STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475014	A. Building B. Wing	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Burlington Health & Rehab	300 Pearl Street Burlington, VT 05401

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 43524 Based on interview and record review, the facility failed to treat and care for each resident in a manner that maintains their dignity and respect for 8 out of 29 Residents in the sample (Residents #3, #88, #19, #1, #81, #17, #39, and #8) Findings include: Per interview with Resident #88 on 12/3/24 at approximately 10:05 AM, they stated that when they ring their call bell for assistance it takes over an hour most often before someone responds, and by then they have either wet or soiled themselves. Resident #88 stated it is very upsetting when this happens. Review of Resident #88's call bell log for the week of 11/26/24 - 12/2/24 revealed 16 times when the resident rang their call bell and the response time was 20 minutes or more. Of those calls, there were 8 times when the call bell was not responded to for greater than 30 minutes, and 3 times when the response time was greater than 1 hour. Review of Resident #88's current care plan, revealed they have an incontinence care plan that states the following: .is incontinent of urine at times and is unable to physically participate in a retraining program . The goal listed in this care plan is as follows: .will have incontinence care needs met by staff to maintain dignity and comfort and to prevent incontinence related complications. This care plan was last revised on 11/22/2024. Review of Resident #88's ADL (Activities of Daily Living) flow sheets for 11/26/24 - 12/2/24 revealed the resident was incontinent on all these days. 50336 2. Per observation on 12/2/2024 at 1:00 PM, Resident #3 was at his/her door with the call light on. The Licensed Nursing Assistant (LNA) answered the call light, and Resident #3 requested to use the bathroom. The LNA told Resident #3 in front of this surveyor that s/he could not take him/her to the bathroom and that his/her LNA was on break and would take the resident to the bathroom when s/he returned. (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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Per further observation at 1:30 PM, Resident #3 remained sitting at the door in his/her wheelchair waiting to use the bathroom. Resident #3 put his/her call light on and requested the LNA take him or her to the bathroom. The same LNA approached the resident and told him/her that s/he would need to wait until his/her LNA returned. Resident #3 began yelling out that s/he needed to use the bathroom, across the common area of the unit with other residents present. The Unit Manager responded to the room, approached the LNA and directed him/her to bring Resident #3 to the bathroom. Per record review of Resident #3's care plan dated 3/7/2024, s/he has stress incontinence (incontinence is the loss of bladder control resulting in loss of urine). The following interventions were implemented on 3/7/2024 -Resident to use toilet upon awakening, after meals, nightly and as needed - respond promptly to the resident's request to use the toilet. Per Interview on 12/2/2024 at 1:45 PM with the Unit Manager, s/he confirmed that the LNA was responsible for the resident's care while the assigned LNA was on break and should have provided care to Resident #3 as requested by the resident. 46135 3. A Resident Council meeting with the survey team occurred on 12/4/24 at 10:27 AM, and there were six attendees, Residents #19, #1, #81, #17, #39, and #8. Per record review, Resident #19's has a BIMS of 15 (brief interview for mental status; a cognitive assessment score indicating cognitive intactness) dated 11/12/24, Resident #1 has a BIMS of 14 (indicating cognitive intactness) dated 11/9/24, Resident # 81 has a BIMS of 15 dated 11/13/24, Resident #17 has a BIMS of 15 dated 10/8/24, Resident #39 has a BIMS of 15 dated 10/24/24, and Resident #8 has a BIMS of 15 dated 10/4/24. A collaborative conversation involving all six residents revealed that they do not feel that they are treated with dignity and respect by all staff. Resident #1 stated that a lot of staff don't treat him/her like s/he is in his/her own home. Not all staff treat him/her with dignity. Foe example, not all staff knock on his/her door before coming in and a lot of staff give him/her an attitude. There are some staff that do all his/her personal care, even though s/he is able to wash up parts of his/her own body. S/He explained that s/he likes to wash the front of him/herself up and they won't let her which makes him/her upset because it would be faster and s/he would feel better to be able to participate in his/her own care. S/He has had aides yell at him/her and tell him/her to shut up. Sometimes staff won't put his/her call bell within reach and s/he ends up having to yell for help. S/He stated that s/he should be treated with dignity and respect in his/her own house but it doesn't feel like his/her home. Resident #17 explained that she was told by the LNA that they would not help him/her to bed because she could do it herself. S/he stated that s/he can see some staff pass his/her room when s/he has his/her call bell on and don't stop and if they do, they say they will be right back but end up coming back much later or with an attitude. Resident #8 stated that staff often rush his/her care. S/he explained that sometimes staff tell him/her s/he has to take a shower before dinner but that is not his/her preference; s/he would like to take a shower after dinner. They don't listen to him/her and staff have screamed at him/her for taking too long in the shower. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #19 said that staff never ask him/her what they need and don't help him/her at times and tell him/her it is because s/he is independent. All six residents individually confirmed that they did not believe that all staff treated them with dignity and respect and this sentiment was brought up multiple times during the conversation.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 46135 Per interview and facility policy review, the facility failed to establish a grievance reporting system that supports the resident's right to voice any grievance without discrimination, reprisal, or the fear of discrimination or reprisal for 6 of 29 sampled residents (Residents # 1, #19, #1, #81, #17, #39, and #8). Findings include: Facility policy titled, OPS204 Grievance/Concern, last revised on 10/15/24, reads, The patient/resident (hereinafter patient) has the right to voice grievances to the Center or any other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. A Resident Council meeting with the survey team occurred on 12/4/24 at 10:27 AM, and there were six attendees, Residents #19, #1, #81, #17, #39, and #8. Per record review, Resident #19's has a BIMS of 15 (brief interview for mental status; a cognitive assessment score indicating cognitive intactness) dated 11/12/24, Resident #1 has a BIMS of 14 (indicating cognitive intactness) dated 11/9/24, Resident # 81 has a BIMS of 15 dated 11/13/24, Resident #17 has a BIMS of 15 dated 10/8/24, Resident #39 has a BIMS of 15 dated 10/24/24, and Resident #8 has a BIMS of 15 dated 10/4/24. A collaborative conversation involving all six residents revealed that they do not feel that they are treated with dignity and respect by all staff. See F550 for more information. They relayed that they all know how to file a grievance and the process is successful for issues like missing personal property. However, when asked if they have reported their concerns about not being treated with dignity or respect to the facility, all six residents explained that they did not feel comfortable reporting how they are treated to anyone because they are afraid of repercussions. Resident #81 reported that if residents report rude, disrespectful, or rough behavior from the staff, they will get yelled at or ignored. All six residents individually confirmed that this was true for them and this sentiment was brought up multiple times during the conversation.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. 29776 Based on interview and record review, the facility failed to ensure that a resident who is unable to carry out activities of daily living (ADLs) without assistance receives the proper level of assistance for 3 of 29 sampled residents (Residents #18, #145, and #73) related to transferring and toileting. Findings include: 1. Per record review, Res.#145 was admitted to the facility with diagnoses that included a fracture of the right tibia and fibula [The lower leg is made up of two bones: the tibia and fibula. The tibia is the larger of the two bones]. Res.#145's Care Plan identified the resident as requires assistance/is dependent for ADL [Activities of Daily Living] care in personal transfer, toileting with interventions that include Provide with assist of one using the bedside commode with walker and gait belt for toileting. An interview was conducted with Res.#145 on 12/2/24 at 5:49 PM. The resident stated that I have been left sitting on the bedpan for 45 minutes, balling my [expletive] eyes out. The resident reported that due to h/her fracture, she needed assistance with toileting, and despite using the call bell and staff having placed h/her on the bedpan in the first place, s/he was left on the bedpan for an extended period of time which was painful. 46135 2. Per record review, Resident #18's care plan reads, [Resident #18] has an ADL Self Care Performance Deficit [related to] Activity Intolerance/weakness, Spondylopathy Lumbar [degeneration of the vertebrae and disks of the lower back], Morbid Obesity and Intervertebral Disc Degeneration Lumbar [condition that occurs when discs in lower back break down causing pain and stiffness], revised on 7/18/23, with interventions that include staff assistance for transferring and toileting. Resident #18 has a BIMS of 14 (brief interview for mental status; a cognitive assessment score indicating cognitive intactness) dated 11/27/24. Per interview on 12/3/24 at 9:29 AM, Resident #18 explained that when s/he uses the commode, s/he sometimes has to wait an hour or longer to have a staff help him/her off the commode if it is during meals. Staff report to him/her that s/he will have to wait until after meals are served because it is unsanitary to provide care while passing meal trays, S/he explained that this makes him/her upset because it begins to hurt when s/he sits for so long, and s/he also has to look at his/her food that was delivered get cold. S/He explained that it happens often enough for it to be a problem. Per interview on 12/4/24 at approximately 11:00 AM, a Licensed Nursing Assistant explained that s/he does not provide patient care, like toileting, while s/he is passing meal trays because it is unsanitary. 51586 (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Per record review, Resident #73's care plan reads, [Resident #73] has an ADL Self Care Performance Deficit r/t [related to] Spinal Stenosis [condition putting pressure on spinal cord and nerves], C5-6 Myelopathy [compression of spinal cord], last revised on 4/10/23, and includes interventions revealing s/he requires assistance of 2 staff for transferring and toileting. Resident #73's care plan also states they are sometimes incontinent of bladder and bowel and has an intervention to encourage [Resident #73] to toilet upon awakening, after meals, nightly, and PRN [as needed], revised on 4/10/23. Resident #73 has a BIMS score of 13 (brief interview for mental status; a cognitive assessment score indicating cognitive intactness) dated 11/5/24. Per interview with Resident #73 and Resident #73's family member on 12/3/24 at 2:30 PM, Resident #73 stated that s/he is not being assisted with toileting as frequently as s/he needs. I ring the bell and sometimes it takes a very long time to get someone to help me. When asked to clarify what a long time is, Resident #73 stated sometimes an hour or more. Resident #73 stated that many times when they call for help toileting, help does not arrive until long after they have soiled themselves, causing them distress. Resident #73 also stated that if they could get the help they need in a timely manner, they would not have so many episodes of incontinence. Resident #73's family member stated that they visit Resident #73 almost daily and confirmed that they have witnessed wait times of 1-2 hours for Resident #73's call bell to be answered.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. 46135 Based on observation, interview, and record review, the facility failed to provide activities that support the physical, mental, and psychosocial well-being of each resident for 1 of 29 sampled residents (Resident #29). Findings include: Per record review, Resident #21 has a diagnosis of Parkinson's disease. Per a 10/5/24 Minimum Data Set (MDS; a comprehensive assessment used as a care-planning tool), Resident #21 has a BIMS of 14 (brief interview for mental status; a cognitive assessment score indicating cognitive intactness) and expressed for activity preferences that it is very important for him/her to do his/her favorite activities and go outside. Resident #21's care plan reads, While in the facility, [Resident #21] states that it is important that [s/he] has the opportunity to engage in daily routines that are meaningful relative to [his/her] preferences, created 10/3/23, and an intervention reads, It is important for me to go outside when the weather is good, staff, family and friends to assist outdoors weather permitting. I have my rock collection on the patio, revised on 1/3/24. Per interview on 12/2/24 at 2:16 PM, Resident #21 stated that s/he wants to go outside every day and the staff won't let him/her go out every day because there are not enough staff and s/he needs to be supervised when s/he goes outside. S/He explained that staff also tell him/her that it is too cold to go outside. Resident #21 explained that it is very important to him/her to go outside as much as possible and said that if s/he's going to be stuck here s/he wants to enjoy his/her time and go out into nature because it is very important. Resident #21 was not observed outside at any time during the recertification survey on 12/2/24 through 12/4/24. Activity logs dated 11/1/24 through 12/3/24 reveal that Resident #21 spent time outdoors on just 11/1/24; only once in 33 days. An 8/30/24 Advanced Practice Registered Nurse note reads, The patient says, 'I feel like I'm trapped in prison'. 'I can't get anyone to bring me outside'. Per interview on 12/4/24 at 3:14 PM an Activity Aide explained that s/he was aware of how important it is for Resident #21 to go outside as much as possible but is not sure there are enough staff to make that happen. S/He stated that Resident #21 should be able to go outside when s/he wants to but doesn't think there is anything in place to ensure that it happens.

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F 0689 Level of Harm - Minimal harm or potential for 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** 50431 Based on interview and record review, the facility failed to ensure that resident environments were free of accident hazards related to smoking for one sampled resident (Resident # 86). Findings include: Per record review, Resident #86 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of osteomyelitis (infection of the bone), peripheral vascular disease and chronic kidney disease. Review of Resident #86's care plan states: [Resident #86] may not smoke per smoking evaluation/policy. [Resident 86] has been signing out and taking self-off property to smoke. The care plan interventions include, Educate patient/health care decision maker on the facility's smoking policy, Inform of and reinforce smoking restriction, Monitor patients [sic] compliance with non-smoking, Provide education/material regarding smoking cessation, and Provide smoking cessation medications if ordered. Per interview with Resident #86 on 12/4/24 at 9:29 AM Resident #86 stated that s/he signs him/herself out of the facility and goes out to smoke. S/he stated that s/he is not accompanied by a staff member. S/he stated that yesterday, 12/3/24, s/he went out to smoke a cigarette three times and did not sign out of the building. S/he stated that s/he does not keep his/her cigarettes and lighter in a locked box or with staff but that they are out of the way in his/her bedroom. S/he refused to tell surveyor where s/he kept his/her cigarettes in his/her bedroom. Per record review of the facility's OPS137 Smoking policy states, 2.6 Smoking supplies (including, but not limited to, tobacco, matches, lighters, lighter fluid, batteries, refill cartridges etc.) will be labeled with the patient's name, room number, and bed number, maintained by staff, and stores in a suitable cabinet kept at the nursing station. Per interview with Unit Manager on 12/4/24 at 9:35 AM it was confirmed that Resident #86's cigarettes and lighter are kept in his/her room and not kept at the nursing station. The Unit Manager stated that approximately 15 residents on the floor have dementia and are ambulatory.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29776 Based on observation, interview, and record review, the facility failed to provide sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at S483.71 regarding 13 residents [Res.#44, #145, #88, #73, #8, #1, #70, #87, #90, #295, #89, #21 and #6] of 44 sampled residents. Findings include: 1). Per record review, Res.#44 was admitted to the facility with diagnoses that included Right leg below knee amputation, anxiety disorder, and major depressive disorder. Res.#44's Care Plan identifies the resident as at risk for decreased ability to perform Activities of Daily Living [ADLs] requiring extensive assist of 2 with sit to stand for transfers. Per interview with Res.#44 on 12/02/24 at 12:01 PM, the resident reported s/he is unable to transfer out of bed into a wheelchair or onto a bedside commode without the assistance of 2 staff members for safety. The resident stated that unless s/he is transferred out of bed, s/he is unable to attend the group activities which are located on a different floor in the facility. Further review of Res.#44's Care Plan reveals the resident states that it is important that he has the opportunity to engage in daily routines that are meaningful relative to [h/her] preferences including I like to participate in bingo and music with groups of people. The Care Plan also identifies the resident as at risk for distressed/fluctuating mood symptoms related to: anxiety & depression, with interventions that include participation in activity preferences, Provide [Res.#44] with opportunities for choice during care/activities to provide a sense of control and Encourage [Res.#44] to attend activities that maximize [h/her] full potential while meeting [h/her]need to socialize. Review of Res.#44's quarterly Recreation Evaluation dated 10/4/24 identifies the resident has the following needs for special adaptation in order to participate in desired engagement opportunities: use of adaptive equipment- electric wheelchair for physical limitations. Per interview with Res.#44 on 12/02/24 at 12:01 PM, the resident stated, I miss activities because staff don't get here to get me out of bed in time. Sometimes my lunch doesn't get delivered until 2:00 o'clock, and Bingo is at 2:00. I have to choose: do I go [to activities] or do I eat? Sometimes they save me my lunch, other times I come back to my room and there is nothing there. An observation and interview were conducted with Res.#44 on 12/4/24 at 10:46 AM. Per observation, 2 staff were in the room with the resident, with the resident being transferred out of bed at 10:45 AM. The resident reported that staff transferring h/her out of bed happens a lot of times later than it is now. Per review of the facility's Activities Calendar for December 2024, Bingo is offered as an activity at 2:00 PM on Wednesdays and 10:30 AM on Saturdays. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2). Per record review, Res.#145 was admitted to the facility with diagnoses that included a fracture of the right tibia and fibula [The lower leg is made up of two bones: the tibia and fibula. The tibia is the larger of the two bones]. Res.#145's Care Plan identified the resident as exhibits or is at risk for alterations in comfort related to fracture of right tibia, fibula. An interview was conducted with Res.#145 and a friend visiting the resident on 12/03/24 at 2:25 PM. The resident's friend stated s/he was present on 12/2/24 at approx. 4:00 PM when the resident requested a muscle relaxant medication from nursing staff and stated that the resident had not received it when the friend left at 5:00 PM. An observation and interview were conducted with Res.#145 at 5:49 PM on 12/2/24, shortly after the friend had left. Res.#145 was observed yelling in h/her room stating that s/he had been waiting 2 1/2 hours for the muscle relaxant medication. Per interview, the resident stated that s/he had yet to receive the medication s/he had requested at 4:00 PM. A follow up interview on 12/3/24 with the resident revealed the resident reported s/he received the muscle relaxant medication at approximately 6:00 PM on 12/2/24, approximately 2 hours after requesting it. An interview was conducted with the Unit Manager [UM] of Res.#145's unit on 12/03/24 at 2:35 PM. The UM confirmed a wait time of approx. 2 hours for medication to relieve a resident's discomfort was too long. The UM stated staffing level was enough but could not explain why with enough staffing a resident would have to wait 2 hours for a medication. 40258 3. During Resident interviews conducted throughout the initial survey screening process, Residents #88, #73, #8, #1, #18, #70, #87, #90, #145, #295, #89, #309, and Resident #6's family member expressed concerns related to insufficient staffing leading to long wait times for care, and excessive call light times up to 45 minutes. Review of the facility call bell history for 11/26/24 - 12/3/2024 revealed call wait times for the above Residents and multiple other Residents on all open units up to an excess of 7 hours and 46 minutes making this a wide spread concern. Extended wait times of over 30 minutes after a call light was activated by the specific Residents in the sample are as follows: 11/26/24: room [ROOM NUMBER](Resident #89) activated at 6:29 PM - 111 minutes room [ROOM NUMBER] (Resident #70) activated at 8:05 PM - 62 minutes 11/27/2024: room [ROOM NUMBER] (Resident #70) activated at 5:32 AM - 68 minutes room [ROOM NUMBER] (Resident #88) activated at 5:32 AM - 69 minutes (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	room [ROOM NUMBER] W (Resident #18) activated at 8:12 AM - 75 minutes room [ROOM NUMBER] (Resident #70) activated at 12:33 PM - 44 minutes room [ROOM NUMBER](Resident #295) activated at 12:54 PM - 36 minutes room [ROOM NUMBER] (Resident #70) activated at 2:15 PM - 43 minutes room [ROOM NUMBER] (Resident #8) activated at 3:45 PM - 41 minutes room [ROOM NUMBER] (Resident # 73) activated at 7:13 PM - 81 minutes room [ROOM NUMBER] (Resident #145) activated at 9:32 PM - 38 minutes 11/28/24: room [ROOM NUMBER] (Resident #89) activated at 4:15 AM - 90 minutes room [ROOM NUMBER] (Resident #70) activated at 5:07 AM - 94 minutes room [ROOM NUMBER] (Resident #88) activated at 9:34 AM - 42 minutes room [ROOM NUMBER](Resident #18) activated at 10:12 AM - 56 minutes room [ROOM NUMBER] (Resident #70) activated at 1:06 PM - 40 minutes room [ROOM NUMBER] (Resident #18) activated at 3:13 PM - 40 minutes room [ROOM NUMBER] (Resident #89) activated at 4:41 PM - 55 minutes room [ROOM NUMBER] (Resident #3) activated at 7:24 PM - 45 minutes room [ROOM NUMBER] (Resident #145) activated at 8:24 PM - 49 minutes 11/29/24: room [ROOM NUMBER] (Resident #70) activated at 5:23 AM - 56 minutes room [ROOM NUMBER] (Resident #5) activated at 6:58 AM - 48 minutes room [ROOM NUMBER] (Resident #44) activated at 9:01 AM - 316 minutes room [ROOM NUMBER] (Resident #70) activated at 9:02 AM - 44 minutes room [ROOM NUMBER] (Resident #89) activated at 12:26 PM - 51 minutes room [ROOM NUMBER] (Resident #77) activated at 1:48 PM - 47 minutes (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	room [ROOM NUMBER] (Resident # 89) activated at 6:07 PM -103 minutes room [ROOM NUMBER] (Resident # 89) activated at 7:50 PM - 131 minutes 11/30/24: room [ROOM NUMBER] (Resident #89) activated at 6:05 AM - 149 minutes room [ROOM NUMBER] (Resident #89) activated at 8:36 AM - 466 minutes room [ROOM NUMBER] (Resident #18) activated at 8:56 AM - 52 minutes room [ROOM NUMBER] (Resident #44) activated at 10:26 AM - 37 minutes room [ROOM NUMBER] (Resident #73) activated at 10:49 AM - 36 minutes room [ROOM NUMBER] (Resident #8) activated at 12:22 PM - 42 minutes room [ROOM NUMBER] (Resident #44) activated at 12:25 PM - 66 minutes room [ROOM NUMBER] (Resident #89) activated at 12:42 PM - 106 minutes room [ROOM NUMBER] (Resident #88) activated at 1:25 PM - 42 minutes room [ROOM NUMBER] (Resident #18) activated at 1:31 PM - 44 minutes room [ROOM NUMBER] (Resident #70) activated at 3:33 PM - 73 minutes room [ROOM NUMBER] (Resident #44) activated at 6:08 PM - 44 minutes room [ROOM NUMBER] (Resident #70) activated at 6:35 PM - 42 minutes room [ROOM NUMBER] (Resident #89) activated at 6:35 PM - 83 minutes room [ROOM NUMBER] (Resident #77) activated at 7:33 PM - 58 minutes room [ROOM NUMBER] (Resident #37) activated at 8:14 PM - 41 minutes 12/1/24: room [ROOM NUMBER] (Resident #18) activated at 4:51 AM - 48 minutes room [ROOM NUMBER] (Resident #70) activated at 6:41 AM - 52 minutes room [ROOM NUMBER] (Resident #88) activated at 6:58 AM - 41 minutes room [ROOM NUMBER](Resident #18) activated at 7:32 AM - 45 minutes (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	room [ROOM NUMBER] (Resident #5) activated at 8:17 AM - 43 minutes room [ROOM NUMBER] (Resident #44) activated at 9:21 AM - 69 minutes room [ROOM NUMBER] (Resident #70) activated at 10:28 AM - 42 minutes room [ROOM NUMBER] (Resident #70) activated at 12:47 PM - 44 minutes room [ROOM NUMBER] (Resident #70) activated at 1:55 PM - 70 minutes room [ROOM NUMBER] (Resident #18) activated at 2:35 PM - 77 minutes room [ROOM NUMBER] (Resident #88) activated at 5:49 PM - 90 minutes room [ROOM NUMBER] (Resident #88) activated at 7:25 PM - 56 minutes 12/2/24: room [ROOM NUMBER] (Resident #89) activated at 6:10 AM - 41 minutes room [ROOM NUMBER] (Resident #3) activated at 6:35 AM - 66 minutes room [ROOM NUMBER] (Resident #89) activated at 12:44 PM - 41 minutes room [ROOM NUMBER] (Resident #8) activated at 2:29 PM - 126 minutes 12/3/24: room [ROOM NUMBER] (Resident #44) activated at 10:02 AM - 38 minutes room [ROOM NUMBER] (Resident #89) activated at 12:47 PM - 35 minutes Review of the facility policy titled NSG101 Call Lights states: Policy All Genesis HealthCare patients will have a call light or alternative communication device within their reach at all times when unattended. Staff will respond to call lights and communication devices promptly. Purpose To ensure safety and communication between staff and patients. During an interview on 12/4/24 2:00 PM the Market Clinical Advisor confirmed that the call light log reflected excessively long wait times. 46135 (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	4. Per record review, Resident #18's care plan reads, [Resident #18] has an ADL Self Care Performance Deficit [related to] Activity Intolerance/weakness, Spondylopathy Lumbar [degeneration of the vertebrae and disks of the lower back], Morbid Obesity and Intervertebral Disc Degeneration Lumbar [condition that occurs when discs in lower back break down causing pain and stiffness], revised on 7/18/23, with interventions that include staff assistance for transferring and toileting. On 11/27/24, the residents was assessed as having a BIMS of 14, indicating the resident is cognitively intact. Per interview on 12/3/24 at 9:29 AM, Resident #18 explained that when s/he uses the commode, s/he sometimes has to wait an hour or longer to have a staff help him/her off the commode if it is during meals. Staff report to him/her that s/he will have to wait until after meals are served because it is unsanitary to provide care while passing meal trays. S/he explained that this makes him/her upset because it begins to hurt when s/he sits for so long, and s/he also has to look at his/her food that was delivered get cold. S/He explained that it happens often enough for it to be a problem. Review of the facility call bell history for 11/26/24 - 12/3/2024 revealed the following excessive wait times after the call light was activated in Resident #18's room: 11/27/24 - wait times of 75 minutes, 81 minutes, and 25 minutes. 11/28/24 - wait times of 36 minutes 56 minutes, and 25 minutes. 11/29/24 - wait times of 40 minutes and 32 minutes. 11/30/24 - wait times of 38 minutes and 36 minutes. 12/1/24 - wait times of 48 minutes, 45 minutes, 25 minutes, and 77 minutes. 12/2/24 - wait time of 97 minutes. 5. Per record review, Resident #73's care plan reads, [Resident #73] has an ADL Self Care Performance Deficit r/t [related to] Spinal Stenosis [condition putting pressure on spinal cord and nerves], C5-6 Myelopathy [compression of spinal cord], last revised on 4/10/23, and includes interventions revealing s/he requires assistance of 2 staff for transferring and toileting. Resident #73's care plan also states they are sometimes incontinent of bladder and bowel and has an intervention to encourage [Resident #73] to toilet upon awakening, after meals, nightly, and PRN [as needed], revised on 4/10/23. Resident #73 has a BIMS score of 13 (brief interview for mental status; a cognitive assessment score indicating cognitive intactness) dated 11/5/24. Per interview with Resident #73 and Resident #73's family member on 12/3/124 at 2:30 PM, Resident #73 stated that s/he is not being assisted with toileting as frequently as s/he needs. I ring the bell and sometimes it takes a very long time to get someone to help me. When asked to clarify what a long time is, Resident #73 stated sometimes an hour or more. Resident #73 stated that many times when they call for help toileting, help does not arrive until long after they have soiled themselves causing them distress. Resident #73 also stated that if they could get the help they need in a timely manner, they would not have so many episodes of incontinence. Resident #73's family member stated that they visit Resident #73 almost daily and confirmed that they have witnessed wait times of 1-2 hours for Resident #73's call bell to be answered. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Record review of facility call bell wait times for Resident #73 from 11/27/24-12/2/24, there are wait times including 81 minutes on 11/27/24, 36 minutes on 11/30/24 and 97 minutes on 12/2/24. 6. Per record review, Resident #21 has a diagnosis of Parkinson's disease. Resident #21 has physician orders for the following Parkinson's medications: Carbidopa-Levodopa Oral Tablet 25-100 milligram (mg), to be given at 6:00 AM, 9:00 AM, 12:00 PM, 3:00 PM, 6:00 PM, and 9:00 PM daily; Carbidopa-Levodopa ER , d+[DATE] mg Tablet extended release, to be given at 6:00 AM, 9:00 AM, 12:00 PM, 3:00 PM, 6:00 PM, and 9:00 PM daily; and Entacapone Oral Tablet 200 mg, to be given at 6:00 AM, 9:00 AM, 12:00 PM, 3:00 PM, and 6:00 PM daily. Per interview on 12/2/24 at 2:16 PM, Resident #21 explained that s/he is frustrated because s/he often does not get his/her Parkinson's medications when they are scheduled. S/He stated that it is important for him/her to get them when they are scheduled because the medication wears off and s/he starts to have more symptoms including tremors and difficulty speaking, which makes it difficult to do things. Per review of Resident #21's Medication Administration Audit Report from 11/1/24 through 12/4/24, Resident #21 had 8 of their Parkinson's medications administered an hour or more before or after the physician order scheduled time on the following dates: 11/15/24 (Carbidopa-Levodopa Oral Tablet 25-100 mg and Carbidopa-Levodopa ER ,d+[DATE] mg Tablet extended release), 11/18/24 (Carbidopa-Levodopa Oral Tablet 25-100 mg, Carbidopa-Levodopa ER ,d+[DATE] mg Tablet extended release, and Entacapone Oral Tablet 200 mg), and 11/25/24 (Carbidopa-Levodopa Oral Tablet 25-100 mg, Carbidopa-Levodopa ER , d+[DATE] mg Tablet extended release, and Entacapone Oral Tablet 200 mg). 7. Per interview on 12/2/24 at 11:46 AM, Resident #90 stated that s/he is upset that his/her Parkinson's medications are not always on time. S/He explained that it is important to have his/her medications on time so his/her symptoms do not get worse. Per record review, Resident #90 has a diagnosis of Parkinson's disease. Resident #90 has physician orders for the following Parkinson's medications: Carbidopa-Levodopa ER ,d+[DATE] mg Tablet extended release, to be given at 8:00 AM and 8:00 PM. Resident had a physician order for Carbidopa-Levodopa Oral Tablet 25-250 mg, to be given at 4:00 AM, 8:00 AM, 1:00 PM, 6:00 PM, and 11:00 PM, which ended 11/8/24. Per review of Resident #90's Medication Administration Audit Report from 11/1/24 through 12/4/24, Resident #90 had 7 of their Parkinson's medications administered an hour or more before or after the physician order scheduled time on the following dates: 11/1/24 (Carbidopa-Levodopa Oral Tablet 25-250 mg), three times on 11/2/24 (Carbidopa-Levodopa Oral Tablet 25-250 mg), 11/3/24 (Carbidopa-Levodopa Oral Tablet 25-250 mg), 11/6/24 (Carbidopa-Levodopa Oral Tablet 25-250 mg), and 11/15/24 (Carbidopa-Levodopa ER , d+[DATE] mg Tablet extended release). Facility policy titled Medication Administration and Documentation- General Policy #PHNE69, which is not dated, reads, Medication Administration and Documentation occurs in a timely and accurate manner. 2. Medications are to be administered within a two-hour time frame (i.e. one hour before or after the medication order time. Per interview on 12/4/24 at 9:00 AM, the Unit Manager explained that Parkinson's medications should be administered as close to the administration time as possible.

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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. 43524 Based on record review and interview, it was determined that the facility failed to ensure residents receiving PRN (as needed) medications were appropriately evaluated for psychoactive drug use beyond 14 days for 1 resident in a standard survey sample of 7 (Resident #51). Findings include: Record review revealed an as needed (PRN) order for Ativan Oral Tablet 0.5 MG (Lorazepam) Give 0.5 mg by mouth every 4 hours as needed for restlessness/agitation for 90 Days. This order had a start date of 11/4/24 and an end date of 2/2/25 (90 day order) signed by the ordering physician on 11/6/24. Interview on 12/4/24 at approximately 11:50 AM with the Unit Manager, who stated the ordering physician ordered this mediction for 90 days. They acknowledged the requirement for as needed (PRN) medications is to have physician documentation stating the medical rationale for an extended PRN order of greater than 14 days. There was no physician note providing a medical rationale for the extended 90 day order for this PRN medication or a documented resident evaluation for the appropriateness of this medication for greater than 14 days.

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F 0806 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. 46135 Based on observation, interview, and facility policy review, the facility failed to provide residents with food that accomodates preferences regarding drink options. Findings include: Per interview on 12/3/24 at 10:06 AM, Resident #40 expressed frustration that ginger ale is no longer available to residents as a beverage option. Per interview on 12/4/24 at 10:27 AM with active resident council members, all 6 residents interviewed (Residents #19, #1, #81, #17, #39, and #8) expressed that it is a problem that the facility took away the ginger ale. Facility policy titled FNS304 Person- Centered Choice, effective 5/1/23, reads, Drinks are provided, including water and other liquids consistent with resident needs and preferences. Per interview on 12/4/24 at 8:52 AM, a Licensed Nursing Assistant (LNA) explained that the facility has not had ginger ale as a drink option for about 6 months and residents continue to ask about it's availability. This LNA explained that they offer orange juice, lemonade, cranberry and fruit punch drink, coffee, and water but do not have ginger ale or any other type of soda beverage for the residents. Per observation, the drink cart did not have ginger ale or any soda products stocked. Per interview on 12/4/24 at approximately 3:45 PM, the Assistant Activities Director explained that residents do ask him/her about ginger ale but they just don't have it. Per interview on 12/4/24 at 5:25 PM, the Assistant Kitchen Manager confirmed that ginger ale is not offered and there are no alternatives to ginger ale, including soda products or carbonated drinks, available for the residents.