elopement. Review of the Admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #7 scored a 6 on the Brief Interview for Mental Status (BIMS) assessment which indicated severe cognitive impairment. Resident #7 used a rolling walker or wheelchair for ambulation and required moderate assistance of 1 person for activities of daily living (ADL). Review of the nursing notes dated 5/19/2024, revealed Resident #7 was placed in a room closer to the nursing station to address behaviors which included arising from bed unattended and pushing his bedside table around his room. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of overhead satellite imagery and digital measurements taken from Google Earth, revealed the facility was situated atop a hilly terrain, in the rear of a large residential neighborhood, surrounded by homes and side streets on all sides. The road which led to the facility, was moderately sloped to the facility property line and campus entrance. Review of weather data from the National Weather Service (NWS) dated 5/26/2024 at 8:30 PM, revealed for the location of the incident, the temperature was 68 degrees Fahrenheit (F) with no rain. Review of the local Fire Department records dated 5/26/2024, revealed Resident #7 was located laying on the ground, in the yard of a private residence, near the edge of the street, approximately 0.25 miles from the facility near the base of the hillside around 30 meters (98.43 feet) from the intersection of the facility entrance road and an adjacent 2 lane secondary road. Continued review revealed First Responders were summoned by a law enforcement officer who found Resident #7 at approximately 8:24 PM and arrived on scene at 8:35 PM. Continued review revealed .responded to non-emergency to a fall call at the intersection of [named road] and [named road] .Arrived on scene .Found an off duty [Police] .officer standing with a male lying on the ground .Officer .advised he was driving by and saw the gentleman lying there and stopped to render aid . The gentleman seemed very unsure of his location [EMS service] arrived on scene and had primary patient care .The gentleman had a tote bag with him marked [Facility name] .Officer .contacted the facility to advise them of the gentleman's location and to let them know .[EMS] would be transporting to the hospital . Review of EMS records for Resident #7 dated 5/26/2024, revealed EMS arrived to the scene at 8:25 PM and an ambulance arrived at 8:33 PM. Resident #7 was transported to a local hospital at 8:48 PM. Continued review of the EMS record revealed .Dispatched to location for .male that had fallen .Upon arrival .[Resident #7] was found sitting on the ground, conscious, alert and disoriented . The resident was in care by .an off-duty law enforcement officer .[Resident #7] .was able to give his name and date of birth but was disoriented to location and recent events leading up to him being on the ground. He complained only of left arm pain .It was discovered by the officer he was a resident at [the facility] .Upon assessment of the left arm, deformity .was noted .[The facility] was notified by the officer of the situation and that .[Resident #7] . would be transferred to [hospital] .The left arm was stabilized with .splint .transferred to hospital (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of Hospital documentation for Resident #7 dated 5/26/2024, revealed .History of Present Illness .This is a [AGE] year-old male .who lost his balance and fell while walking on the road. EMS was called [Resident #7] with significant deformity to his left elbow and left arm .does have a history of dementia and is slightly confused but states he did not lose consciousness Denies striking his head .denies neck pain .denies any other injury .complaining of pain to left elbow as well as left mid humerus .symptoms moderate intensity . Continued review revealed X ray results as follows: .Findings .Angulated and distracted fracture deformity distal diaphyseal segment left humerus involves the distal component of the operative fixation .with a fixation plate and multiple screws mid diaphyseal segment . [broken bone in the lower part of the upper arm, where the fracture fragments are not only bent at an angle but also pulled apart from each other] distal diaphyseal segment [lower, cylindrical part of the humerus bone, just before it flares out to form the joint surfaces of the elbow] . Further review revealed .[Resident #7] .did receive X rays which showed a previous plating [surgical procedure that involves attaching a plate to the fractured humerus to stabilize it] of the midshaft humerus . Family states this was done [AGE] years ago .also noted was significantly angulated displaced fracture of the distal portion of the humerus .elbow joint appears intact with no signs of fracture to the elbow itself . Discussed case with [orthopedist] .[Resident #7] .was placed in .splint .given a prescription for hydrocodone [opioid medication for pain] and discharged back to his skilled nursing facility in stable condition .follow up with orthopedic surgery in 2 to 3 days .Clinical impression, Acute Fall, Acute left distal humerus fracture . Review of staffing data dated 5/26/2024, revealed there were 13 residents present on Resident #1's unit at the time of the elopement with a Licensed Practical Nurse (LPN) and a Certified Nurse Aide (CNA) assigned full time to the unit. Review of the facility investigation, witness statements, and Interdisciplinary Team Notes dated 5/26/2024 - 5/28/2024, revealed on 5/26/2024 Resident #7 was last seen on the clinical unit, in his room seated in his wheelchair around 7:45 PM prior to the elopement. Resident #7 had not exhibited wandering or exit seeking behaviors prior to the incident. Continued review of the investigation revealed the facility was advised of Resident #7's elopement around 8:40 PM by way of a telephone call from first responders at the scene. Resident #7 returned to the facility from the hospital on 5/27/2024 at 12:44 AM and was transferred to the facility's secure memory care unit. Review of the elopement risk assessment dated [DATE] at 2:42 AM, revealed Resident #7 was considered at high risk for an elopement. Review of the care plan for Resident #7 dated 5/27/2024, revealed additional interventions to monitor behaviors, the resident's injuries, and prevent elopement were added to the care plan. Review of Orthopedic Surgeon Notes and Operative Reports dated 5/30/2024 revealed Resident #7 underwent surgical repair of the fracture without complications. Resident #7 was admitted to the hospital post operatively for monitoring and returned to the facility on [DATE]. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview on 2/14/2024 at 1:29 PM, the Police Officer who found Resident #7 on 5/26/2024, stated he lived in the area near the facility. The Police Officer stated he was off duty, and was driving by when he observed Resident #7 lying on his side, face down in the grass of a private residence, with his feet dangling over the curb, and he stopped to render aid. The Police Officer stated Resident #7 was profoundly confused and stated he was walking to a store. The Police Officer stated he observed obvious deformity in Resident #7's left upper arm and elbow and immediately called 911. The Police Officer stated he obtained an air splint from his personal first aid kit, splinted Resident #7's arm and awaited arrival of EMS and the Fire Department. The Police Officer stated he identified Resident #7 as a resident of the facility by a tote bag with the facility name that was on the ground beside Resident #7. The Police Officer stated Resident #7 could only give his name and date of birth. The Police Officer stated he telephoned the facility, advised the staff of the situation, and confirmed Resident #7 was a resident of the facility. The Police Officer stated the facility was not aware of the elopement until his notification. The Police Officer stated he advised the facility Resident #7 was injured and would be transported to the hospital by EMS. The Police Officer stated Resident #7 was dressed in blue jeans, a t-shirt, socks, and tennis shoes, During an interview on 2/18/2025 at 1:30 PM, the Director of Nursing (DON) stated the facility investigation determined at the time of the elopement Resident #7 exited the facility with visitors who did not realize he was a resident. The DON stated at the time of the incident, multiple family members of another resident had entered and left the facility in groups several times per hour throughout the day and evening of 5/26/2024. The DON stated at the time of the elopement a digital keypad was located at the front door and the entry code was posted in view above the door itself, in order to allow visitors to access the front lobby independently. The DON stated Resident #7 was not seen wandering about the facility or in the lobby prior to the incident and was carrying a tote bag given to visitors. The DON stated the facility investigation concluded it was likely a visitor mistook Resident #7 for another visitor and permitted him outdoors via the main entrance door. The DON confirmed the facility failed to prevent elopement of Resident #7 and he was harmed as a consequence. In Response to the incident, the facility implemented corrective actions which were validated onsite by the surveyor between 2/12/2025 and 2/18/2025. 1. On 5/26/2024 around 8:40 PM the facility launched an investigation which included interviews of all staff present in the facility prior to holding an ad hoc Quality Assurance Meeting between the DON, Administrator, and Nursing Supervisors. 2. On 5/26/2024 Resident #7's family along with the medical director were notified of the situation when the facility became aware of the elopement. 3. On 5/26/2024 The facility checked all entry and exit doors to ensure they were operational with no negative findings. The facility implemented door checks every 8 hours with logs on each unit. The door codes posted near the front door were removed. The door code at the front door was changed to a new code. Ad Hoc Quality Assurance review of the incident was initiated at 11:20 PM and included the medical director and corporate consultants. 4. On 5/26-27/2024 immediately upon return to the facility from the hospital, Resident #7 was transferred to a locked secure unit inside the facility for continued care. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	5. ON 5/27/2024 staff education began related to the incident which included education that no visitors were permitted door codes, and all visitors were to be escorted in and out via the front door only. Additional education on the facility elopement policies and procedures were provided with attestations required by staff. Staff education was completed by 5/31/2024 with all remaining staff off duty at the time given notice education would be required prior to the next shift. 6. ON 5/27/2024 through 5/28/2024 the facility conducted elopement risk assessments on all residents, and identified increased risk for one elder, whose care plan was adjusted with new interventions and teaching to all staff on those (Resident #15). The facility held additional Quality Assurance (QA) Meetings related to the incident on 5/28/2024 and discussed facility conclusions of its investigation and root cause analysis of the incident, measures being implemented in response to findings, and added the incident to the QA agenda for monthly review to supplement weekly reviews to be performed by the DON, Administrator and ADON (assistant director of nursing). QA oversight of the incident response was monitored by the facility administrator, medical director and DON. The door codes on all doors at the facility were changed 5/28/2024. 7. ON 5/27/2024 Resident #7 was evaluated by the physician and Interdisciplinary team which included mental health services to address his changes in condition. 8. The facility began elopement drills on 5/29/2024 on every shift conducted 5 times weekly for 4 weeks. Then reduced at intervals to 3 times weekly for 4 weeks, then once weekly for 4 weeks. The drills were documented with no negative findings. Random elopement drills continued at the time of the facility investigation and were observed on the afternoon of 2/18/2025 during the onsite survey with no negative findings. Staff located a simulated missing resident in less than 3 minutes when the missing resident code (code pink) was called overhead. The test was initiated by the DON with assistance of a resident who served as the subject of the search at the request of the surveyor with no advance notice to other facility leadership or staff members before the drill began. 9. On 5/30/2024 the administrator completed notifications to all families and responsible parties via phone messages (168 total calls) and a voice mail left on the facility answering machine which advised callers of the new policy related to changed door codes which would no longer be provided them and safe entry and exit to the building via the front lobby entrance only. The facility placed a placard on the front door on both sides, which cautioned visitors to not allow others to follow them out, along with a phone number to call for entry after hours or if the lobby reception desk was unmanned. 10. Additional staff education on the incident and review of all prior education given and all staff attestations were logged into the facility investigation documents contained in a large binder on 5/30/2024. This documentation was preserved for State Agency (SA) review by the DON and presented as requested on 2/10/2024 after the entrance conference. The facility documentation was reviewed throughout the survey with no additions, deletions, or evidence of changes found in it at anytime during the survey as it was reviewed. (the binder was returned to the facility at the conclusion of each survey day 2/10/2025 -2/18/2025) and final copies obtained at conclusion of the survey on 2/18/2025 showed no alterations evident. 11. Monthly QA of the incident, elopement risks for residents, and effectiveness of the interventions continued throughout 2024 and January 2025 with no recurrent elopements or similar incidents. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	The surveyor validated the corrective actions via observations of the entry and exit procedures throughout the survey which were in place as reported. All door alarms were tested and were functional. 5 families were interviewed and reported they did not have access to door codes and had to be let in and out of the facility by staff. The surveyor was not provided door codes to enter the facility either. In total 10 staff interviews conducted on both shifts on all units which included day and night shift personnel showed all staff were knowledgeable of the elopement policy, facility safeguards to prevent elopement and actions to take to initiate a code pink drill, and steps to take during the drill in their assigned areas. The surveyor executed an unannounced nighttime entry to the facility on the evening of 2/13/2025 at 11:00 PM and remained onsite on 2/14/2024 until 2:30 AM with no breaches in the facility security measures observed. All signage was in place on the front entrance as reported and the phone number used to access the facility after hours was effective. A code pink drill was initiated by the DON at directive of the surveyor on the afternoon of 2/18/2025 with no negative findings. Resident #7 was observed throughout the survey on the secure unit. Resident #7 had fully recovered from his injuries but had no recall of the incident. Resident #7 was observed to be free of exit-seeking on the secure unit and appeared well adjusted to the environment. The surveyor validated all logs of staff training by review of the facility record of it and selected staff for interview from the logs observed. Additionally, the surveyor selected employees hired after the incident for interviews, which showed new hires had been trained on the facility elopement prevention policy and safeguards on hire. The Surveyor also reviewed QA sign in sheets for the period June 2024 to January 2025 and verified monthly QA of the incident remained ongoing at the time of the investigation. Medical record review for Resident #7 showed no recurrent serious behaviors or elopement attempts after the incident and the resident had successfully completed rehabilitation with occupational, physical and speech therapy. Review of facility incident logs showed no similar incidents in the prior year. The incident was appropriately documented in the incident logs and clinical records. The facility report of the incident to required authorities was completed timely in compliance with state and federal law.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30647 Based on resident council minutes review, medical record review, and interview the facility failed to provide palatable, temperature appropriate, and sufficient meals for 1 resident (Resident #2) of 5 residents reviewed for dietary services. The facility was cited as Past Non-Compliance at F-804 at a Scope and Severity of D. Non-compliance began on 6/1/2024 and ended on 12/10/2024. The facility is not required to submit a Plan of Correction. The findings include: Review of Resident Council Minutes dated 7/2024, revealed .Dietary .Cold food .not having salad items, sugar for sweet tea, no hamburger buns for hamburgers .wanting whole milk .supply issue . Medical record review revealed Resident #2 was admitted to the facility on [DATE] with diagnoses including Atrial Fibrillation, Hypertension, Lumbosacral Spondylosis, Diabetes, Chronic Kidney Disease, Acute Kidney Failure, Chronic Back Pain, Muscle Wasting Multiple Sites, and Depression. Review of the Admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #2 scored a 15 on the Brief Interview of Mental Status (BIMS) assessment which indicated Resident #2 was cognitively intact. Resident #2 was on a no added salt, regular texture diet, with thin liquids and bowls only for oatmeal. Resident #2 completed rehabilitation and discharged home on 9/11/2024. Review of Resident Council Minutes dated 8/2024, revealed .New Business .Residents getting dislikes on their trays .cold food and coffee on trays .wanting more fresh fruit .not getting the food that is posted on the menu board or not getting what they ordered . Continued review revealed Resident #2 was present during the resident council meeting. Review of resident council minutes dated 9/2024, revealed the meeting was canceled due to a facility wide Corona Virus 2019 (COVID-19) outbreak. Review of Resident Council Minutes dated 10/2024, revealed .New Business .Food Issues: cold when receiving on floor and occasionally in dining room, amount of food given is too small @ [at] times .Coffee grounds in the coffee, no creamer or sugar, sweet tea is not sweet enough .Residents stating they are getting their dislike foods on their trays even with the ticket stating they don't like the certain food .coleslaw hot and steamy today (10/11/2024) for lunch .Bread is being put on plate with food which is making it soggy, hard biscuits .Last 2 days .got 1 piece of toast w/o [without] butter and 1 piece of sausage on plate .serving too much chicken .Food cold when served on floor and sometimes in dining room .want the form back that gives .other options they can have if they don't like the main meal . Review of the Resident Council Minutes dated 11/2024, revealed .Old business .cold food when receiving on the floor, amount of food given is small .Residents getting dislikes on trays, food still cold or luke warm . apple/orange juice tasting like its watered down .coffee grounds in the bottom of their cups .not getting all their condiments on their tray . (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Resident Council Minutes dated 12/2024, revealed .old business Dietary .getting dislikes on trays .food still cold .Dietary .Needs improvement .some food is good .some is not . During a telephone interview on 1/30/2025 at 1:35 PM, Resident #2's responsible party (RP) stated he had lodged multiple complaints with the facility's leadership which included the Dietary Manager, Administrator, and Director of Nursing (DON) related to the poor food quality being served to Resident #2 and the complaints had gone without resolution during the resident's admission at the facility. The RP stated his mother was served runny oatmeal on a plate with other breakfast foods and stated his mother repeatedly voiced dislikes for eggs and was served eggs almost daily. The RP stated Resident #2 was frequently served meals which were refrigerator cold and unpalatable. The RP stated due to the continuous food concerns, Resident #2's inability to eat the unpalatable food, and the facility's failure to correct the dietary issue, he had to collaborate with other family members to bring meals to the facility to ensure his mother received some food and nutrition. The RP stated multiple relatives had also lodged complaints with the facility staff related to the poor food quality which went without resolution. During an observation and interview on 2/12/2025 at 12:15 PM, at Resident #2's residence, with Resident #2 and Resident #2's daughter revealed Resident #2 was alert and oriented to person, place, and time. Resident #2 produced a notebook and observation revealed documented dates, times, meals provided to the resident, the complaints lodged to the facility, and to whom the complaints were lodged by name and title. The complaints were voiced to the Administrator, the Dietary Manager (DM), a Regional Nurse, to floor staff (nursing staff), and during Resident Council meetings. Resident #2 described food quality at the facility as abysmal (extremely bad). Resident #2 stated throughout her stay at the facility, foods were unpalatable and gave examples of warm food items served cold, oatmeal served on plates instead bowls, dirty or missing utensils, cold foods served lukewarm, missing condiments with nearly every meal, and stated her dietary preferences were frequently ignored. Resident #2 stated she had requested alternatives, but the alternatives were equally unpalatable and gave an example of a chef salad provided to her on 8/18/2024. Observation of Resident #2's notebook revealed on 8/18/2024, the chef salad consisted of a small bowl of lettuce with cheese, no vegetables or fruit, and the lettuce was wilted and brown on the edges with no salad dressing provided. Resident #2 reported most days foods served her were unrecognizable and not what was listed on the menus and when questioned the staff, they stated mystery meat. Resident #2 stated she requested her family members bring fresh fruits, vegetables and whole meals daily to have nutrition. Resident #2 stated during the Resident Council meetings, several other residents and families also voiced concerns related to the poor food quality. Resident #2 stated she complained to the dietary staff about the lack of bowls for such things as oatmeal, she was told no bowls were available in the kitchen. Resident #2 reported on 1 occasion she asked for an alternate meal when cold and hard chicken was served, and she received an overcooked hamburger served between 2 slices of white bread for a bun, covered with a single piece of lettuce. Resident #2 stated she and other residents complained again about the food and the kitchen staff told her the facility had run out of hamburger buns due to the number of alternate meals that had been requested. Resident #2's daughter was present in the home during the interview and added she had witnessed poor food quality during visits to the facility, 3 to 4 times weekly at various intervals and stated concerns she witnessed included cold foods served warm, warm foods served cold, stale bread items, and inadequate portions, which led her to coordinate delivery of meals with her siblings to the resident. Resident #2's daughter stated she had complained to facility's staff about the foods served and .nothing was done . (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/12/2024 at 3:45PM, the current Dietary Manager (DM) (transferred from a sister facility) stated the former DM was terminated in the fall of 2024 after repeated efforts to counsel her on food quality at the facility and company expectations of the kitchen failed. The current DM stated the former DM had multiple meetings with the Administrator and Corporate staff in response to the multiple resident and family complaints about the poor food quality at the facility. The DM confirmed the reports of poor food quality and oatmeal served on plates had occurred repeatedly, as Resident #2 had stated. The DM confirmed the facility had received multiple complaints from other residents, family members and staff members on behalf of residents, related to poorly cooked foods, issues with food palatability and appearance, missing condiments, cold coffee, lack of certain food items, warm foods served cold, cold foods served warm as documented in the Resident Council Minutes. The DM reported poor food quality had occurred frequently throughout the period 6/2024 to 11/2024 with the former DM and since 12/2024, the food quality had improved and no complaints had been lodge since the former DM was terminated. During an interview on 2/18/2024 at 11:20 AM, the Administrator confirmed the facility failed to provide palatable foods on multiple occasions as documented in the resident council minutes in 8/2024 for Resident #2 and further confirmed the complaints related to dietary services were frequent between 6/2024 and 11/2024 as reported in the Resident Council Meeting minutes. The facility implemented a Performance Improvement Plan (PIP) and corrective actions to address the food quality on 12/10/2024. The interventions were validated onsite by the surveyor from 2/10/2025 to 2/18/2025. The findings were as follows: 1. On 12/10/2024, The Administrator (Adm or designee and social service worker began audits for all residents related to perceptions of food quality by interview and observations. All concerns were to be documented in the grievance log and immediately addressed. All findings were reported daily to the Dietary Services Manager (DSM), Adm and interdisciplinary team. (IDT) This was completed on 1/13/2025. 2. The Adm/Designee (Director of Nursing (DON), Social Worker) reviewed all grievances related to food quality with the facility IDT which includes all department heads daily during stand up/clinical meeting. Issues addressed in the daily meeting were addressed by the Adm for immediate correction. (Ongoing). 3. By 1/31/2025 the Adm/Designee will re-educate the DSM and all kitchen staff on facility standards regarding the provision of safely serving quality foods that meets the expectations of the residents. Adm/designee will re-educate IDT including the social worker on addressing resident concerns about food quality by immediately resolving the concerns and/or completing a grievance form that is shared with the IDT in daily stand-up meetings, what actions taken, and resolution shared with the resident with concerns. The Staff Development Coordinator (SDC) will re-educate staff to report concerns regarding food quality to resolve issues, report it to supervisor or complete a grievance form. Newly hired staff shall receive this education during the orientation process and at least annually. This was completed by the Social Worker and SDC on 1/11/2025. 4. The Adm will randomly sample 2 test trays (one lunch, and one dinner) weekly for 8 weeks to ensure food quality and initiate appropriate actions, provide feedback, to the DSM, and IDT as necessary. (Ongoing at time of survey). Surveyor observation verified the audits were continued and the meals were sampled. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5. The Adm and IDT team will review compliance with the corrective actions in the morning meeting, Monday Through Friday. Issues are immediately reviewed by the IDT for appropriate corrective action. The Adm reports the results of the audits to the Quality Assurance Performance Improvement Committee (QAPI). The QAPI committee consists of all department heads, Adm, Medical Director and members of the medical staff. (Ongoing at time of survey). The surveyor validated the facility corrective actions by observations of meal trays served between 2/10/2025 and 2/18/2025 at various meals. Photographs of the meals as plated were documented. All trays prepared were of suitable appearance and texture with condiments, utensils etc. present and on clean dinnerware. Foods were readily identifiable and of pleasant smell and appearance. The surveyor also observed tray passes of multiple meals on each clinical unit daily during the investigation. No excessive delays in tray distribution were observed. The surveyor interviewed 8 residents at various intervals throughout the survey who reported no concerns with the meals served and 1 resident (Resident #14) who had lived at the facility for an extended period reported food quality though poor for several months during a period of change in ownership of the facility in 2024 had markedly improved by 12/2024, and was actually superior now to what it was under the prior facility management in 2023 and most of 2024. All residents interviewed reported no problems with breakfast meals since December 2024. Food temperatures were measured at the end of tray preparation during the meal service on the afternoon of 2/12/2025 at dinner, and all foods sampled were of safe temperatures, appropriate appearance, matched the menu, and were palatable. The surveyor observed alternate foods available for use which were also palatable. The surveyor observed facility stocks of snacks and alternates which were observed to be sufficient. The facility also observed the facility dish supply which was adequate to meet demands of the kitchen at the time of the survey. Observations of utensils and dish storage areas revealed no concerns. Resident council minutes for 1/2025 were reviewed with no recurrent issues with dietary services noted. Additional interviews with multiple staff members conducted on all units and shifts during the survey included interviews with overnight shift personnel who reported no further issues with food quality in the morning after 12/2024. Multiple personnel interviewed reported they again ate meals at the facility themselves with no new concerns since the new DSM assumed management of the kitchen.

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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. 30647 Based on facility policy review, observation, and interview the facility failed to maintain a clean and sanitary Kitchen which had the potential to affect 105 of 105 residents of the facility. The findings include: Review of the facility's undated policy titled, Food Safety and Sanitation Policy, revealed .The food and nutrition services department will follow regulations as outlined by other official health agencies .with jurisdiction over the facility .Stored food is handled to prevent contamination and growth of pathogenic organisms .All time, temperature control for safety .foods including leftovers should be labeled, covered and dated when stored .when a food package is opened, the food item should be marked to indicate the open date .This date is used to determine when to discard food . During an observation in the kitchen and interview with the Dietary Manager (DM) on 2/12/2025 at 2:45 PM, during the evening meal preparation revealed the following: The range top was blackened with scattered food particles and residue beneath the burner eyes. The Deep Fryer revealed the appliance was coated with a thin layer of oil, and food debris on the upper deck. The baskets also contained cooked food particles. The deep fryer oil was heavily stained dark brown with floating food particles. The DM stated the device was last cleaned and the oil changed approximately 5 days ago, was supposed to be cleaned after use, and the oil changed once weekly on Fridays. Continued interview revealed the deep fryer cooking was supposed to be changed after fried fish was prepared. The DM confirmed the device was last used to cook fish and the oil was not changed. The 3-compartment sink revealed compartments #1 and #2 had clogged drains. Dirty dish water was pooled in both compartments. The sink had leaked from the clogged floor drain insertion site, flowed into the floor and had pooled in the corner behind and adjacent to the sink where 2 dark discolored grill grates were leaned against the kitchen wall and in contact with the pooled water. The pooled water in the floor was black in appearance and grease floating atop the water which was adjacent to the food preparation area. The DM reported the sink repeatedly had clogged floor drains which had been an ongoing issue for over 3 months. The steam table revealed mashed potatoes and pureed beans leftover from the lunch meal which was stored in tins covered with aluminum foil. The mashed potato temperature measured 136.9 degrees Fahrenheit (F) (safe temp range is 140 degrees). The DM stated the food items had not been removed after lunch service was served. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The walk- in refrigerator revealed an aluminum pan covered with foil which contained 5 cooked hamburger patties dated . 1/10 use by 1/13 . [1 month past the expiration date] The DM state the foods were prepared 2 days prior and had been misdated by staff. Continued observations revealed a 32-ounce (oz) container of egg mix open to air, 1/2 full, without a label or open date on the opened container and a 44 oz container of whipped cream with no label of the opened or expiration dates. The DM confirmed the food items were improperly stored and labeled and were available for use. The dish washing area revealed the drain line from the appliance was misaligned with the floor drain and wastewater from the dish washer failed to enter the drain at the end of each cycle which resulted in staff having to stand in the pooled water the dish washer was loaded and unloaded. The DM and kitchen staff who were present during the observation stated the issue had been present as long as they could remember. During interview on 2/12/2025 at 3:45 PM, the DM stated she had made multiple budget requests to the Administrator for needed repairs in the kitchen to maintain compliance with State and Federal Standards for food safety and quality. The DM stated the concerns were discussed with the Administrator 10/2024, and he had informed her the supplemental budget requests couldn't be approved at that time and stated to the DM . I'll take the tag [referring to a cited deficiency by the state agency . During interview on 2/18/2025 at 11:20 AM the Administrator confirmed the facility failed to maintain sanitary conditions and working equipment in the kitchen.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. 30647 Based on observations and interviews the facility failed to maintain all kitchen equipment in a safe and operable condition. The findings include: During observations in the dietary department and interview with the Dietary Manager (DM) on 2/12/2025 at 2:45 PM, during evening meal preparation, revealed the following: 1. The ice maker was inoperable. The DM stated the ice maker had been out of service for 2 months and not repaired. The DM stated the kitchen staff were required to use an ice maker at an adjacent nursing station to obtain ice for kitchen several times daily. 2. The Convection Oven #1 was inoperable. The DM stated the Convection Oven replacement parts were not unavailable and had been inoperable for 5 months. 3. The plate warming system revealed 1 of 3 plate warmers inoperable. The DM stated the facility administrator was made 10/2024 and had not been repaired or replaced. 4. The 3-compartment sink revealed compartments #1 and #2 had clogged drains. Dirty dish water was pooled in both compartments. The DM stated the sink repeatedly had clogged floor drains which had been an ongoing issue for over 3 months. Continued observation revealed water from the sink had leaked from the clogged floor drain insertion site, flowed into the floor and had pooled in the corner behind and adjacent to the sink. 2 dark and discolored grill grates were leaned against the kitchen wall and in contact with the pooled water which was dark in color and had grease floating atop the water. 5. The dish washing area revealed the drain line from the dish washer was misaligned with the floor drain. Waste water from the dish washer failed to enter the drain at the end of each cycle as water pressure decreased and pooled in the floor of the dish washing area where staff had to stand in it as they loaded and unloaded the machine. The DM and kitchen staff present said the observed misalignment had been present as long as they could remember. During interview on 2/12/2025 at 3:40 PM the Maintenance Director stated the problems with the 3-compartment sink drainage system had been recurrent for several months despite multiple prior repairs. The maintenance director stated he was not aware of the misaligned floor drain in the dish washer area and the ice maker could not be repaired due to lack of available replacement parts and confirmed the device had been inoperable for several months. (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During interview on 2/12/2025 at 3:45 PM, the DM reported she had assumed oversight of the facility kitchen in October 2024 as replacement for the prior DM who was let go due to multiple issues related to food quality and management of the kitchen. The DM reported she had made multiple budget requests to the Administrator for needed repairs in the kitchen which included replacement of inoperable equipment in the kitchen to maintain compliance with State and Federal Standards for food safety and quality. The DM reported when she discussed her concerns with the Administrator sometime in October 2024, he informed her the supplemental budget requests couldn't be approved at that time and stated to the DM .I'll take the tag .