STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445256	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hartsville Convalescent Center	649 McMurry Blvd Hartsville, TN 37074

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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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47127 Based on facility policy review, hospital record review, medical record review and interview, the facility failed to provide the resident with a notice of the bed hold policy for 5 (Resident #4, Resident #31, Resident #41, Resident #46 and Resident #155) of 5 residents reviewed. The findings included: Review of the undated policy titled Bed Hold Policy revealed When a resident goes to the hospital from Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), Medicaid/Medicare will not pay to hold the bed in the nursing home. If a resident or resident's representative (RR) wants to hold their bed as Private Pay while they are in the hospital, the Business Office must be notified immediately to decide. The charges for the bed hold will begin the day the resident is transferred to the hospital. If a resident .or their RR, does not make the arrangements as described above, they will be discharged , and all items will be boxed and placed in storage for a limited time .To ensure that the resident and/or resident's representative is knowledgeable of the facility's bed hold policy and that their wishes are addressed, the facility will provide this policy upon admission and any transfer to the hospital . Review of the medical record revealed Resident #4 was admitted to the facility with diagnoses which included Dementia with mood disturbance, Chronic Systolic Heart Failure and Schizoaffective Disorder. Review of the Annual Minimum Data Set (MDS) dated [DATE], revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 2, which indicated a severe cognitive impairment. Review of the Hospital medical record revealed Resident #4 was hospitalized on [DATE] for Forehead Scalp Laceration, Acute Kidney Injury, and Hyperglycemia. Review of the medical record revealed Resident #31 was admitted to the facility on [DATE] with diagnoses which included Type 2 Diabetes Mellitus without complications, Obstructive Sleep Apnea, and Heart Failure. Review of the Annual MDS dated [DATE] for Resident #31 had a BIMS score of 9, which indicated moderate cognitive impairment. (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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Resident face sheet for Resident #31 revealed he was hospitalized from 9/25/2023 through 10/2/2023. Review of the medical record revealed Resident #41 was admitted to the facility on [DATE] with readmission on 7/8/2024 with diagnoses which included Acute on Chronic Systolic Heart Failure, Pleural Effusion and Chronic respiratory failure with hypoxia. Review of the Admission MDS dated [DATE] revealed Resident #41 had BIMS score of 13, which indicated no cognitive impairment. Review of the hospital record dated 6/5/2024 revealed Resident #41 was admitted to the hospital related to Respiratory Distress; Rib Fracture; and possible Pneumonia from 6/5/2024 to 6/13/2024. Review of hospital medical record revealed Resident #41 was admitted on [DATE] for altered mental status with behavioral issues. Resident #41 was admitted with hypoglycemia and large right pleural effusion. Review of the medical record revealed Resident #46 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included Acute Kidney Failure, Acute on Chronic Systolic (Congestive) Heart Failure and Myasthenia Gravis without exacerbation. Review of the Admission MDS dated [DATE] revealed Resident #46 had a BIMS score of 15, which indicated no cognitive impairment Review of the face sheet revealed Resident #46 was admitted to the hospital from 4/29/2024 through 5/14/2024. Review of the medical record revealed Resident #155 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included Chronic Obstructive Pulmonary Disease (COPD), Type 2 Diabetes Mellitus, Heart Failure, and Chronic Kidney Disease (CKD), unspecified Stage 3. Review of the Quarterly MDS dated [DATE], revealed Resident #155 had a BIMS score of 15, which indicated no cognitive impairment. Review of the face sheet revealed Resident #155 was admitted to the hospital from 6/29/2024 through 7/8/2024. Review of the medical records for Resident #4, Resident #31, Resident #41, Resident #46, and Resident #155, revealed no bed hold policies were signed at the time of transfer from the skilled nursing facility. During an interview on 7/18/2024 at 3:13PM the Director of Nursing stated, .We just discuss the bed hold policy on admission. I don't think we have any .documentation .

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44724 Based on facility policy review, medical record review, and interview, the facility failed to ensure a new Pre-Admission Screening and Resident Review (PASARR) screen was completed after an identified mental health diagnosis for 2 of 5 sampled residents (Resident #41 and Resident #47) reviewed. The findings include: Review of the facility policy titled, Resident Assessment-Coordination with PASARR Program, dated 6/2024 revealed, .This facility coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder .or a related condition receives care and services in the most integrated setting appropriate to their needs .PASARR Level I - initial pre-screening that is completed prior to admission .Negative Level I Screen - permits admission to proceed and ends that PASARR process unless a possible serious mental disorder .arises later .Positive Level I Screen - necessitates a PASARR Level II evaluation prior to admission .PASARR Level II - a comprehensive evaluation by the appropriate state-designated authority (cannot be completed by the facility) that determines whether the individual has MD [Mental Disorder] .or related condition, determines the appropriate setting for the individual, and recommends any specialized services and/or rehabilitative services the individual needs . Any resident who exhibits a newly evident or possible serious mental disorder .or a related condition will be referred promptly to the state mental health .authority for a level II resident review .Examples include .A resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a mental disorder .A resident transferred, admitted , or readmitted to the facility following an inpatient psychiatric stay or equally intensive treatment . Review of the PASARR dated 6/12/2024 for Resident #41 revealed, .Symptoms/Behaviors .There are no known mental health behaviors which affect interpersonal interactions .There are no known mental health symptoms affecting the individual's ability to think through or complete tasks which he/she should be physically capable of completing .Mental Health Symptoms .None or No Symptoms experienced .Outcome . Level I Outcome: No Level II Condition-Level I Negative . Review of the medical record revealed Resident #41 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included Altered Mental Status and behavioral issues. Review of the Admission Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 3 which indicated severe cognitive impairment. Continued review revealed Resident #41 experienced delusions, physical and verbal behaviors directed toward others for 1-3 days during the assessment reference period. Further review revealed Resident #41 received antipsychotics over the last 7 days. Review of the Daily Skilled Nurse's Note for Resident #41 dated 7/1/2024 revealed, .RSD [resident] .in chair /c [with] times of Anxiety .This nurse administered Haldol [antipsychotic medication given to treat certain types of mental disorders] 2 mg [milligram] IM [Intramuscular] shot per NP [Nurse Practitioner] D/T [due to] [increase] agitation & anxiety . (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Physician Orders dated 7/1/2024 revealed, .One time dose of Haldol 2 mg [milligram] IM [intramuscular] .Anxiety/Agitation . Review of the Nurse's Notes for Resident #41 dated 7/2/2024 revealed, .Rsd noted to have increased anxiety .Psych NP [Nurse Practitioner] in for visit, family at bedside order received to send Rsd to ER [emergency room] for eval . Review of the History and Physical for Resident #41 dated 7/2/2024 revealed, .Patient .present [to] emergency room secondary to altered mental status with acting out .family states that yesterday he was able to recognize them and today when she [family member] went to see him he was just very confused in talking out of his head .Was also very agitated .Patient is currently at skilled nursing facility .Patient not able to give any information .per family [he] had not slept in his last 3 days .admitted to the hospital for altered mental status with behavioral issues . Review of the readmission orders for Resident #41 dated 7/8/2024, revealed resident was placed on Seroquel [antipsychotic medication given to regulate mood and behaviors] upon readmission. No PASSAR was updated prior to readmission to reflect the increase behaviors, anxiety, altered mental status, or the use of an antipsychotic. During an interview on 7/16/2024 at 8:36 AM, Resident #41 stated, .I was in [Named Hospital #1] in a special ward . During an interview on 7/18/2024 at 11:50 AM, House Supervisor stated, .a PASARR should be updated if a new psych [psychiatric] diagnosis was given . The House Supervisor was asked when Resident #41 was placed on a prn Antipsychotic and discharged to the hospital due to behaviors was a new PASARR completed? The House Supervisor stated, .I don't have a new PASARR on [Named Resident #41] .It needs to be updated . Review of the medical record revealed Resident #47 was admitted to the facility on [DATE] with diagnoses which included Acquired absence of left leg above knee, Chronic Obstructive Pulmonary Disease, and Peripheral Vascular Disease. Review of the Quarterly MDS dated [DATE] revealed a BIMS score of 15 which indicated no cognitive impairment. Continued review revealed Resident #47 received an antianxiety medication over the last 7 days. Review of the PASARR for Resident #47 dated 3/20/2024 revealed .No mental health diagnosis is known or suspected .Mental Health Symptoms .None or No symptoms experienced .PSYCHOTROPIC MEDICATIONS 1. Has the individual been prescribed psychoactive (mental health) medications now or within the past 6 months .No . Level I Outcome .No Level II Condition-Level I Negative . Review of the admission orders dated 3/22/2024 revealed, .ALPRAZOLAM [Antianxiety medication given for Anxiety] .0.25 MG ORAL TWICE DAILY AS NEEDED INDICATION: anxiety . (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the March 2024 Medication Administration Record (MAR) for Resident #47 revealed Alprazolam 0. 25 mg tablet was administered on 3/24/2024, 3/27/2024, 3/28/2024, 3/29/2024, 3/30/2024, and 3/31/2024. Review of the PASARR for Resident #47 dated 4/18/2024 revealed, .No mental health diagnosis is known or suspected .Mental Health Symptoms .None or No Symptoms experienced .PSYCHOTROPIC MEDICATIONS 1. Has the individual been prescribed psychoactive (mental health) medications now or within the past 6 months .No . Level I Outcome .No Level II Condition-Level I Negative . The PASARR for Resident #47 dated 3/20/2024 and 4/18/2024 did not reflect the diagnosis of Anxiety or the use of a psychotropic (Alprazolam) medication. Review of the 4/2024 MAR for Resident #47 revealed Alprazolam 0.25 mg a tablet was administered on 4/4/2024, 4/5/2024, and 4/6/2024. Review of the 5/2024 MAR for Resident #47 revealed Alprazolam 0.25 mg tablet was administered on 5/4/2024 and 5/5/2024. During an interview on 7/18/2024 at 11:52 AM, the House Supervisor was asked about Resident #47's PASARR determination and the use of Alprazolam for Anxiety. The House Supervisor stated, .the Anxiety should be reflected on the form .

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44724 Based on facility policy review, facility fall investigation review, medical record review, and interview the facility failed to implement a comprehensive person-centered care plan intervention for 1 of 8 (Resident #39) sampled residents reviewed for falls. The facility's failure to implement a care plan intervention for a fall resulted in actual harm when Resident #39 fell from a sloped ramp for the second time. The findings include: Review of the facility policy titled, FALL PREVENTION AND MANAGEMENT, dated 10/2023 revealed, .A Fall Prevention and Management Program is used to provide a safe environment for residents. This program is designed to identify residents at risk of falls; define interventions for the prevention of falls and/or decrease the likelihood of injury .Nursing Management is responsible for updating care plan related to fall risk, interventions and/or injury related to falls .Review and update causative factors, interventions, and care plan . Pattern of falls, when identified, should be thoroughly evaluated for underlying causes so that a proactive approach and interventions can be implemented to decrease likelihood of further falls . Review of the facility policy titled, Care Plans, Comprehensive Person-Centered, dated 12/2016 revealed, . The comprehensive, person-centered care plan will .Include measurable objectives and timeframes . Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being .Incorporate identified problem areas .Incorporate risk factors associated with identified problems .reflect treatment goals, timetables and objectives in measurable outcomes .Aid in preventing or reducing decline in the resident's functional status and/or functional levels . Identifying problem areas and their causes, and developing interventions that are targeted and meaningful . Care plan interventions are chosen only after careful data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making . Review of the medical record revealed Resident #39 admitted to the facility on [DATE] with diagnoses which included Dementia, acquired absence of left upper limb related to machinery injury, and Chronic Ischemic Heart disease. Review of the Admission Minimum Data Set (MDS) dated [DATE] revealed Resident #39 had a Brief Interview for Mental Status (BIMS) score of 3 which indicated severe cognitive impairment. Continued review revealed Resident #39 had upper extremity impairment on one side and mobility device was a wheelchair. Further review revealed Resident #39 had a fall in the last month and in the last 2-6 months. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Incident/Accident Report for Resident #39 dated 6/17/2024 at 5:00 PM, revealed .RSD [resident] took off down ramp in his w/c [wheelchair] independently and flipped his w/c to the L [left] side Corrective/Preventative measures taken to reduce risk of reoccurrence of recent fall .Resident unable to use ramp by self; take him to DRoom [dining room] for meals, Return to common area after meals . Further review revealed an Activities of Daily Living (ADL) assessment dated [DATE] with comments, .6/17/24 [2024] Educated CNA [certified nursing assistant] that resident needs assist to manage ramp and should not be on ramp without staff . Review of the undated Certified Nursing Technician (CNT) Point of Care Documentation (how CNTs are to provide care to residents) revealed Resident #39 required staff assistance to navigate the ramp in the facility. Review of the Incident Scene Statement dated 6/17/2024 for Resident #39 revealed, .Rsd [resident] did not state what they were doing They just started down the ramp and the chair got away from them . Review of the comprehensive care plan for Resident #39 revealed .Problem Start Date: 06/17/2024 .Falls .at risk for falling R/T [related to] advanced dementia, poor safety awareness, terminal status and LUE [left upper extremity] amputation status .Approach Start Date .6/18/2024 .Staff education on resident use of ramp in main area. Resident is unable to manage ramp up or down to main DR [dining room] level without staff assistance . Review of the Incident/Accident Report for Resident #39 dated 6/22/2024 at 9:45 AM, revealed, .Resident observed coming in w/c down ramp at upstairs nurses [nurse's] station; saw him fall forward out of w/c; L side of forehead /c [with] abrasion . Review of the June 2024 Medication Administration Record (MAR) revealed on 6/22/2024 at 10:15 AM Tylenol 325 mg (milligram) 2 tablets were given my mouth for forehead. The MAR revealed Resident #39 experienced pain with the fall. Review of the comprehensive care plan for Resident #39 revealed .Problem .Falls .Approach Start Date . 6/22/2024 fall with .skin abrasion to forehead: Resident to not be on upper ramp level unless in DR [dining room] for meals. Staff is to escort resident up ramp to DR [dining room] and then down ramp to common area after meal. Sign placed at nursing station to alert staff . Review of the Rehabilitation Screen dated 6/24/2024 revealed, .Fall date 6/22/24 [2024] @ [at] 9:45 a.m. [AM] Findings: Pt. [patient] unable to recall what caused incident. Nursing reports pt self propelled WC [wheelchair] down ramp before nursing could reach him and fell out of chair hitting his head . Observation of the dining room on the 2nd floor on 7/15/2024 at 1:00 PM, revealed a ramp leaving the dining room going down in front of the nurse's station leading into the common area on the 2nd floor. Observation in common area on the 2nd floor on 7/15/2024 at 1:10 PM, revealed Resident #39 sitting in his wheelchair watching television. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 7/16/2024 at 12:04 PM, Family Member (FM) B stated, . [Named Resident #39] had two falls down the ramp. I finally had to ask the facility if he could eat in the big open common area instead of the dining room. It wasn't safe for him to go down that ramp . During an interview on 7/17/2024 at 11:00 AM the Director of Nursing (DON) was asked why the staff was not assisting Resident #39 down the ramp when he had the second fall on 6/22/2024. The DON stated, .the Certified Nursing Assistant [CNA] was agency she didn't know he needed assistance down the ramp . The DON was asked should the agency staff be aware of the care plan interventions to prevent falls for a resident. The DON stated, .well it was on the care plan, the agency staff could have reviewed the care plan . During a telephone interview on 7/17/2024 at 11:30 AM, Registered Nurse (RN) C stated, .I work PRN [as needed]. I was there when [Named Resident #39] fell down the ramp on 6/22/2024. The CNA and I wasn't made aware that he needed assistance going down the ramp. I found that out after his fall .I got a report from a nurse that day, but nothing was mentioned about his previous fall down the ramp and needing assistance when going down the ramp .

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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** 44724 Based on facility policy review, facility fall investigation review, medical record review, observation, and interview, the facility failed to provide adequate supervision to prevent an accident for 1 of 8 (Resident #39) sampled residents reviewed for accidents which resulted in actual Harm. On 6/17/2024, Resident #39, a vulnerable cognitively impaired resident, propelled himself down a sloped ramp and flipped his wheelchair. Staff were educated that Resident #39 could not propel down the ramp without staff assistance. On 6/22/2024, Resident #39 once again propelled himself down the ramp without staff assistance, flipped his wheelchair, and received an abrasion to the left side of his forehead. The findings include: Review of the facility policy titled, FALL PREVENTION AND MANAGEMENT, dated 10/2023 revealed, .A Fall Prevention and Management Program is used to provide a safe environment for residents. This program is designed to identify residents at risk of falls; define interventions for the prevention of falls and/or decrease the likelihood of injury .Nursing Management is responsible for updating care plan related to fall risk, interventions and/or injury related to falls .Review and update causative factors, interventions, and care plan . Pattern of falls, when identified, should be thoroughly evaluated for underlying causes so that a proactive approach and interventions can be implemented to decrease likelihood of further falls . Review of the medical record revealed Resident #39 admitted to the facility on [DATE] with diagnoses which included Dementia, acquired absence of left upper limb related to machinery injury, and Chronic Ischemic Heart Disease. Review of the Incident/Accident Report for Resident #39 dated 6/17/2024 at 5:00 PM, revealed .RSD [resident] took off down ramp in his w/c [wheelchair] independently and flipped his w/c to the L [left] side Corrective/Preventative measures taken to reduce risk of reoccurrence of recent fall .Resident unable to use ramp by self; take him to DRoom [dining room] for meals, Return to common area after meals . Further review revealed an Activities of Daily Living (ADL) assessment dated [DATE] with comments, .6/17/24 [2024] Educated CNA [certified nursing assistant] that resident needs assist to manage ramp and should not be on ramp without staff . Review of the undated Point of Care (document that provides information on how to care for the resident for Certified Nursing Technicians - CNT) for Resident #39 revealed, .no ramp navigation /s [without] staff . Review of the Incident Scene Statement dated 6/17/2024 for Resident #39 revealed, .Rsd [resident] did not state what they were doing They just started down the ramp and the chair got away from them . (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of the comprehensive care plan for Resident #39 revealed .Problem Start Date: 06/17/2024 .Falls .at risk for falling R/T [related to] advanced dementia, poor safety awareness, terminal status and LUE [left upper extremity] amputation status .Approach Start Date .6/18/2024 .Staff education on resident use of ramp in main area. Resident is unable to manage ramp up or down to main DR [dining room] level without staff assistance . Review of the Rehabilitation Screen for Resident #39 dated 6/18/2024, revealed .Findings .nursing reports that [Named Resident #39] went down WC [wheelchair] flipped @ [at] bottom of ramp. Fall was witnessed and [Named Resident #39] did not hit his head . Review of the Incident/Accident Report for Resident #39 dated 6/22/2024 at 9:45 AM, revealed .Resident observed coming in w/c down ramp at upstairs nurses [nurse's] station; saw him fall forward out of w/c; L side of forehead /c [with] abrasion . Review of the POST FALLS NURSING assessment dated [DATE], revealed .Resident observed coming in w/c down ramp @ [at] upstairs nurses [nurse's] station; saw him fall forward out of w/c; L side of forehead /c abrasion . Review of the POST-FALL DOCUMENTATION dated 6/22/2024, for Resident #39 revealed .RSD .in dining area in his w/c .has abrasion to (Lt) [left] forehead . Review of the Medication Administration Record (MAR) dated June 2024 revealed on 6/22/2024 at 10:15 AM, Tylenol 325 mg (milligram) 2 tablets were given by mouth for forehead. Review of the June MAR revealed Resident #39 experienced pain with the fall on 6/22/2024 and received pain medication. Review of the comprehensive care plan for Resident #39 revealed .Problem .Falls .Approach Start Date . 6/22/2024 fall with .skin abrasion to forehead: Resident to not be on upper ramp level unless in DR for meals. Staff is to escort resident up ramp to DR and then down ramp to common area after meal. Sign placed at nursing station to alert staff . The comprehensive care plan reflected Resident #39 needed continued assistance with going up and down the ramp. Review of the Rehabilitation Screen dated 6/24/2024, revealed .Fall date 6/22/24 [2024] @ 9:45 a.m. Findings: Pt. [patient] unable to recall what caused incident. Nursing reports pt self propelled WC [wheelchair] down ramp before nursing could reach him and fell out of chair hitting his head . Review of the Admission Minimum Data Set (MDS) dated [DATE] revealed Resident #39 had a Brief Interview for Mental Status (BIMS) score of 3, which indicated severe cognitive impairment. Continued review revealed Resident #39 had upper extremity impairment on one side and mobility device was a wheelchair. Further review revealed Resident #39 had a fall in the last month and in the last 2-6 months. Observation of the dining room on the 2nd floor on 7/15/2024 at 1:00 PM, revealed a ramp leaving the dining room going down in front of the nurse's station leading into the common area (large open area with couch, television, and dining area for residents to sit). (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Observation in the common area on the 2nd floor on 7/15/2024 at 1:10 PM, revealed Resident #39 sitting in his wheelchair watching television. During a telephone interview on 7/16/2024 at 12:04 PM, Family Member (FM) B stated, .[Named Resident #39] had two falls down the ramp. I finally had to ask the facility if he could eat in the big open common area instead of the dining room. It wasn't safe for him to go down that ramp . During an interview on 7/17/2024 at 11:00 AM, the Director of Nursing (DON) was asked what was put in place to prevent [Named Resident #39] from having another accident on the ramp after the first fall on 6/17/2024. The DON stated, .The staff should assist him when he uses the ramp .the Certified Nursing Assistant [CNA] was agency [an employee from a working staff agency] she didn't know he needed assistance down the ramp .I done [did] some education with the staff . The DON was asked should the agency staff be aware of the care plan interventions to prevent falls for a resident. The DON stated, .well it was on the care plan, the agency staff could have reviewed the care plan . During a telephone interview on 7/17/2024 at 11:30 AM, Registered Nurse (RN) C stated, .I work PRN [as needed]. I was there when [Named Resident #39] fell down the ramp on 6/22/2024. The CNA and I wasn't made aware that he needed assistance going down the ramp. I found that out after his fall .I got a report from a nurse that day, but nothing was mentioned about his previous fall down the ramp and needing assistance when going down the ramp .

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44724 Based on facility policy review, medical record review, and interviews the facility failed to provide evaluation and rational for continued use of a PRN (as needed) anti-anxiety medication for 1 resident (Resident #47) of 5 residents reviewed for unnecessary medications. The findings include: Review of the facility policy titled, Psychotropic Medication Use, dated 12/2023 revealed, .Residents of the facility who are prescribed a psychotropic medication will be monitored. The resident ' s need for the psychotropic medication will be monitored .Both the medical staff and nursing shall evaluate the effectiveness of PRN orders for psychotropic drugs to manage behavior . Review of the medical record revealed Resident #47 was admitted to the facility on [DATE] with diagnoses which included Acquired absence of left leg above knee, Chronic Obstructive Pulmonary Disease, and Peripheral Vascular Disease. Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 15 which indicated no cognitive impairment. Continued review revealed Resident #47 received an antianxiety over the last 7 days. Review of the admission orders dated 3/22/2024 revealed an order for Alprazolam (psychotropic medication given for anxiety) 0.25 mg (milligram) orally twice daily as needed for anxiety with no stop date. Review of a Pharmacy recommendation dated 3/22/2024 revealed, .PRN Alprazolam-If continued beyond 14 days, complete CMS [Centers for Medicare & Medicaid Services] required review. Please add a stop date to the order . Review of the Medication Administration Record (MAR) for Resident #47 dated 3/2024 revealed Alprazolam 0.25 mg tablet was administered on 3/24/2024, 3/27/2024, 3/28/2024, 3/29/2024, 3/30/2024, and 3/31/2024. Review of the MAR for Resident #47 dated 4/2024 revealed Alprazolam 0.25 mg tablet was administered on 4/4/2024, 4/5/2024, and 4/6/2024. Review of the physician orders dated 4/7/2024 revealed a clarification order for Alprazolam 0.25 mg tablet by mouth twice daily PRN for anxiety x [times] 30 days, then re-eval [re-evaluation]. Review of the MAR for Resident #47 dated 5/2024 revealed Alprazolam 0.25 mg tablet was administered on 5/4/2024 and 5/5/2024. Review of the physician orders dated 5/13/2024 revealed an order to continue Alprazolam 0.25 mg tablet by mouth twice daily as needed x [times] 30 days for anxiety. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Medical Director and Nurse Practitioner (NP) notes from 3/24/2024 to 5/21/2024 revealed no documentation related to the continued need for the use of PRN antianxiety. During an interview on 7/17/2024 at 10:45 AM, the Director of Nursing (DON) stated, .I do know [Resident #47] was on an antianxiety. I am not sure why it doesn ' t have a stop date . During a telephone interview on 7/17/2024 at 4:46 PM, the Pharmacist stated, .I did make the recommendation to add a stop date to the order for the Alprazolam .prn psychotropics should only be given for 14 days and then the MD or NP would need to reevaluate and note the need to continue the medication . During a telephone interview on 7/18/2024 at 10:00 AM, the NP stated, .anyone placed on a prn psychotropic should have a 14 day stop date and then the patient should be reevaluated for the continued need for the medication .

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46831 Based on facility policy review, medical record review, observation, and interview, the facility failed to ensure food was stored, prepared, and served under sanitary conditions as evidenced by unlabeled and undated food items, failed to maintain 1 of 2 coolers in proper working order to prevent potential cross-contamination to stored food, and failed to keep a temperature log and a thermometer for all personal refrigerators for 4 of 4 (Resident #2, #3, #11, and #42) sampled residents reviewed. The facility had a census of 53. The findings include: Review of the facility policy titled, Food Receiving and Storage, dated 10/2017 revealed, .All foods stored in refrigerator or freezer will be covered, labeled and dated (use by date) .Functioning of the refrigeration and food temperatures will be monitored at designated intervals throughout the day by the food and nutrition services manager or designee and documented according to state-specific requirements . Review of the facility policy titled, Maintenance Service, dated 8/2008 revealed, .Maintenance service shall be provided to all areas of the building, grounds, and equipment .The Maintenance Department is responsible for maintaining the .equipment in a safe and operable manner at all times . Review of the facility policy titled, Resident Refrigerators, dated 1/16/2024, revealed .it is the policy of the facility to ensure safe and sanitary use of any resident-owned refrigerators .Policy Explanation and Compliance Guidelines .1. b. The refrigerator maintains proper temperatures .2. Nursing staff or designee shall record refrigerator temperatures daily on a temperature log maintained in the Director of Nursing office . a. A thermometer shall remain in the refrigerator .b. Temperatures will be at or below 41-degree F [Fahrenheit] .3. Housekeeping staff shall clean the refrigerator weekly and discard any foods that are out of compliance .4. b. Leftovers shall be dated upon receipt and discarded within three days . Observation in the Kitchen on 7/15/2024 at 11:15 AM, revealed a bag of 15 [NAME] unlabeled and undated in the reach in cooler. Continued observation revealed clear liquid in a plastic container with drops of condensation falling into the container from the top of the cooler. During an interview on 7/15/2024 at 11:17 AM, the Interim Dietary Manager stated, .the [NAME] should be labeled and dated .I was not notified the cooler was dripping. I will let the maintenance man know about the cooler . Review of the medical record revealed Resident #2 was readmitted to the facility on [DATE] with diagnoses which included Paraplegia [the inability to voluntarily move the lower parts of the body], Arthropathy, and Muscle Weakness. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] for Resident #2 revealed, a Brief Interview of Mental Status (BIMS) score of 11 which indicated moderate cognitive impairment. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the refrigerator temperature log for Resident #2, revealed no temperatures documented since 1/2/2024. No further temperature logs were provided for Resident #2's refrigerator. Observation of Resident #2's room on 7/16/2024 at 11:25 AM, revealed a personal refrigerator with no temperature log present. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE] with diagnoses which included Diverticulosis of large intestine without perforation or abscess with bleeding, Unspecified Intellectual disabilities, and Essential (Primary) Hypertension. Review of the Annual MDS assessment dated [DATE] for Resident #3 revealed, a BIMS score of 12 which indicated moderate cognitive impairment. Review of the refrigerator temperature log for Resident #3, revealed no temperatures documented since 1/4/2024. Observation of Resident #3's room on 7/16/2024 at 11:20 AM, revealed a personal refrigerator with no temperature log, no thermometer present, and two undated foam containers with food in it. Review of the medical record revealed Resident #11 was admitted to the facility on [DATE] with diagnoses which included Type 2 Diabetes Mellitus, Coronary Artery Disease (CAD), and Congestive Heart Failure (CHF). Review of the Significant Change MDS assessment dated [DATE] for Resident #11 revealed, a BIMS score of 14 which indicated no cognitive impairment. Review of the refrigerator temperature log for Resident #11, revealed no temperatures documented since 1/1/2024. No further temperature logs were provided for Resident #11's refrigerator. Observation of Resident #11's room on 7/16/2024 at 11:15 AM, revealed a personal refrigerator in the room with no temperature log present. During an interview on 7/16/2024 at 1:45 PM, Licensed Practical Nurse (LPN) K confirmed Resident #11's personal refrigerator had no temperature log present, Resident #3's personal refrigerator had no temperature log present nor a thermometer, and Resident #2's personal refrigerator had no temperature log present. When asked where the temperature logs were located, LPN K stated, In a book at the nurse's station. When asked to see the logbook for temperatures, LPN K provided the surveyor with a copy of the temperature logs in the logbook. Continued interview revealed when asked if a residents' personal refrigerator should have a temperature log, LPN K replied, The DON would have that information. During an interview on 7/16/2024 at 2:30 PM, the House Supervisor was asked if a personal refrigerator should have a temperature log and a thermometer present. The House Supervisor replied, Yes. All resident refrigerators should have temperature logs present and a thermometer on the inside. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the medical record revealed Resident #42 was admitted to the facility on [DATE] with diagnoses which included Unspecified Dementia, Essential (Primary) Hypertension, and Disease of Pericardium. Review of the Annual MDS assessment dated [DATE] for Resident #42 revealed, a BIMS score of 15 which indicated no cognitive impairment. Observation of Resident #42's room on 7/16/2024 at 4:15 PM, revealed a personal refrigerator with no temperature log present.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46831 Based on facility policy review, medical record review, observation, and interview, the facility failed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 2 of 53 rooms observed. The facility failed to provide clean equipment for 1 of 53 (Resident #155) sampled residents reviewed. The findings include: Review of the facility policy titled, Disinfection of Bedpans and Urinals, dated 1/16/2024, revealed .Bedpans and urinals are handled in a manner to prevent the spread of infection through personal equipment .Bedpans and urinals are for single resident use only. [NAME] with the resident's name and discard upon discharge . Store bedpans and urinals in the resident's bedside cabinet or drawer after placing in a plastic bag or as per facility policy . Review of the facility's policy titled, Guidelines for the Administering and Storage of Oxygen, revised 10/2023, revealed .Oxygen is administered for adults through an oxygen mask or nasal prongs and tubing . The tubing should be kept off the floor .Long periods of non-use O2 [oxygen] tubing will be kept in plastic bag . Observation in a shared bathroom for room [ROOM NUMBER] and 231 on 7/15/2024 at 11:15 AM, revealed an uncovered bedpan sitting in the floor with no name on it. During an interview on 7/15/2024 at 11:30 AM, Licensed Practical Nurse (LPN) G confirmed there was an uncovered bedpan in the bathroom floor between room [ROOM NUMBER] and 231 with no name on it. LPN G stated the bedpan should have been in a bag with the resident's name and room number on it. During an interview on 7/15/2024 at 11:45 AM, the House Supervisor confirmed the uncovered bedpan sitting in the floor in the shared bathroom between room [ROOM NUMBER] and 231 should have been in a bag with the name and room number on it. The House Supervisor stated she did not know why the bedpan was in the floor uncovered, but it would be an infection control issue. Observation in a shared bathroom for room [ROOM NUMBER] and 110 on 7/11/2024 at 11:50 AM, revealed a urine hat [collection device which aids in measuring or collecting urine for a specimen] sitting unbagged on the back of the commode with the initials GM. Review of the resident census revealed no residents with the initials GM in room [ROOM NUMBER] or 110. During observation and interview in the shared bathroom for room [ROOM NUMBER] and 110 on 7/11/2024 at 11:52 AM, the House Supervisor stated, .I don't know who that belongs to [referring to the urine hat], it should be in a bag . _____ (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the medical record revealed Resident #155 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included Chronic Obstructive Pulmonary Disease (COPD), Type 2 Diabetes Mellitus, Heart Failure, and Chronic Kidney Disease (CKD), unspecified Stage 3. Review of the Care Plan for Resident #155 dated 4/9/2024, revealed a plan and interventions for . POTENTIAL FOR COMPLICATIONS FROM CARDIO-PULMNARY ISSUES: DIASTOLIC CHF [Congestive Heart Failure] AND COPD .ADMINISTOR OXYGEN [O2] PER ORDERS O2 2L [Liters] PNC [per nasal canula - a thin tube to administer oxygen] . Review of Admission Physican Orders for Resident #155 dated 7/8/2024, revealed, .OXYGEN AT 2 L/MIN [liters per minute] PER NC [nasal cannula] OR MASK .PRN [as needed] .CHANGE O2 TUBING PRN FOR LEAKAGE/SOILING. PLACE IN BAG WHEN NOT IN USE .DUONEB [combination of medications Ipratropium bromide/albuterol for inhalation therapy] inh [inhalation] 3 ML [milliliter] inhale 3 ML QID [four times a day] PRN . Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #155 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated no cognitive impairment. Observation in Resident #155's Room on 7/16/2024 at 8:47 AM, revealed oxygen tubing with nasal cannula lying on the floor next to Resident #155's bed connected to the Oxygen concentrator. During an interview in Resident #155's Room on 7/16/2024 at 8:48 AM, Certified Nursing Assistant (CNA) I confirmed that the oxygen tubing with nasal cannula for Resident #155 was lying on the floor connected to the Oxygen concentrator next to the bed. CNA I stated the Oxygen tubing with nasal cannula should have been placed in the bag connected to the Oxygen concentrator when not in use. During an interview in Resident #155's Room on 7/16/2024 at 8:51 AM, LPN J confirmed Resident #155's Oxygen tubing with nasal cannula was on the floor in front of the Oxygen concentrator next to the bed. LPN J stated Resident #155 was on 2 liters Oxygen PRN and wears it mostly at night. LPN J confirmed the O2 tubing should be kept in the plastic bag on the side of the Oxygen concentrator when not in use. LPN J was asked what risk does Oxygen tubing with nasal cannula on the floor pose to Resident #155. LPN J stated, It is a risk for germs and infection if the Oxygen tubing is on the floor.