STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445295	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holston Rehabilitation and Care Center	3641 Memorial Blvd Kingsport, TN 37664

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
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** Based on facility policy review, medical record review, facility investigation review, hospital record review, and interview, the facility failed to provide an environment that was as free of accident hazards as possible and provide adequate supervision to prevent accidents for 1 of 5 (Resident #166) residents reviewed for falls. Resident #166 had an unwitnessed fall, nursing staff failed to report the fall to the physician resulting in a 9-day delay in evaluation and Resident #166 was later diagnosed with a left hip fracture. The facility's failure resulted in actual Harm for Resident #166.The findings include: Review of the facility's policy titled, Change in Condition of Residents, dated 1/22/2024, revealed .notification of the physician, legal representative/family member should occur promptly when there is a change in condition .defined .an accident .which results in injury and has potential for physician intervention .accident or incidents resulting in suspected injury . Review of the medical record revealed Resident #166 was admitted to the facility on [DATE] with diagnoses including Chronic Respiratory Failure, Emphysema, and Weakness. Review of a Physician's Order for Resident #166 dated 4/2/2025, revealed .Ropinirole 0.25mg [milligram] PO [by mouth] at bedtime for Restless Leg Syndrome .Trazodone 100mg PO at bedtime for Insomnia .Alprazolam 0.5mg Give 1 tablet every 6 hours as needed for Anxiety .Tramadol 100mg PO every 8 hours as needed for pain .Olanzapine 10mg PO at bedtime for Mood Disorder .Cyclobenzaprine 10mg PO every 8 hours as needed for Muscle Spasms .Gabapentin 100mg PO at bedtime for Neuropathy .Review of the Clinical Health Evaluation for Resident #166 dated 4/2/2025, revealed .fall risk factors .diminished safety awareness .impairment in gait or balance .Impairment to lower extremities .proceed to care plan . Review of the comprehensive care plan for Resident #166 dated 4/2/2025, revealed a terminal prognosis/Hospice related to Chronic Obstructive Pulmonary Disease (COPD). Further review revealed no fall interventions had been documented on the resident's comprehensive care plan. Review of the Hospice Comprehensive Assessment and Plan of Care for Resident #166 dated 4/2/2025, revealed .SN [Skilled Nurse] to instruct patient/caregiver on fall precautions assess for safety hazards .patient/caregiver will understand safety .ensure patient safety .Review of a Skilled Nursing Evaluation for Resident #166 dated 4/4/2025, revealed .vocal complaints of pain .location generalized .score 3 [on a 0 to 10 scale with 0 being no pain and 10 being unbearable pain] .worse with movement .Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #166 scored a 3 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Continued review revealed the resident was dependent on staff for toileting, bathing, personal hygiene, and required moderate assistance with transfers and bed mobility. Review of the Medication Administration Record (MAR) for Resident #166 dated 4/1/2025-4/30/2025, revealed .Tramadol 100mg PO was given .4/5/2025 at 9:01 AM .4/5/2025 at 20:37 .4/6/2025 at 20:35 [8:35 PM].4/7/2025 at 20:34 [8:34 PM] .4/8/2025 at 9:19 AM and 20:57[8:57 PM] .4/9/2025 at 9:09 AM and 21:51 [9:51 PM] .4/10/2025 at 20:42 [8:42 PM] .4/11/2025 at 9:48 AM and 20:24 [8:24 PM] .4/12/2025 at 9:02 AM and 21:26 [9:26 PM] .4/13/2025 17:39 [5:39 PM] . Further review revealed Resident #166 did not receive pain medication until after (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 0689 Level of Harm - Actual harm Residents Affected - Few	the fall on 4/4/2025 (fall reported 9 days later on 4/13/2025).Review of the MAR for Resident #166 dated 4/1/2025 - 4/30/2025 revealed .Alprazolam 0.5mg PO was given .4/3/2025 at 23:53 [11:53 PM] .4/4/2025 at 21:49 [9:49 PM] .4/5/2025 at 9:01 AM and 20:28 [8:28 PM] .4/6/2025 at 20:35 [8:35] .4/7/2025 at 8:29 AM, 17:38 [5:38 PM], and 23:45 [11:45 PM] .4/8/2025 at 9:19 AM and 21:58 [9:58 PM] .4/9/2025 9:09 AM .4/10/2025 at 20:42 [8:42 PM] .4/11/2025 at 9:49 AM and 20:24 [8:24 PM] .4/12/2025 at 9:02 AM and 21:45 [9:45 PM] .4/13/2024 at 17:38 [5:38 PM] . Review of the MAR for Resident #166 dated 4/1/2025 -4/30/2025 revealed .Cyclobenzaprine 10 mg PO was given .4/12/2025 at 21:26 [9:26 PM] .4/13/2025 at 17:38 [5:38 PM] . Review of the MAR for Resident #166 dated 4/1/2025 - 4/30/2025, revealed .Hydrocodone 5-325mg PO given 4/13/2025 at 3:02 AM .Review of the Multi-Disciplinary Care Conference for Resident #166 dated 4/10/2025, revealed .alert and orientated X [times] 1 .confusion .patient [resident] needs maximum assistance with all ADLS [Activities of Daily Living] .resident has difficulty voicing needs and preferences due to confusion .Review of a witness statement authored by CNA X dated 4/13/2025, revealed . I [CNA X] was in [Resident #166's] room picking up her supper tray and she was telling me her left hip was hurting her. I told [Licensed Practical Nurse (LPN) BB] about it . Review of a nursing progress note for Resident #166 dated 4/13/2025, revealed .called [Hospice] .spoke with nurse .advised of increased pain in left hip area .new order issued for x-ray of left hip for Pain/discomfort [9 days after the fall].Review of Review of a Physician's order for Resident #166 dated 4/13/2025, revealed .Hydrocodone 5-325 mg Give 1 tablet by mouth every 4 hours as needed for pain . Review of a Mobile Images Patient Report for Resident #166 dated 4/13/2025, revealed .left intertrochanter femoral/hip fracture [break in the thigh bone that occurs between the two bony prominences on the upper part of the thigh].Review of the nurse's note for Resident #166 dated 4/13/2025, revealed .resident being transported to ER [Emergency Room] due to abnormal hip X-ray .Review of a staff statement for Resident #166 dated 4/14/2025, revealed the CNA reported on 4/4/2025, she was sitting at a desk with another CNA and heard help me help me. The CNA found Resident #166 in her room on floor in front of her bed. Resident #166 complained of left hip pain after fall. Further review revealed the fall was reported to the nursing supervisor on duty several times.Review of a Root Cause Analysis for failure to report a fall for Resident #166 dated 4/15/2025, revealed .staff member failed to document and follow fall procedures .staff member failed to notify provider and family as indicated .Review the facility's fall investigation document completed on 4/16/2025, (12 days after the fall) revealed Resident #166 sustained a fall on 4/4/2025 at 10:30 PM; .patient found on floor in room beside her bed by CNA [Certified Nursing Assistant] .Second CNA in hallway motioned to room. Upon seeing resident on the floor, second CNA notified nurse. Nurse assisted CNA to putting resident back in bed . Review of a Hospital Discharge Summary for Resident #166 dated 4/18/2025, revealed XXX[AGE] year-old .continued complaints of left hip pain .patient and daughter both deny falling or falling at daughters house .admitting diagnosis angulated hip fracture [bone break in the hip area where the broken bone pieces have shifted out of alignment and are tilted at an angle]Review of a staff statement from CNA X dated 9/23/2024, revealed LPN Z was the charge nurse on duty on 4/4/2025, CNA Y found Resident #166 on the floor and CNA X remained with the resident until CNA Y returned with LPN Z. LPN Z and CNA Y assisted Resident #166 back to bed.During an interview on 9/23/2025 at 8:59 AM, RN AA stated the Interdisciplinary Team (IDT) met daily and falls were discussed. RN AA stated Resident #166's fall that occurred on 4/4/2025 was not discussed in the IDT meeting until 4/13/2025. Continued interview revealed after the left hip fracture was identified on 4/13/2025 (9 days later) the facility began an investigation. RN AA further stated, .to my knowledge, I don't think there was an incident report filed when this person fell. It was completed after the ER visit .During an interview on 9/23/2025 at 10:55 AM, the Director of Nursing (DON) stated LPN Z was the supervising nurse on 4/4/2025 and did not report Resident #166 had a fall. On 4/13/2025, the resident complained of increased pain, had a hip x-ray ordered, and determined the resident had sustained a Left Hip Fracture. The DON stated she spoke with the resident regarding her pain and the resident told me she (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	had fallen at home prior to admission to the facility. The DON stated she called the Resident's daughter, and she reported the resident had not fallen at home in over 8 months. During an interview on 9/24/2025 at 7:45 AM, LPN BB stated .I had reported to the doctor she [Resident #166] was having hip pain .the hospice nurse came in and ordered an Xray .I was unaware she had fallen . During an interview on 9/24/2025 at 8:40 AM, the Nurse Practitioner stated he was notified by the facility that Resident #166 had increased pain and ordered an X-rayDuring an interview on 9/24/2025 at 10:10 AM, the DON stated LPN Z did not complete an incident report for Resident #166's fall on 4/4/2025 and 9 days later (4/13/2025) after Resident #166 complained of hip pain, an Xray was completed and with diagnosis of Left Hip Fracture. The DON stated that LPN Z did not follow policies or procedures, did not notify timely, and the care plan was not updated timely with interventions for fall on 4/4/2025. During an interview on 9/24/2025 at 1:00 PM, Hospice RN CC stated she was notified by the facility on 4/13/2025 of Resident #166's increased left hip pain. Hospice RN CC stated she arrived at the facility to evaluate the resident on 4/13/2025 and observed Resident #166 in bed, frail, with pain score 8 out of 10 on her left hip and could not bear weight on her lower left side. Hospice RN CC stated new pain medication of Lortab 500 milligrams and X-ray of left hip was ordered. Hospice RN CC stated that she notified the Resident's daughter of the left hip fracture and requested the Resident be evaluated at the emergency room (ER).During an interview on 9/24/2025 at 4:45 PM, the DON stated .it was possible failure to implement a fall care plan contributed to the resident incurring a fracture from the fall .During an interview on 9/25/2025 at 7:05 PM, CNA Y stated .she and CNA X were sitting at the nurse's desk .heard a scream from Resident #166's room .she went into Resident #166's room and the resident was on the floor at foot of bed .she said she called for LPN Z to come check her [Resident #166] out .LPN Z came and did not assess her [Resident #166] .LPN Z stated she {Resident #166] was all right .LPN Z and CNA X lifted her [Resident #166] up .she [Resident #166] let out a blood curdling scream and was crying that my hip hurts .she called LPN Z several times about the resident's [Resident #166] pain and LPN Z kept saying she [Resident #166] is ok .she said the resident[Resident #166] was in pain the following days that CNA Y worked .notified the nurse of resident's [Resident #166] pain .The facility was cited as past noncompliance, and the facility is not required to submit a Plan of Correction for F-689.The facility immediately implemented corrective actions. The facility's corrective actions were validated onsite by the surveyors on 9/24/2025. The corrective action plan included the following:On 4/13/2025, the facility initiated a Root Cause Analysis Summary. Review of the Root Cause Analysis Summary and interview with the Director of Nursing (DON) on 9/24/2025 at 10:10 AM, confirmed the root cause analysis was initiated on 4/13/2025 and revealed .Resident complained of pain in left hip on 4/13/2025 .LPN notified hospice provider and hospice nurse came and assessed Resident and ordered different pain medication .Xray of left hip .Xray revealed left hip fracture .family was notified on 4/13/2025 .Resident was sent to ER for evaluation and had surgery on left hip .during investigation it was determined that night shift LPN did not complete an incident report for the Resident's fall on 4/4/2025, and 9 days later (4/13/2025) Xray was completed and with diagnosis of Left Hip Fracture .staff member did not follow policies or procedures, did not notify timely, care plan was not updated timely with interventions for fall on 4/4/2025 .DON is responsible for this. The [NAME] will ensure nursing is doing competencies for falls and reporting timely .On 4/13/2025, an Ad Hoc Quality Assurance & Performance Improvement (QAPI) Meeting was held, and the following plan was recommended and implemented: Notification of provider, family, and hospice, results of left hip xray with orders to send to ED for evaluation and treatment r - completed 4/13/2025. Social Services conducted interviews on 100% of patients and families - no concerns identified - completed 4/20/2025. Risk Manager or Designee will conduct in-services with licensed nurses regarding proper fall procedures and reporting procedures - completed 4/20/2025. Risk Manager or Designee will conduct abuse training with all employees - completed 4/20/2025. Risk Manager or Designee will conduct in-services training with licensed nurses on proper procedures for provider and family notification for all patient change in conditions - (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	completed 4/20/2025. Risk Manager or Designee will conduct in-services with licensed nurses who to notify for any patient change in conditions - completed 4/20/2025 Risk Manager or Designee will conduct in -service with all licensed nurses on implementation of fall first responder forms - completed 4/20/2025. Wound Care Nurse or Designee will conduct skin assessment on all patients with BIMS score less than 9 - completed 4/20/2025 Staff Coordinator or Designee will conduct interview/obtain statements with all clinical staff to identify potential concerns with notification of patients who have had fall - completed 4/20/2025Review of the QAPI sign-in sheet dated 4/14/2025, and interview with the Director of Nursing on 9/24/2025 at 10:10 AM, confirmed the QAPI meeting was held, and the corrective action plan had been completed.Review of the 3 X Weekly, 2 X weekly, and 1 X weekly dated 7/31/2025, revealed .There had not been any more issues with notification of falls to facility, provider, fall responder form had been useful in ensuring every incident had been reported, fall procedures had been followed and notification of change in resident's condition .On 4/20/2025, all licensed nursing staff were in serviced regarding proper fall procedures and reporting procedures, who to notify for any patient change in conditions, implementation of fall first responder forms, wound care nurse or designee conducted skin assessments on all resident with BIMS less than 9 and no issues were noted, staffing coordinator or designee conducted interviews and/or obtained statements with all clinical staff to identify potential concerns with notification of patients had a fall. Abuse training was conducted with all staff. During an interview on 19/26/2025 at 2:37 PM, the Director of Nursing (DON) confirmed all licensed nursing staff were in-serviced on proper fall procedures and reporting procedures, who to notify for any patient change in conditions, implementation of fall first responder forms, wound care nurse conducted skin assessments on all residents with BIMS less than 9 and no issues were noted, interviews/statements were obtained from all clinical staff to identify potential concerns with notification of patients had a fall. The DON further stated that abuse training had been conducted with all staff. The DON confirmed that date certain was 4/20/2025 for their Performance Improvement Plan.Review of a Plan of Correction revealed monitoring began on 4/14/2025 with PIP in place with completion date of 7/31/2025.Review of Emergency QAPI Meeting Minutes revealed identified issue, safety plan for residents, plan for other affected residents, system change identified with education plan, and monitoring system.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. Based on facility policy review, observations, and interviews, the facility failed to ensure the dumpster area was maintained in a clean and sanitary condition and garbage and refuse were properly contained in 3 of 3 dumpsters.The findings include:Review of the facility's policy titled, Disposal of Garbage and Refuse, dated 9/1/2024, revealed .Garbage and refuse .Surrounding area shall be kept clean so that accumulation of debris and insect/ rodent attractions are minimized .receptacles for refuse shall be maintained in good repair .During an observation with the Certified Dietary Manager (CDM) on 9/22/2025 at 11:50 AM, revealed the following: The 3 of 3 dumpsters were observed with the doors open. Around the dumpster area the following items were observed broken or in disrepair: 2 bed frames, 4 nightstands, 1 end table, 1 office chair, 1 toilet, 1 wheelchair, and 1 file rack. Continued observation revealed various garbage debris scattered on the outer right edge of the dumpster area. The CDM stated the broken items had been around the dumpster area for more than 2 weeks and confirmed the dumpster area was not maintained in an orderly and sanitary condition. Review of a facility invoice dated 8/1/2025 revealed an extra dumpster container was delivered to the facility on 7/9/2025, extra dumpster service was provided on 7/21/2025 and 7/31/2025 for the removal of broken furniture items which could not be collected in the regular dumpster.During an observation of the dumpster area and interview on 9/23/2025 at 9:13 AM, the Administrator stated the broken items around the dumpster area were .piled up. and then a roll dumpster would be ordered to pick up the items when needed. The Administrator stated he was unsure how long the broken items had accumulated around the dumpster area. During an observation and interview on 9/23/2025 at 10:33 AM, revealed a lawn care company crew removing the broken items from the dumpster area. The Lawn Care Crew Director stated this was not part of the normal services provided for the facility although they had removed items once in the past. The Lawn Care Crew Director stated he received a call from his supervisor on 9/23/2025 and was advised to remove the items today from around the dumpster area. The Crew Director stated it was his understanding there were plans in the works as of 9/23/2025 with the lawn care company and the facility to begin routine removal of broken furniture and other items which were unable to be discarded in the regular dumpsters. During an interview on 9/23/2025 at 1:35 PM, the Maintenance Director stated approximately 6 months ago the facility began removing broken items from the facility and placed near the dumpsters until the items could be removed. The Maintenance Director stated an extra roll dumpster was obtained to discard the items and again approximately 1 month ago. The Maintenance Director stated the facility was still in the process of removing old or broken items and those items were being placed around the dumpster area until another roll dumpster could be obtained. The Maintenance Director stated the broken items around the dumpster area observed on 9/22/2025 had been there for more than 2 weeks and there was no current schedule for the items to be removed until 9/23/2025.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interview, the facility failed to ensure appropriate Personal Protective Equipment (PPE) was donned for 2 residents (Resident # 25 and #37) of 25 residents observed for Enhanced Barrier Precautions (EBP) and the facility failed to wear face coverings during a COVID-19 outbreak on 5 of 5 hallways of 1 of 2 shifts.The findings include: Review of the facility's policy titled, Nursing Management Manual, effective 3/21/2024, revealed .implement Enhance Barrier Precautions (EBP) for the prevention of transmission of multidrug resistant organisms .all staff receive training on enhanced barrier precautions upon hire and annually .training in high risk activities .are expected to comply with all precautions .an order for enhanced barrier precautions will be obtained for .wounds .even if the resident is not known to be infected or colonized .PPE for enhanced barrier precautions .necessary when performing high contact care .activities include .dressing .changing . wound care .providing hygiene care . Review of the facility policy titled, Covid-19 Prevention, Response and Reporting, revised 9/1/2024, revealed .source control (refers to the use of masks to cover a person's mouth and nose which helps reduce the spread of large respiratory droplets to others when they are talking, sneezing, or coughing .this measures is crucial to prevent the spread of a respiratory virus) is recommended .By residing or working on a unit or area of the facility experiencing a SARS-CoV-2 or other outbreak of respiratory infection; universal use of source control could be discontinued as a mitigation measure once the outbreak is over .Review of the medical record revealed Resident #25 was admitted to the facility on [DATE] with diagnoses including Diabetes, Muscle Wasting, and Orthopedic Aftercare.Review of the Physician Orders for Resident #25 dated 4/13/2025, revealed .enhanced barrier precautions for wound .Review of the significant change Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #25 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed Resident #25 had a stage 3 pressure injury.Review of the comprehensive care plan for Resident #25 revised 8/11/2025, revealed .Pressure Ulcer risk: stage 3 ulcer of the left heel and traumatic injury to the right lower shin .During an observation on 9/22/2025 at 12:05 PM, revealed Enhanced Barrier Precaution (EBP) signage posted on Resident #25's door.During an interview on 9/22/2025 at 12:06 PM, Registered Nurse (RN) W revealed Resident #25 was on EBP for Multi Drug Resistant Organism (MDRO). During an observation on 9/22/2025 at 12:15 PM, Certified Nursing Assistant (CNA) O and CNA P entered Resident #25's room, repositioned the resident in bed, and failed to don PPE for EBP precautions. During an interview on 9/22/2025 at 12:17 PM, CNA O and CNA P stated they had provided care for Resident #25, had not donned appropriate PPE, and confirmed they failed to follow appropriate infection control protocols for EBP. During an interview on 9/22/2025 at 12:18 PM, Licensed Practical Nurse (LPN) Q confirmed Resident #25 was on EBP and signage for EBP was posted on the resident's door. LPN Q confirmed CNA O and CNA P failed to don appropriate PPE before repositioning Resident #25 in bed. During an observation on 9/23/2025 at 4:59 AM, revealed LPN L, CNA B, and CNA G were providing care on the 200 hall with a known COVID-19 outbreak without face coverings for source control in place. During an interview on 9/23/2025 at 5:15 AM, the RN N confirmed it was the facility policy to wear face coverings with known Covid positive residents. RN N further confirmed the staff failed to wear face coverings. During an interview on 9/24/2025 at 9:50 AM, the Director of Nursing stated she expected when staff provided contact activity with a resident on EBP for appropriate PPE protocols to be followed and confirmed if CNA O and CNA P had not donned the appropriate PPE during the contact activity for Resident #25, the CNAs had not followed appropriate infection control practices for the EBP.Review of the medical record revealed Resident #37 was admitted to the facility on [DATE] with diagnoses including Cellulitis of Right Lower Limb, Sepsis with unspecified Organism, Chronic Obstructive Pulmonary Disease, and Obstructive Reflux Uropathy.Review of the admission MDS assessment dated (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	[DATE], revealed Resident #37 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Review of the comprehensive care plan for Resident #37 dated 9/23/2025, revealed the resident had a wound to the right shin, the sacrum, had an indwelling urinary catheter, and was on EBP.During an observation on 9/24/2025 at 1:41 PM, the Physical Therapy Assistant (PTA) was observed providing hands on therapy services to Resident #37 in the resident's room while the resident was lying in bed. Continued observation revealed signage posted on the resident's door for EBP and read .PROVIDERS AND STAFF MUST ALSO: Wear gloves and a gown for the following High-Contact Resident Care Activities.Dressing Bathing/Showering Transferring Changing Linens Providing Hygiene Changing briefs or assisting with toileting Device care or use.Wound Care. Further observation revealed the PTA had not donned PPE prior to entering the resident's room or providing therapy services for Resident #37. Continued observation revealed the PTA exited the resident's room at 1:45 PM without donning the required PPE.During an interview on 9/24/2025 at 1:45 PM, the PTA stated she had provided therapy services for Resident #37 in the resident's room and confirmed she had not donned PPE while providing the services. The PTA stated .I didn't see the sign [referring to the EBP signage posted on the door].During an interview on 9/24/2025 at 2:00 PM, the DON stated she expected when staff provided contact activity with a resident on EBP for appropriate PPE protocols to be followed and confirmed if the PTA had not donned the appropriate PPE during the contact activity for Resident #37, the PTA had not followed appropriate infection control practices for the EBP.

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, facility investigation review, personal file review, and interview, the facility failed to protect a resident's rights to be free from misappropriation and/or exploitation when money totaling $23.11 was taken from 1 resident (Resident #43) of 22 residents reviewed for misappropriation. The findings include:Review of the facility policy titled, Abuse, Neglect, Misappropriation of Resident Property, Suspicious Injuries of Unknown Source, Exploitation, undated, revealed .Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent .Review of the medical record revealed Resident #43 was admitted to the facility on [DATE] with diagnoses including Hereditary and Idiopathic Neuropathy, Respiratory Disorders, and Muscle Wasting and Atrophy. Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #43 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact.Review of the facility investigation documentation dated 2/10/2025, revealed Resident #43 informed the Director of Nursing (DON) .2 nights ago, approximately 2/8/2025 she noticed a black card laying on her bedside table. The resident could not retrieve it until yesterday, noticing it to be the card that ordained her to marry people. Resident thought this was odd because the card is usually in her purse. She then noticed that her debit card and 2 credit cards were missing . The DON notified the facility Administrator of the alleged misappropriation. The facility started an investigation. During the facility investigation Certified Nursing Assistant (CNA) V was suspended on 2/10/2025 pending the investigation after the CNA was identified as a possible suspect. Continued review revealed the facility substantiated the abuse and terminated CNA V on 2/27/2025 for misappropriation of resident property.Review of a receipt dated 2/26/2025 revealed Resident #43 was reimbursed for personal funds lost.During an interview on 9/24/2025 at 9:12 AM, Resident #43 confirmed her debit card and 2 credit cards were taken by the facility CNA without her permission with $23.11 stolen. Continued interview revealed the facility did reimburse her for the $23.11 after the theft was identified.During an interview on 9/24/2025 at 2:35 PM, the Administrator confirmed the facility substantiated the allegation of misappropriation on Resident #43. The Administrator stated the $23.11 was reimbursed to Resident #43 by the facility. The Administrator further confirmed the facility employed CNA V was responsible for the misappropriation of Resident #43 property.

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Holston Rehabilitation and Care Center	3641 Memorial Blvd Kingsport, TN 37664

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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** Based on review of facility policy, review of medical record, and interview, the facility failed to resubmit a Pre-admission Screening and Resident Review (PASARR) timely after a new mental health diagnosis was added for 1 resident (Resident #10) of 8 residents reviewed for PASARR. The findings include:Review of the facility's policy titled, Resident Assessment-Coordination with Pre-admission Screening and Resident Review (PASARR) Program, undated, revealed .All applicants to this facility will be screened for serious mental disorders .ends the PASARR process unless a possible serious mental disorder or intellectual disability arises later.Review of a PASARR Level 1 screen for Resident #10 dated 8/12/2025, revealed the resident had .no mental health diagnosis known or suspected.Review of the medical record revealed Resident #10 was admitted to the facility on [DATE] with diagnosis including Encephalopathy, Diabetes, and Intraspinal Abscess and Granuloma. Continued review revealed the resident received a new mental health diagnosis of Post-Traumatic Stress Disorder and Major Depressive Disorder on 8/14/2025.Review of the Comprehensive Care Plan revised on 8/15/2025, revealed Resident #10 had a care plan for history of Depression and Post-Traumatic Stress Disorder. Review of the medical record revealed a new PASARR for Resident #10 was not submitted after the new mental health diagnoses was added of Post-Traumatic Stress Disorder and Major Depressive Disorder on 8/14/2025. During a record review and interview on 9/24/2025 at 2:10 PM, the Director of Nursing (DON) confirmed a new PASARR had not been submitted after the new mental health diagnoses were added. Continued interview revealed the DON confirmed the facility policy for referring to the state agency for PASARRS after identifying a new mental health condition was not followed.

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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** Based facility policy review, medical record review, observation, and interview, the facility failed to implement care plan interventions related to blood glucose checks for 1 resident (Resident #109) and falls for 2 residents (Resident #138 and #166) of 25 residents reviewed for care plans.The findings include: Review of the facility policy titled, Comprehensive Care Plans, dated 12/31/2024, .It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing.needs.and.services that are identified in the resident's comprehensive assessment and meet professional standards of quality.The comprehensive care plan will describe, at a minimum.The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Review of the facility policy titled, Fall Prevention Program, dated 12/31/2024, revealed .Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls. Review of the facility policy titled, Incident and Accidents, dated 12/31/2024, revealed .It is the policy of this facility for staff.review any accidents or incident that occur or allegedly occur.The purpose of incident reporting can include.Assuring that appropriate and immediate interventions are implemented and corrective actions are taken to prevent recurrences and improve the management of resident care. Review of the medical record revealed Resident #109 was admitted to the facility on [DATE] with diagnosis including Polyneuropathy, Osteomyelitis of Right Ankle and Foot, Diabetes, and Cellulitis of Right Lower Limb. Review of the Physician's Orders dated 7/23/2025, revealed Resident #109 had an order for accuchecks (blood glucose (sugar) monitoring) daily and as needed (PRN). Review of the Comprehensive Care Plan for Resident #109 dated 7/24/2025, revealed .The resident has diabetic ulcer of the right plantar foot r/t [related to] Diabetes .Monitor blood sugar levels . Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #109 scored an 11 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. Further review revealed Resident #109 had a diagnosis of Diabetes. Review of the Medication Administration Records (MAR) dated from 7/23/2025 – 9/24/2025, revealed no documentation the accuchecks had been obtained. During an interview on 9/24/2025 at 1:47 PM, Licensed Practical Nurse (LPN) R stated Resident #109 had an order dated 7/23/2025 for fingerstick blood sugars daily and as needed. LPN R confirmed blood sugars had not been obtained and documented from 7/23/2025 until 9/24/2025. During an interview on 9/24/2025 at 1:57 PM, the Director of Nursing (DON) stated Resident #109 had an order dated 7/23/2025 for blood sugar checks daily and as needed. The DON confirmed the (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	fingerstick blood sugars had not been obtained or documented from 7/23/2025 to 9/24/2025 and the care plan had not been implemented. Review of the medical record revealed Resident #138 was admitted to the facility on [DATE], with diagnoses /including Hemiplegia and Hemiparesis following Cerebral Infarction affecting Left Dominant Side, Lack of Coordination, Muscle Wasting and Atrophy, Right Femur Fracture, Fall, Alzheimer's Disease, and Dysuria. Review of a post fall investigation report dated 7/14/2025, revealed Resident #138 had an unwitnessed fall from the bed with no injuries sustained from the fall. The fall intervention was for Dycem (a versatile non-slip material that enhances stability and safety for wheelchair users by preventing slipping and improving seating posture) to be placed in the resident's wheelchair. Review of a quarterly MDS dated [DATE], revealed Resident #138 scored a 6 on the BIMS assessment which indicated the resident had severe cognitive impairment. Review of the comprehensive care plan for Resident #138 dated 8/6/2025, revealed the resident was at risk for falls related to Deconditioning, with an intervention to have Dycem in the wheelchair for safety. During an observation on 9/22/2025 at 11:37 AM, revealed Resident #138 was seated in a wheelchair. Continued observation revealed no Dycem in the wheelchair. During an observation on 9/23/2025 at 7:57 AM, revealed Resident #138 was sitting up on the side of the bed eating breakfast . A wheelchair was observed at the bedside with no Dycem present in wheelchair. During an observation on 9/23/2025 at 8:38 AM, revealed Resident #138 was in the bathroom. A wheelchair was observed in the doorway of the bathroom with no Dycem observed in the wheelchair. During an observation on 9/24/2025 at 8:21 AM, revealed Resident #138 was in the bathroom. The resident's wheelchair was observed at the resident's bedside with no Dycem observed in the wheelchair. During an observation and interview on 9/24/2025 at 8:47 AM, LPN R stated she was unsure of Resident #138's fall interventions .I will have to look them up. LPN R stated one of the fall interventions included Dycem in the wheelchair. Observation with LPN R in Resident #138's room revealed Resident #138 seated in a wheelchair. LPN R confirmed there was no Dycem in use in Resident #138's wheelchair .I don't see it, I will have to go get some [Dycem]. During an observation on 9/24/2025 at 9:13 AM, revealed Resident #138 in his room seated in a wheelchair with no Dycem observed. During an observation on 9/24/2025 at 1:40 PM, revealed Resident #138 seated in a wheelchair visiting with family. Continued observation revealed no Dycem observed in the wheelchair. During an interview on 9/24/2025 at 1:57 PM, the DON stated Resident #138 had a fall care plan intervention for Dycem to the wheelchair and expected the fall care plan intervention to be implemented for Resident #138. The DON confirmed if the Dycem was not in use, the care plan had not (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	been followed. Review of the medical record revealed Resident #166 was admitted to the facility on [DATE] with diagnoses including Chronic Respiratory Failure, Emphysema, and Weakness. Review of the Clinical Health Evaluation for Resident #166 dated 4/2/2025, revealed .fall risk factors .diminished safety awareness .impairment in gait or balance .Impairment to lower extremities .proceed to care plan . Review of the comprehensive care plan for Resident #166 dated 4/2/2025, revealed a terminal prognosis/Hospice related to Chronic Obstructive Pulmonary Disease (COPD). Further review revealed no fall interventions had been documented on the resident's comprehensive care plan. Review of the Hospice Comprehensive Assessment and Plan of Care for Resident #166 dated 4/2/2025, revealed .SN [Skilled Nurse] to instruct patient/caregiver on fall precautions assess for safety hazards .patient/caregiver will understand safety .ensure patient safety . Review of the admission MDS assessment dated [DATE], revealed Resident #166 scored a 3 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Continued review revealed the resident was dependent on staff for toileting, bathing, personal hygiene, and required moderate assistance with transfers and bed mobility. Review of facility's fall investigation document completed on 4/16/2025 (12 days after the fall) revealed Resident #166 sustained a fall on 4/4/2025 at 22:30PM, .Patient [Resident] found on floor in room beside her bed by CNA [Certified Nursing Assistant] .Second CNA in hallway motioned to room. Upon seeing resident on the floor, second CNA notified nurse. Nurse assisted CNA to putting resident back in bed . During an interview on 9/24/2025 at 10:10 AM, the DON stated LPN Z did not complete an incident report for Resident #166's fall on 4/4/2025 and 9 days later (4/13/2025) after Resident #166 complained of hip pain, Xray was completed with diagnosis of Left Hip Fracture. The DON stated that LPN Z did not follow policies or procedures, did not notify timely, and the care plan had not been updated timely with interventions for the fall on 4/4/2025. During an interview on 9/24/2025 at 4:45 PM, the DON stated .it was possible failure to implement a fall care plan contributed to the resident incurring a fracture from the fall .

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interview the facility failed to revise the care plan for 2 residents (Resident #25 and Resident #100) of 25 residents reviewed for care plans.The findings include: Review of the facility's policy titled, Comprehensive Care Plans, revised 12/31/2024, revealed .policy of this facility to develop .implement .person-centered care plan for each resident .Individualized interventions for trauma survivors .care plan will be reviewed and revised . Review of the medical record revealed Resident #25 was admitted to the facility on [DATE] with diagnoses of Diabetes, Muscle Wasting, and Orthopedic Aftercare. Review of the Physician Orders for Resident #25 dated 4/13/2025, revealed .enhanced barrier precautions for wound . Review of the significant change Minimum Data Set (MDS) dated [DATE], revealed Resident #24 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed Resident # 25 had a stage 3 pressure injury. Review of the comprehensive care plan for Resident #25 revised 8/11/2025, revealed .Pressure Ulcer risk: stage 3 ulcer of the left heel and traumatic injury to the right lower shin . During an observation on 9/22/2025 at 12:05 PM, revealed Enhanced Barrier Precaution signage on Resident #25's door. During an interview on 9/22/2025 at 12:18 PM, Licensed Practical Nurse (LPN) Q confirmed Resident #25 was on Enhanced Barrier Precautions. Review of the medical record revealed Resident #100 was admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis, Diabetes, and Post-Traumatic Stress Disorder (PTSD). Review of the annual MDS assessment dated [DATE], revealed Resident #100 scored an 8 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Further review revealed Resident #100 had diagnosis of PTSD. Review of the comprehensive care plan for Resident #100 revised 9/9/2025, revealed .resident has a potential psychosocial well-being problem r/t [related to] Recent admission . Further review revealed care plan had not been developed or interventions implemented for the diagnosis PTSD. During an interview on 9/22/2025 at 11:30 AM, Resident #100 stated he had PTSD from time served in the Vietnam War. Resident #100 stated loud noises and fireworks were triggers for him. During an interview on 9/23/2025 at 7:55 AM, Resident #100 stated he was tired because he did not sleep much last night. Resident #100 revealed he had not slept much at night since his time in the war. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/23/2025 at 8:22 AM, LPN Q stated she was aware Resident #100 had a diagnosis of PTSD and triggers were loud noises. During an interview on 9/24/2025 at 8:32 AM, the Social Services Director (SSD) stated Resident #100 had a diagnosis of PTSD and was seen by psychiatric services. The SSD confirmed Resident #100's care plan had not been revised to reflect the diagnosis of PTSD. During an interview on 9/24/2025 at 9:25 AM, Registered Nurse (RN) MDS Coordinator confirmed Resident #25's care plan had not been revised to reflect Enhanced Barrier Precautions and Resident #100's care plan had not been revised to reflect the diagnosis of PTSD.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, review of medical records, and interviews, the facility failed to follow the Physician's Orders for blood glucose monitoring for 1 resident (Resident #109) of 5 residents reviewed for blood glucose monitoring.The findings include:Review of the facility's policy titled, Blood Glucose Monitoring, dated 1/1/2025, revealed .It is the policy of this facility to perform blood glucose monitoring to diabetic residents as per physician's orders .The facility will perform blood glucose monitoring as per physician's orders .Verify the physician's order .Document the procedure .Review of the medical record revealed Resident #109 was admitted to the facility on [DATE] with diagnosis including Polyneuropathy, Osteomyelitis of Right Ankle and Foot, Diabetes, and Cellulitis of Right Lower Limb.Review of the Physician's Orders dated 7/23/2025, revealed Resident #109 had an order for accuchecks (blood glucose (sugar) monitoring) daily and as needed (PRN).Review of the Comprehensive Care Plan for Resident #109 dated 7/24/2025, revealed .The resident has diabetic ulcer of the right plantar foot r/t [related to] Diabetes .Monitor blood sugar levels .Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #109 scored an 11 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. Further review revealed Resident #109 had a diagnosis of Diabetes. Review of the Medication Administration Record (MAR) for Resident #109, dated 7/23/2025 - 7/31/2025, revealed no documentation of the daily blood glucose readings.Review of the MAR for Resident #109 dated 8/1/2025 - 8/31/2025, revealed no documentation of the daily blood glucose readings.Review of the MAR for Resident #109 dated 9/1/2025 - 9/24/2025, revealed no documentation of the daily blood glucose readings.During an interview on 9/24/2025 at 1:47 PM, Licensed Practical Nurse (LPN) R stated Resident #109 had an order dated 7/23/2025 for fingerstick blood sugars daily and as needed. LPN R confirmed blood sugars had not been obtained and documented from 7/23/2025 until 9/24/2025. LPN R stated the physician entered the order into the electronic physician's order and had not entered a time for the blood sugars to be obtained. LPN R further stated a night shift nurse had checked the order after it was entered by the physician on 7/23/2025 and had failed to enter a time for the blood sugars to be obtained by the nursing staff which resulted in the fingerstick blood sugars not being done.During an observation of Resident #109 on 9/24/2025 at 1:51 PM, LPN R obtained a fingerstick blood sugar with a result of 160 milligram/deciliter (mg/dl) (normal reference range is 70-99).During an interview on 9/24/2025 at 1:57 PM, the Director of Nursing (DON) stated Resident #109 had an order dated 7/23/2025 for blood sugar checks daily and as needed and was updated on 9/24/2025. The DON confirmed the fingerstick blood sugars had not been recorded from 7/23/2025 to 9/24/2025. The DON stated the physician had entered the order in the electronic medical record and a night shift nurse signed off on the order as a second check and had failed to enter a time for the blood sugar to be obtained.During an interview on 9/24/2025 at 2:16 PM, the Medical Director stated she was not aware Resident #109's blood sugars were not obtained as ordered. The Medical Director stated the resident was non-compliant with the treatments to his diabetic ulcer to his foot and non-compliant with the diet. The Medical Director stated the resident's hemoglobin A1C (a blood test to measure a 3 month time period of blood sugar ranges) was 5.0% in 2/2025 which was normal and not in a diabetic range. The Medical Director stated she had entered the order for the accuchecks in the electronic medical record in 7/2025 for the daily checks and may have had a data entry error which resulted in the facility not obtaining the blood sugars. The Medical Director stated there was no detriment or harm to the resident and failing to obtain the blood sugars had not impeded the healing of the resident's diabetic ulcer to the heel.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, review of the medical record, observation, and interview, the facility failed to follow a physician's order for oxygen therapy for 1 resident (Resident #56) of 5 residents reviewed for oxygen therapy and failed to document CPAP/BIPAP (Continuous Positive Airway Pressure/Bilevel Positive Airway Pressure) (machine that provides continuous positive airway pressure device used to keep the airway open during sleep], BIPAP [machine that provides bi-level positive airway pressure to keep the airway open during sleep) care for 1 resident (Resident #72) of 8 residents reviewed for CPAP/BIPAP. The findings include: Review of the facility policy titled, Oxygen Administration, dated 9/1/2024, revealed .Oxygen is administered to resident who need it, consistent with professional standards of practice.Oxygen therapy.is the administration of oxygen at concentrations greater than that in ambient air.with the intent of treating or preventing the symptoms and manifestations of hypoxia.Hypoxia means decreased perfusion of oxygen to the tissues.Oxygen is administered under orders of a physician. Review of the facility's policy titled Noninvasive Ventilation (CPAP, BIPAP .) undated, revealed .It is the policy of this facility to provide non-invasive ventilation .per physician's orders and current standards of practice .facility will obtain an order for use of CPAP, BiPAP .Document use of the machine, resident's tolerance, any skin, respiratory or other changes and responses . Review of the medical record revealed Resident #56 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease with Acute Exacerbation, Dependence on Supplemental Oxygen, Atrial Fibrillation, and Heart Failure. Review of the Physician's Orders for Resident #56 dated 8/27/2025, revealed Oxygen at 2 liters/minute (l/m) via nasal cannula continuous and as needed. Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #56 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Continued review revealed the resident used supplemental oxygen. During an observation on 9/22/2025 at 11:45 AM, revealed Resident #56 received supplemental oxygen. Continued observation revealed the oxygen concentrator setting was set at 4 l/m (and not the prescribed 2 l/m). During an observation on 9/23/2025 at 7:55 AM, in the resident's room, revealed Resident #56 was sitting up in bed. The resident's oxygen concentrator was set on 4 l/m (and not the prescribed 2 l/m). During an interview on 9/23/2025 at 8:47 AM, Licensed Practical Nurse (LPN) T stated Resident #56 had a physician's order for oxygen therapy at 2 l/m continuous and as needed. During an observation in Resident #56's room and interview on 9/23/2025 at 8:52 AM, LPN R confirmed Resident #56's oxygen was greater than 2 l/m and the physician's order was not followed. During an interview on 9/23/2025 at 11:45 AM, the Director of Nursing (DON) confirmed the oxygen (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was ordered for 2 l/m for Resident #56. Continued interview revealed the facility failed to ensure oxygen therapy was administered as ordered. Medical record review revealed Resident #72 was admitted to the facility on [DATE] with diagnoses including Acute and Chronic Respiratory Failure, Chronic Obstructive Pulmonary Disease, and Obstructive Sleep Apnea. Review of a Physician's order for Resident #72 dated 8/13/2025, revealed, .CPAP, BiPAP .at bedtime .remove in AM . Review of a quarterly MDS assessment dated [DATE], revealed Resident #72 scored a 13 on the BIMS assessment which indicated the resident was cognitively intact. Review of a Medication Administration Record (MAR) for Resident #72 dated 9/1/2025-9/30/2025, revealed, .CPAP, BiPAP .at bedtime .remove in AM . Review of the medical record for Resident #72 revealed no documentation of the resident's tolerance, any skin, respiratory or other changes and responses with the use of BiPAP. During an observation and interview on 9/22/2025 at 11:40 AM, in Resident #72's room, revealed, a CPAP/BiPAP on her bedside table. Resident #72 stated she wears a BiPAP, and staff help her put it on at night and take it off in the morning. During an interview on 9/24/2025 at 3:40 PM, the DON confirmed Resident #72 has a BiPAP ordered and confirmed staff are not following facility policy by documenting Resident #72's tolerance, any skin, respiratory or other changes and responses while using the BiPAP machine.